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NOTICE OF PRIVACY PRACTICES.

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 CAREFULLY.

I. I HAVE A LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI).

I am legally required to protect the privacy of your PHI. Your PHI essentially means health information that can be used to identify you (either directly or indirectly). This information can be in any form or medium, such as oral or written, that is created or received by a health care provider (myself), a health plan, or others. PHI can relate to your past, present, or future physical or mental health or condition; the provision of health care services to you; or the past, present, or future payment for the provision of such health care services.

I must provide you with this Notice about my privacy practices, and such Notice must explain how, when, and why I will use and disclose your PHI. A use of PHI occurs when I share, examine, utilize, apply, or analyze such information within my practice; PHI is disclosed when it is released, transferred, has been given to, or is otherwise divulged to a third party outside of my practice. With some exceptions, I may not use or disclose any more of your PHI than is necessary to accomplish the purpose for which the use or disclosure is made. And, I am legally required to follow the privacy practices described in this Notice.

As new guidelines emerge, I may need to change the terms of this Notice and my privacy policies at any time. Any changes will apply to PHI on file with me already. Before I make any important changes to my policies, I will promptly change this Notice and post a new copy of it in my office. You can also request a copy of this Notice from me, or you can view a copy of it in my office.

II. HOW I MAY USE AND DISCLOSE YOUR PHI

State and federal privacy regulations allow health care providers (me) to use and disclose your health care information (PHI) for a variety of reasons, some requiring your authorization and other not. Below are the different categories of my uses and disclosures along with some examples of each category.

- A. Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations Do Not Require Your Prior Written Consent.
1. Treatment: I may disclose your PHI to physicians, psychiatrists, psychologists, and other licensed health care providers who provide you with health care services or are involved in your care. Example: If you are being treated by a psychiatrist, I can disclose your PHI to your psychiatrist in order to coordinate your care.
 2. Obtaining payment for treatment: I am permitted to use and disclose your PHI to bill and collect payment for the treatment and services provided by me to you. Example: I may need to send your PHI to your insurance company in order to be paid for the health care services that I have provided to you.
 3. Health care operations purposes: Your **PHI** may be disclosed for the purposes of operating my practice. Example: I may need to release your **PHI** if your health plan audits my practice to review my competence and compliance with state or federal regulations. I may also provide your **PHI** to my accountants, attorneys, consultants, and others to make sure that I am in compliance with applicable laws.
 4. Other disclosures: *Example:* I am not required to obtain your consent if you need emergency treatment, as long as I try to get your consent after treatment is rendered. In addition, if I attempt to obtain your consent but you are unable to communicate with me (e.g., you are unconscious) and I believe that you would consent to such treatment if you were able to do so, I may disclose your PHI.

Note: I may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. Your prior written authorization is not required for such contact.

B. Certain Uses and Disclosures Do Not Require Your Consent

I may be required or permitted to disclose your personal health information (e.g., your mental health records) without your written authorization. The following circumstances are examples of when such disclosures may or will be made:

1. If disclosure is compelled by a court, pursuant to an order of the court.
2. If disclosure is compelled by a board, commission, or administrative agency for purposes of adjudication pursuant to its lawful authority.
3. If disclosure is compelled by a party to a proceeding before a court or administrative agency pursuant to a

subpoena, subpoena duces tecum (e.g., subpoena for mental health records), notice to appear, or any provision authorizing discovery in a proceeding before a court or administrative agency.

4. If disclosure is compelled by a board, commission, or administrative agency pursuant to an investigative subpoena issued pursuant to its lawful authority.
 5. If disclosure is compelled by an arbitrator or arbitration panel, when arbitration is lawfully requested by either party, pursuant to a subpoena duces tecum (e.g. a subpoena for mental health records), or any other provision authorizing discovery in a proceeding before an arbitrator or arbitration panel.
 6. If disclosure is compelled by a search warrant lawfully issued to a governmental law enforcement agency.
 7. If disclosure is compelled by the patient or the patient's representative pursuant to Chapter I (commencing with Section 123100) of Part I of Division 106 of the California Health and Safety Code or by corresponding federal statutes or regulations (e.g., the federal "Privacy Rule," which requires this Notice).
 8. If disclosure is compelled or by the California Child Abuse and Neglect Reporting Act (for example, if I have a reasonable suspicion of child abuse or neglect).
 9. If disclosure is compelled by the California Elder/Dependent Adult Abuse Reporting Law (for example, if I have a reasonable suspicion of elder abuse or dependent adult abuse).
 10. 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 to an other person, and if I determine that disclosure is necessary to prevent the threatened danger.
 11. If disclosure is compelled or permitted by the fact that you tell me of a serious threat (imminent) of physical violence to be committed by you, against a reasonably identifiable victim or victims.
 12. If disclosure is compelled or permitted, in the event of your death, to the coroner in order to determine the cause of your death.
 13. As indicated above, I am permitted to contact you without your prior authorization to provide appointment reminders or information about alternatives or other health-related benefits and services that may be of interest to you. Be sure to let me know where and by what means (e.g., telephone, letter, email, fax) you may be contacted.
 14. If disclosure is required or permitted to a health oversight agency for oversight activities authorized by law, including but limited to, audits, criminal or civil investigations, or licensure or disciplinary actions. The California Board of Behavioral Science, who license Marriage and Family Therapists and Clinical Social Workers, is an example of a health oversight agency.
 15. If disclosure is compelled by the U.S. Secretary of Health and Human Services to investigate or determine my compliance with privacy requirements under the federal regulations (the "Privacy Rule").
 16. If disclosure is otherwise specifically required by law.
- C. Certain Uses and Disclosures Require You to Have the Opportunity to Object to Disclosures to Family, Friends, or Others: I may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.
- D. Other Uses and Disclosures Require Your Prior Written Authorization: In any other situation not described in sections II A, B, and C above, I will ask for your written authorization before using or disclosing any of your PHI. If you choose to sign an authorization to disclose your PHI, you can later revoke such authorization in writing to stop any future uses and disclosures (to the extent that I haven't taken any action in reliance on such authorization) of your PHI by me.

