

Wellspring Psychological Associates

250 El Camino Real, Suite 213

Tustin, CA 92780

HIPAA 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 am committed to protecting your privacy and understand the importance of safeguarding your personal health information. I am required by federal law to maintain the privacy of health information that identifies you or that could be used to identify you (known as "Protected Health Information"). I am also required to provide you with this Notice, which explains my legal duties and privacy practices with respect to Protected Health Information that I collect and maintain. This Notice describes your rights under federal law and state law, where applicable, relating to your Protected Health Information. I am required by federal law to abide by this Notice. However, I reserve the right to change the privacy practices outlined in this Notice and make the new practices effective for all Protected Health Information that I maintain. Should I make such a change, I will display the revised Notice in my office and make it available to you upon request.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Routine Uses and Disclosures of Protected Health Information for Treatment, Payment, and Health Care Operations

Psychologists are permitted under federal law to use and disclose Protected Health Information without your specific permission for three types of routine purposes: treatment, payment, and health care operations. I will use and disclose your Protected Health Information for many different reasons. Some of the uses or disclosures will require your prior written authorization; others, however, will not. Below you will find the different categories of my uses and disclosures, with some examples.

Treatment: Your Protected Health Information can be used and disclosed to another healthcare provider who diagnoses or treats you. An example of treatment would be when I consult with another health care provider, such as your family physician or another psychologist, regarding your treatment.

Payment: Your Protected Health Information can be used and disclosed for payment purposes. Examples of payment are when I disclose your Protected Health Information to your health insurer to obtain reimbursement for your healthcare or to determine eligibility of coverage.

Health care operations: I may disclose your Protected Health Information to facilitate the efficient and correct operation of my practice. Examples: Quality control – I might use your Protected Health Information 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. Also to provide appointment reminders or give you information about treatment alternative or other health care services or benefits I offer.

Other Uses and Disclosures of Protected Health Information that is Permitted or Required to be made Without Your Authorization

In general, I am required to obtain your specific written authorization to use or disclose your Protected Health Information for purposes unrelated to treatment, payment, or health care operations. However, there are exceptions to this general rule under which I am permitted or required to make certain uses and/or disclosures of your Protected Health Information without authorization. These situations include:

Secretary of Health and Human Services I may be required to disclose your Protected Health Information to the Secretary of Health and Human Services to investigate or determine our compliance with the federal privacy law.

Public Health I may disclose your Protected Health Information for public health activities, such as disclosures to a public health authority or other government agency that is permitted by law to collect or receive the information (i.e. for the purpose of controlling disease, injury, or disability).

Abuse or Neglect

Child Abuse: Whenever I, in my professional capacity, have knowledge of or observe a child I know or reasonably suspect, has been the victim of child abuse or neglect, I must immediately report such to a police department or sheriff's department, county probation department, county welfare department or Child Protective Services.

Adult and Domestic Abuse: If I, in my professional capacity, have observed or have knowledge of an incident that reasonably appears to be physical abuse, abandonment, abduction, isolation, financial abuse, or neglect of an elder or dependent adult, or if I am told by an elder or dependent adult that he or she has experienced these or if I reasonably suspect such, I must report the known or suspected abuse immediately to the local ombudsman or the local law enforcement agency.

Serious Threat to Health or Safety: If you communicate to me a serious threat of physical violence against an identifiable victim, I must make reasonable effort to communicate that information to the potential victim and the police. If I have reasonable cause to believe that you are in such a condition, as to be dangerous to yourself or others, I may release relevant information as necessary to prevent the threatened danger.

Health Oversight: I may disclose your Protected Health Information to a public oversight agency for activities authorized by law, such

as audits, investigations, or inspections.

Judicial and Administrative Proceedings: I may disclose Protected Health Information in response to a court or agency order, and in some cases, in response to a subpoena or other lawful process not accompanied by a court order.

