

**ANNE M. PINCUS, PH.D**  
**CLINICAL PSYCHOLOGIST # PSY 17590**

**HIPAA NOTICE OF PRIVACY PRACTICES**

I. **THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT VERY CAREFULLY.**

II. **IT IS MY LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI).** I am required by law to insure that your PHI is kept private. The PHI constitutes information created or noted by me that can be used to identify you. It contains data about your past, present or future health condition, the provision of health care services to you, or the payment for such health care. I am required to provide you with this Notice about my privacy procedures. This Notice must explain when, why and how I would use and/or disclose your PHI. Use of PHI means when I share, apply, utilize, examine or analyze information within my practice. PHI is disclosed when I release, transfer, give or otherwise reveal it to a third party outside my practice. With some exceptions I may not use or disclose more of your PHI than is necessary to accomplish the purpose for which the use or disclosure is made; however, I am always legally required to follow the privacy practices described in this Notice.

Please note that I reserve the right to change the terms of this Notice and my privacy policies at any time as permitted by law. Any changes will apply to PHI already on file with me. Before I make any important changes to my policies, I will immediately change this Notice and post a new copy of it in my office. You may also request a copy of this Notice from me or you can view it at my office.

III. **HOW I WILL USE AND DISCLOSE YOUR PHI**

I will use and disclose your PHI for many different reasons. Some of the uses or disclosures will require your prior written authorization. Others, however, will not. You will find the different categories of my uses and disclosures, with some examples, below.

- A. Uses and disclosures related to treatment, payment, or health care operations DO NOT require your prior written consent. I may use and disclose your PHI without your consent for the following reasons:
1. **For treatment.** I can use your PHI within my practice to provide you with mental health treatment, including discussing or sharing your PHI with my trainees and interns. I may disclose your PHI to physicians, psychiatrists, psychologists, and other licensed health care providers who provide you with health care services or are otherwise involved in your care. Example: if a psychiatrist is treating you, I may disclose your PHI to her/him in order to coordinate your care.
  2. **For health care operations.** I may disclose your PHI to facilitate the efficient and correct operation of my practice. Example: Quality control – I might use your PHI in the evaluation of the quality of health care services that you have received or to evaluate the performance of the health care professionals who provided you with these services. I may also provide your PHI to my attorneys, accounts, consultants, and others to make sure that I am in compliance with applicable laws.
  3. **To obtain payment for treatment.** I may use and disclose your PHI to bill and collect payment for the treatment and services I provide you. Example: I might send your PHI to your insurance company or health plan in order to get payment for the health care services that I have provided you. I could also provide your PHI to business associates, such as billing companies, claims processing companies, and others that process health care claims for my office.

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4. **Other disclosures.** Examples: Your consent isn't required if you need emergency treatment provided that I attempt to get your consent after treatment is rendered. In the event that I try to get your consent but you are unable to communicate with me (for example, if you are unconscious or in severe pain) but I think you would consent to such treatment if you could, I may disclose your PHI.
- B. **Certain other uses and disclosures do not require your consent.** I may use and/or disclose your PHI without your consent or authorization for the following reasons:
1. When disclosure is required by federal, state, or local law; judicial, board or administrative proceedings; or law enforcement.
  2. If disclosure is compelled by a party to a proceeding before a court of an administrative agency pursuant to its lawful authority.
  3. If disclosure is required by a search warrant lawfully issued to a governmental law enforcement agency.
  4. If disclosure is compelled by the patient or the patient's representative pursuant to California Health and Safety Codes or to corresponding federal statutes or regulations.
  5. To avoid harm.
  6. If disclosure is compelled or permitted by the fact that you are in such mental or emotional condition as to be dangerous to yourself or the person or property of others, and if I determine that disclosure is necessary to prevent the threatened danger.
  7. If disclosure is mandated by the California Child Abuse and Neglect Reporting law.
  8. If disclosure is mandated by the California Elder/Dependent Adult Abuse Reporting law.
  9. If disclosure is compelled or permitted by the fact that you tell me of a serious/imminent threat of physical violence by you against a reasonably identifiable victim or victims.
  10. For public health activities.
  11. For health oversight activities.
  12. For specific government functions. Example: I may disclose PHI in the interests of national security, such as protecting the President of the United States or assisting with the intelligence operations.
  13. For research purposes.
  14. For Workers' Compensation purposes.
  15. Appointment reminders and health related benefits or services. Example: I may use PHI to provide appointment reminders. I may use PHI to give you information about alternative treatment options, or other health care services or benefits I offer.
  16. If any arbitrator or arbitration panel compels disclosure when arbitration is lawfully requested by either party, pursuant to subpoena *duces tecum*.
  17. If disclosure is otherwise specifically required by law.
- C. Certain uses and disclosures require you to have the opportunity to object.
1. Disclosures to family, friends, or others. I may provide your PHI to a family member, friend or other individual who you indicate is involved in your care or responsible for the payment of your health care, unless you object in whole or in part. Retroactive consent may be obtained in emergency situations.
- D. Other uses and disclosures require your prior written authorization in any other situation not described above, I will request your written authorization before using or disclosing any of your PHI.