III. WHAT RIGHTS DO YOU HAVE REGARDING YOUR PHI

- A. The Right to Examine and Obtain Copies of Your PHI: In most instances, you have the right to examine or obtain copies of your PHI that I have. However, you must make the request in writing. If I do not possess your PHI but I know who does, I will tell you how to obtain it. I will respond to you within 30 days of receiving your written request. In certain situations, I may deny your request. If I do, I will tell you, in writing, my reasons for the denial and explain your right to have my denial reviewed.
- B. If you request copies of your PHI, I will charge you not more than \$.25 for each page. Instead of providing the PHI you requested, I may provide you with a summary or explanation of the PHI as long as you agree to that and to the cost in advance.
- C. 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. This request must be made in writing. Although I will consider your request, I am not legally mandated to accept it. If I accept your request, I will put any limits in writing and abide by them except in emergency

situations. You may not limit the uses and disclosures that I am legally required or allowed to make.

- D. **The Right to Choose How I Send PHI to You:** You have the right to ask that I send information to you to an alternate address (e.g., work rather than home) or by alternate means (e.g., e-mail instead of regular mail). I must agree to your request so long as I can easily provide the PHI to you in the format you requested.
- E. **The Right to Obtain a List of the Disclosures I have made:** You have the right to obtain a list of instances in which I have disclosed your PHI. The list will not include uses or disclosures that you have already consented to, such as those made for treatment, payment, or health care operations directly to you or your family. The list also will not include uses and disclosures made for national security purposes, to corrections or law enforcement personnel, or disclosures made prior to April 15, 2003.
- F. **I will respond to your request for an accounting of disclosures within 60 days of receiving your request.** The list I will give you will include disclosures made in the last six years unless you request a shorter time. The list will include the date of the disclosure, to whom 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 charge, but if you make more than one request in the same year, I will charge you a reasonable cost based fee for each additional request.
- G. **The Right to Correct or Update Your PHI:** If you believe that there is a mistake in your PHI or that a piece of important information is missing, you have the right to request that I correct the existing information or add the missing information. You must provide the request and your reason for the request in writing. I will respond within 60 days of receiving your request to correct or update your PHI. I may deny your request in writing if the PHI is (i) correct and complete, (ii) not created by me, (iii) not allowed to be disclosed, or (iv) not part of my records. My written denial will state the reasons for the denial and explain your right to file a written statement of disagreement with the denial. If you do not file one, you have the right to request that your request and my denial be attached to all future disclosures of your PHI. If I approve your request to change your PHI, I will make the change to your PHI, tell you that I have done it, and tell others that need to know about the change to your PHI.
- H. **You Have a Right to Obtain a Copy of This Notice.**

IV. HOW TO COMPLAIN ABOUT MY PRIVACY PRACTICES

If you believe that I may have violated your privacy rights, or you disagree with a decision I made about access to your PHI, you may file a complaint with the person listed in Section VI below. You also may send a written complaint to the Secretary of the Department of Health and Human Services at 200 Independence Avenue S.W., Washington, D.C. 20201. I will take no retaliatory action against you if you file a complaint about my privacy policies.

V. PERSON TO CONTACT FOR INFORMATION ABOUT THIS NOTICE OR TO COMPLAIN ABOUT THE PRIVACY PRACTICES.

If you have any questions about this notice or any complaints about my privacy practices, or would like to file a complaint with the department of Health and Human Services, please contact me at:
Paulette Clark M.A., MFT CA license #MFC 43338, 4010 Barranca Parkway, Suite 252, Irvine, CA 92604

VI. EFFECTIVE DATE OF THIS NOTICE. This notice went into effect on April 14, 2003