Law enforcement: I may disclose Protected Health Information for law enforcement purposes, such as providing information to the police about the victim of a crime.

Research: I may disclose your Protected Health Information to researchers when the research is being conducted under established protocols to ensure the privacy of your information.

Coroners, Medical Examiners, and Funeral Directors: I may disclose Protected Health Information to a coroner, medical examiner, or funeral director if it is needed to carry out their duties.

Specialized Government Functions: I may disclose Protected Health Information for purposes related to military or national security concerns (i.e. Protecting the President of the United States or for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits.)

Workers' Compensation: Your Protected Health Information may be disclosed to comply with workers' compensation laws and other similar programs.

Required by Law: I may use or disclose your Protected Health Information to the extent that the use or disclosure is otherwise required by state or federal law.

Other Restrictions on Uses or Disclosures of Protected Health Information:

The uses and disclosures of your Protected Health Information described above are permitted or required by federal law. Especially important in psychology, in some cases, state laws require additional privacy safeguards above and beyond the federal requirements. Thus, where California law is more restrictive regarding uses and disclosures of your Protected Health Information or provides you with greater rights with respect to your Protected Health Information. I will comply with the state law.

Disclosures to Other Parties for Conducting Permitted Activities: I may conduct the above-described activities myself, or may use outside entities to perform those operations. In those instances where I disclosed your Protected Health Information to a third party acting on my behalf, I will protect your Protected Health Information through an appropriate privacy agreement.

YOUR RIGHTS:

As a patient, you have certain rights regarding your Protected Health Information. You need to submit a written request to exercise your patient rights. These rights include:

You have the right to request a restriction on certain uses and disclosures of your Protected Health Information. This means that you may ask that I not use or disclose any part of your Protected Health Information for purposes of treatment, payment, or health care operations. Your request must state the specific restriction requested and state why you want the restriction to apply. I am not required to agree to such a restriction. If I do agree, I will abide by your restriction unless I need to use your Protected Health Information to provide emergency treatment. In addition, I may elect to terminate the restriction at any time.

You have the right to request to receive information from me by an alternative means or at an alternative location if you believe it would enhance your privacy. For example, you may request that I send written communications to an alternative address. I will attempt to accommodate all reasonable requests.

You have the right to inspect or receive a copy of your Protected Health Information. If you would like to see or obtain a copy of your Protected Health Information, I am required to provide you access to your Protected Health Information for inspection and/or copy upon receipt of your request. I may charge you a reasonable fee to cover duplicating costs. In addition, there may be situations where I may deny your request if I believe the disclosure may be detrimental or endanger your life or health or that of another person. Depending on the circumstances of the denial, you may have the right to have this decision reviewed.

You have the right to amend your Protected Health Information. This means that you may request an amendment of your Protected Health Information. I will respond to your request within 60 days (with up to 30-day extension, if needed). I may deny your request if, for example, I determine your Protected Health Information is accurate and complete. If I deny your request, I will give you a written explanation and allow you to submit a written statement of disagreement.

You have the right to receive an accounting of certain disclosures I have made of your Protected Health Information. An accounting is a record of the disclosures that have been made of Protected Health Information. This right applies to non-routine disclosures, i.e., for purposes other than treatment, payment, or health care operations, as described in this Notice, made in the six-year period prior to your request (although you are free to request an accounting for a shorter period of time). I am required to provide the accounting within 60 days (with one 30-day extension, if needed) and to provide an accounting free of charge within any 12-month period (For more frequent requests, a reasonable fee may be charged).

You have the right to obtain a paper copy of this notice. You have the right to obtain a paper copy of this notice from me upon request, even if you have agreed to receive the notice electronically (i.e.: email or website).

COMPLAINTS

If you believe your privacy rights have been violated, you have the right to discuss that with me or file complaint with me. Rest assured that I would not retaliate against you in any way for filing a complaint about my privacy practices. You may also contact the Secretary of Health and Human Services.