

NOTICE OF PRIVACY PRACTICES

Please read this notice carefully. It concerns your individual, private healthcare information and how this information may be used and disclosed by this office. After reviewing this notice you will be asked to consent to the use of your information as described. This consent is voluntary on your part.

- 1] We have a legal, ethical and moral obligation to protect your confidentiality. Any information about you and/or your family will be held strictly confidentially by all employees. No discussions about you outside of the patient care framework will be allowed, and any conversation between staff members that pertains to delivering you quality care will be held in a confidential and professional manner.
- 2] In order to provide quality care to you, as well as operate this office in an efficient manner, we will need to access your private health care information for purposes of treatment, payment and operations [such as quality assurance]. In using this information this office will comply with all state and federal laws pertaining to your privacy rights, including the Privacy and Security protections provided to you by the Health Insurance Portability and Accountability Act ["HIPAA"].
- 3] Specifically, we will need to disclose your private information under the following circumstances:
 - a] **Sharing information for purposes of treatment:** We will share information with all members of your treatment team, both within this office and with other providers [personal and institutional] in order to provide you with quality care and the educational/wellness programs specified in your insurance plan;
 - b] **Sharing of Information for Purposes of Payment:** We will share all necessary information with your insurer[s], payor[s], governmental entities [such as Medicare, Medicaid, etc.]and their representatives [including, but not limited to benefit determination and utilization review] as well as our representatives involved in the billing process [including, but not limited to claims representatives, data warehouses, billing companies].
 - c] **Sharing Of Information For Purposes Of Operations:** We will share all information necessary for ongoing operations of this office, including [but not limited to] credentialing processes, peer review, accreditation and compliance with all federal and state laws.

- 4] Your consent for use and disclosure of information as described may be revoked in writing at any time. Please notify our office if you ever decide to revoke your consent.

- 5] Your specific authorization will be required for the release of any information not included above. Your authorization will need to be in writing and it will be specific to the disclosure requested. Incidences which may require your authorization under the HIPAA regulations include [but are not limited to] some marketing purposes, the disclosure of any psychotherapy records in our possession and disclosures for fundraising by any entity.

- 6] This office will not release any information other than those incidents described above, unless disclosure is required by law, a court, a legal process or government agencies.

- 7] When the HIPAA privacy rule becomes effective in this office, you will have the right to inspect and copy your protected information, amend your record, have reasonable requests for confidential communications accommodated and may obtain an accounting of disclosures. All other rights afforded to you by state and federal law will be honored as they are created. This office will attempt to comply with any of your requests before the HIPAA compliance date if feasible. Please contact the our office if you have any question about your rights, the compliance date[s] for this office or any other privacy related questions you may have.

- 8] This office has policies and procedures in place to facilitate compliance with the law, as well as assure that this office consistently treats you with respect for you and your privacy and confidentiality. These policies and procedures are available for you to review. If you would like to read them please notify our office at (818) 708-9090.