

TERI M. POKRAJAC, PSY.D. & ASSOCIATES
A CLINICAL PSYCHOLOGY CORPORATION

NOTICE OF PRIVACY PRACTICES

EFFECTIVE DATE: January 1, 2005

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.

This notice describes the practices of TERI M. POKRAJAC, PSY.D. & ASSOCIATES, A CLINICAL PSYCHOLOGY CORPORATION, “the corporation” and all that of all the therapists, psychological assistants, interns, employees, and consultants. All of these entities follow the terms of this notice and may share health/mental health information with each other for treatment, payment or health care operations purposes described in this notice.

We understand that your health/mental health information is personal, and we are committed to protecting health/mental health information about you and/or your child. We create a record of the treatment and services you and/or your child receive here. The information contained in this record is necessary to provide you with quality care and to comply with certain legal requirements.

Individually identifiable information about your past, present, or future health or condition, the provision of health/mental health care to you, or payment for the health/mental health care is considered “Protected Health Information (PHI).” Whenever possible, the PHI contained in your record remains private. In some circumstances, it is necessary for us to share some of the PHI contained in your record (or your child’s record). In all but certain specified circumstances, we will share only the minimum necessary PHI to accomplish the intended purpose of the use or disclosure.

This notice applies to all of the records of your care generated by us and will tell you about the ways in which we may use and disclose health/mental health information about you and/or your child. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- Make sure health/mental health information that identifies you is kept private
- Give you this notice of our legal duties and privacy practices with respect to health/mental health information about you
- Follow the terms of the notice that are currently in effect

How We May Use and Disclose Health/Mental Health Information About You

The following categories describe different ways that we use and disclose your health/mental health information. For each category, we explain what we mean and offer an example. In some instances a written authorization signed by you is required in order for us to use or disclose your information; in others it is not. We have tried to identify which instances do not require your signed authorization and which do.

Uses and Disclosures of Health/Mental Health Information For Which No Signed Authorization is Required:

For Treatment: We may use/disclose health/mental health information about you (or your child) to provide you with mental health treatment or services. For example, we can disclose your PHI to physicians, psychiatrists, and other licensed health care providers who provide you with health care services or are involved in your care. If you are being treated by a psychiatrist, we can disclose your PHI to your psychiatrist in order to coordinate your care.

For Payment: We may use/disclose your (or your child's) health/mental health information in order to bill and collect payment (from you, your insurance company, or another third party) for services provided by us. For example, we may send your PHI to your insurance company to get paid for the services we provided to you or to determine eligibility for coverage.

For Health Care Operations: We may use/disclose your (or your child's) health/mental health information to your health care service plan or insurance company for purposes of administering the plan, such as case management and care coordination.

Appointment Reminders or Changed in Appointments: We may use/disclose your (or your child's) health/mental health information to contact you as a reminder that you have an appointment. We may also contact you to notify you of a change in your appointment. For example, if your therapist were ill, we may contact you to notify you that the appointment is cancelled. *If you do not wish us to contact you for an appointment reminder or change in appointment time, please provide your therapist with alternative instructions (in writing).*

When Disclosure is Required by State, Federal, or Local Law: We may use/disclose your (or your child's) health/mental health information when a law requires that we report information about suspected child, elder, or dependent adult abuse or neglect, or in response to a court order. We must also disclose information to authorities that monitor compliance with these privacy requirements.

To Avoid Harm: We may use or disclose limited PHI about you when

necessary to prevent or lessen a serious threat to your (or your child's) health or safety, or the health and safety of the public or another person. If your therapist reasonably believes you pose a serious threat of harm to yourself, we may contact family members or others who can help protect you. If you communicate a serious threat of bodily harm to another, we will be required to notify law enforcement and the potential victim.

Judicial and Administrative Proceedings: We may disclose your health/mental health information in the course of a judicial or administrative proceeding in response to a legal order or other lawful process.

Law Enforcement Officials: We may disclose you (or your child's) health/mental health information to the police or other law enforcement officials as required by law or in compliance with a court order or grand jury or administrative subpoena.