IV. **WHAT RIGHTS YOU HAVE REGARDING YOUR PHI**  
These are your rights with respect to your PHI:

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- A. The right to see and get copies of your PHI. In general, you have the right to see your PHI that is in my possession, or to get copies of it. Your request to see or obtain a copy of your PHI must be in writing. If I do not have your PHI, but I know who does, I will advise you how you may get it. Under certain circumstances, I may deny your request, but if I do, I will give you, in writing, the reasons for the denial. If you ask for copies of your PHI, I will charge you not more than \$.25 per page. If requested, I may provide you with a summary or explanation of your PHI, but only if we agree upon the cost, in advance.
- B. The right to request limits on uses and disclosures of your PHI. You have the right to ask that I limit how I use and disclose your PHI. While I will consider your request, I am not legally bound to agree. You do not have the right to limit the uses and disclosures that I am legally required or permitted to make.
- C. The right to choose how to send your PHI to you (for example to an address not currently on record or through email). I am obliged to agree to your request providing that I can give you the PHI, in the format you request, without undue inconvenience.
- D. The right to get a list of the disclosures I have made. This will include uses or disclosures to which you have already consented, i.e., those for treatment, payment or health care operations; neither will the list include disclosures made for national security purposes, to corrections or law enforcement personnel, or disclosures made before April 15, 2003. After April 15, 2003, disclosure records will be held for six years. I will respond to your request for a listing of disclosures within 60 days of receiving your request. The list will include the date of the disclosure, to who PHI was disclosed (including their address if known) a description of the information disclosed, and the reason for the disclosure. I will provide the list to you at no cost, unless you make more than one request in the same year, in which case I will charge you a reasonable sum based upon a set fee for each additional request.
- E. The right to amend your PHI. If you believe there is some error in your PHI or that important information has been omitted, it is your right to request that I correct the existing information or add the missing information. Your request and the reason for the request must be made in writing. I may deny your request, in writing, if I find that your PHI is (a) correct and complete, (b) forbidden to be disclosed, (c) not part of my records, or (d) written by someone other than me. You have the right to file a written statement objecting to my denial. If I approve your request, I will make the change(s) to your PHI. Additionally, I will tell you that the changes have been made and will advise all others who need to know about the change(s) to your PHI.

V. **HOW TO COMPLAIN ABOUT MY PRIVACY PRACTICES**

If, in your opinion, I may have violated your privacy rights, or if you object to a decision I made about access to your PHI, you are entitled to file a written complaint with the Secretary of the Department of Health and Human Services, 200 Independence Avenue S.W., Washington, D.C. 20201. If you file a complaint about my privacy practices, I will take no retaliatory action against you.

VI. **EFFECTIVE DATE OF THIS NOTICE**

This notice went into effect on April 14, 2003.

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Client Signature

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Date