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Health Information Portability and Accountability

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This notice describes the privacy information practices followed by me. This notice applies to the information and records I obtain about your psychological wellbeing, treatment and services that you receive at my office. I am required by law to provide you with this notice. It will tell you about the ways I may use and disclose health information about you, and describes your rights and my obligations regarding the use and disclosure of this information.

How I May Use and Disclose Health Information about You

TREATMENT - I may use health information about you to provide you with psychological treatment or service. I may disclose health information about you to psychologists, psychiatrists, physicians, nurses, office staff, and other health care personnel who are involved in providing health care services to you. Your health information may be shared with your primary care physician, medical specialists and members of your treatment team, mental health services providers to whom you are referred, and other similarly situated health care personnel involved in your treatment. Different personnel in my office may share information about you and disclose information to people who do not work in my office in order to coordinate your care, such as consulting with your psychiatrist. Family members and other health care providers may be part of your medical care outside of this office, and may require information about you that only I have.

PAYMENT – I may use and disclose health information about you so that treatment and services you receive at my office may be billed to you and payment may be collected from you, from an insurance company or from a third party.

HEALTH CARE OPERATIONS – I may use and disclose health information about you in the course of operating the various business functions of my office. I may use and/or disclose your health protected information to evaluate the quality of psychological services provided to you, develop critical guidelines; contact you with information about treatment alternatives or communications in connection with your case-management or care coordination; to review the qualifications and training of health care professionals; for medical review; legal services and auditing functions; and for general administrative activities such as customer services and data analysis.

APPOINTMENT REMINDERS – Unless you request me to contact you by other means, I am permitted to contact you regarding appointments.

“As a courtesy to my client’s I may call your home, work, or cell phone, or I may e-mail you the day before a scheduled appointment to remind you of the appointment time. If you do not answer, I may leave a reminder message on your answering machine or with the person who answers the phone. No health information will be disclosed during this conversation or message – other than the date and time of your scheduled appointment and a request to call my office if you need to cancel or reschedule your appointment.”

Uses and Disclosures that DO NOT Require Your Consent or Authorization

Child Abuse. Disclosure of your Protected Health Information (PHI) is mandated by the California Child Abuse and Reporting Act, if I, in my professional capacity, observe or have reason to suspect that a child has been injured as a result of physical, mental, or emotional abuse, neglect, sexual abuse or exposure to domestic violence.

Adult and Domestic Abuse. Disclosure of your PHI is mandated by the California Elder/Dependent Adult Abuse Reporting Law, if I have reasonable cause to believe that an adult has been or is being abused, abandoned, abducted, isolated, neglected, financially exploited, or needs protective services.

Health Oversight Activities. I may use and/or disclose your PHI to the California Board of Psychology, California Board of Behavioral Science examiners, or other oversight agency if necessary for a proceeding before these boards.

Judicial and Administrative Proceedings. I may use and/or disclose your PHI when responding to an order of a court or administrative agency, warrant or subpoena, discovery request, or other lawful process. This includes search warrants and court orders for release of records. If you are involved in a court proceeding and you or anyone else places your mental condition as part of any litigation (i.e. divorce, custody, personal injury), I may be compelled to release your PHI.

Relating to Descendants. I may use and/or disclose your PHI if compelled or permitted, in the event of your death, to the coroner or medical examiner.

Marketing. I may contact you to provide information about alternative treatments or health-related benefits and services I may believe may be of interest to you. I may provide you with information about workshops, services, or resources I recommend that may be of interest. **Your personal psychological health information WILL NOT BE DISCLOSED WHEN NOTIFYING ABOUT SUCH ACTIVITIES.**

Research. In certain circumstances, and under the supervision of the Internal Review Board, I may disclose your PHI to assist in medical/psychiatric research to avert a serious threat to health or safety. If I believe there is a substantial likelihood that you have threatened an identifiable person(s), and that you are likely to act on that threat, or I believe that you are likely to act on that threat, or I believe you present an imminent risk of serious physical harm or death to yourself, I may use or disclose your PHI to avert a serious threat to health or safety.

To Avert a Serious Threat to Health or Safety. If I believe there is substantial likelihood that you have threatened an identifiable person(s), and that you are likely to act on that threat, or I believe you present an imminent risk of serious physical harm or death to yourself, I may use and/or disclose your PHI to avert a serious threat to health or safety.

Emergencies. I may disclose your PHI to notify or assist in notifying a family member, relative, or another person responsible for your care, about your psychological or medical condition in the event of an emergency or your death.

U.S. Secretary of Health and Human Services. I may disclose your PHI if compelled to participate in an investigation or determination of our compliance with privacy, security, and transaction requirements under federal regulations.

For Specific Government Functions. I may disclose your PHI for military, national security, prisoner, and government benefit purposes. Similarly I may disclose the PHI of inmates to correctional facilities in certain situations, and if required for national security reasons.

When Required By Law. I may use or disclose your PHI in other circumstances not described above, when specifically required by the law to do so.

Your Rights Regarding Your Protected Health Information (PHI)

The HIPAA Privacy Rule grants you each of the following rights:

Right to choose how your PHI is sent to you. You have the right to request that your PHI be sent to you at an alternate address (i.e. your work address rather than your home address) or by alternate means (i.e. via e-mail instead of regular mail).

Right to view and obtain copies of your PHI. You have the right to view or obtain a copy of your PHI; however you must request it in writing. If you ask for psychological copies, you will be charged \$.25 per page. If you agree, your therapist may provide you with a “summary” or “explanation” of the PHI in his or her file. Under federal law, you may not view or copy psychotherapy notes or information compiled in anticipation of use in a civil, criminal, or administrative action or proceeding.

Right to request restrictions. You have the right to request limits on certain uses or disclosures of your PHI. You have the right to ask that we use and disclose your PHI for the purpose of treatment, payment, or healthcare operations. However, you do not have the right to limit the uses and disclosures that we are legally required or permitted to make.

Right to accounting. You have the right to request and receive a list, or accounting, of the disclosures of your PHI made by this office after October 1, 2008. Disclosure records will be held for six years.

Right to amend. You have the right to request an amendment of your PHI for as long as the information is maintained in the record. 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 must be made in writing.

Right to a copy of this notice. You have the right to get a copy of this notice electronically or by paper (hard copy).

Psychotherapist’s Duties

I am required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI. I reserve the right to change the privacy policies and practices described in this notice.

Questions and Complaints

If you have questions about the notice, or believe I have violated your individual privacy rights, you are entitled to file a complaint by submitting a written complaint to **Suzanne Etheridge, MFT, 23272 Mill Creek Rd. #150, Laguna Hills, CA 92653**. Your written complaint must name the person or entity that is the subject of your complaint and describe the acts and/or omissions you believe to be in violation of the Privacy Rule or the provisions outlined in this Notice or Privacy Practices. If you prefer, or are unsatisfied with the manner in which my office handles your complaint, you may file your written complaint with the **Secretary of the U.S. Department of Health and Human Services (DHHS) at 200 Independence Avenue, S.W., Washington, D.C. 20201**. Any complaint you file must be received by me or filed with DHHS within 180 days of when you first knew or should have known, about the suspect act or omission. No retaliatory action will be made against you if you file a complaint.