For Health Oversight Activities: We may disclose your (or your child's) health/mental health information to a health oversight agency for activities authorized by law. For example, we may have to provide information to assist the government when it conducts an investigation or inspection of a health care provider or organization.

Specialized Government Functions: We may disclose your (or your child's) health/mental health information to units of the government with special functions, such as the U.S. military or the U.S. Department of State under certain circumstances.

Disclosure to Relatives, Close Friends, and Other Care Givers: We may use or disclose your PHI to a family member, other relative, a close personal friend or any other person identified by you when you are present for, or otherwise available prior to, the disclosure, if we (1) obtain your agreement; (2) provide you with the opportunity to object to the disclosure and you do not object; or (3) reasonably infer that you do not object to the disclosure. If you are not present, or the opportunity to agree to object to a use or disclosure cannot practicably be provided because of your incapacity or an emergency circumstance, we may exercise our professional judgment to determine whether a disclosure is in your best interest. If we disclose information to a family member, other relative, or a close personal friend, we would disclose only information that we believe is directly relevant to the person's involvement with your health care or payment related to your health care.

Workers' Compensation: We may disclose your PHI as authorized by and to the extent necessary to comply with California law relating to workers' compensation or other similar programs.

As Required by Law: We may use and disclose your (or your child's)

health/mental health information when required to do so by any other law not already referred to in the preceding categories.

Uses and Disclosures of Health/Mental Health Information for Which a Signed Authorization is Required: For uses and disclosures of health/mental health information beyond the area noted above, we must obtain your written authorization. Authorizations can be revoked at any time to stop future uses/disclosures (except to the extent that we have already acted upon your authorization).

Your Rights Regarding Your (or Your Child's) Health/Mental Health Information:

You have the following rights regarding health/mental health information we maintain about you (or your child):

Right to Inspect and Copy: You have the right to inspect and copy your (or your child's) health/mental health information upon your written request. However, some mental health information may not be accessed for treatment reasons and for other reasons pertaining to California state law and the Federal Privacy Rule. We will respond to your written request to inspect records. A charge for copying, mailing and related expenses will apply.

Right to Request Restrictions: You have the right to ask that we limit how we use or disclose your health/mental health information. We will consider your request, but we are not legally required to agree to the request. If we do not agree to your request, we will put it into writing and comply with it except in emergency situations. We cannot agree to limit uses and/or disclosures that are required by law.

Right to Amend: If you believe that there is a mistake or missing information in our record of your health/mental health information, you may request, in writing, that we correct or add to the record. We will respond to your request within 60 days of receiving it. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request to amend information that: was not created by us, not part of our records, not part of the information that you would be permitted to inspect and copy, or is accurate and complete.

Right to an Accounting of Disclosures: You have a right to get a list of when, to whom, for what purpose, and what content of your (or your child's) health/mental health information has been disclosed. This applies to disclosures other than those made for purposes of treatment payment or health care operations. Your request must be in writing and state a time period (which may not be longer than six [6] years and may not include dates before January 1, 2005). We will respond to your request within sixty [60] days of receiving it. The first list you request within a 12-month period will

be free. There may be a charge for more frequent lists. In such a case, we will notify you of the cost involved and you may choose to change or withdraw your request before any costs are incurred.

Right to Request Confidential Communications: You have the right to request that we communicate with you about health/mental health matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing. Please specify how or where you wish to be contacted. We will accommodate all reasonable requests.

Right to a Paper Copy of this Notice: You have a right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. You may obtain a paper copy of this notice by asking your therapist for a copy.

Changes to this Notice:

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health/mental health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the waiting area.

Complaints:

If you think that your privacy rights, have been violated, you may file a complaint with your therapist or Dr. Teri M. Pokrajac, Psy.D. All complaints must be submitted in writing. You may also file a complaint with the Secretary of the United States Department of Health and Human Services. You will not be penalized for filing a complaint.