

The Effective Date of This Notice is April 14, 2003

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.

Notice of Privacy Practices – or NPP

When you visit a healthcare provider, the health information that you provide is private information. But there are circumstances when some portion of that information might be shared. These circumstances generally fall within three broad categories. The three broad categories fall under the headings of 1) treatment, 2) payment for services rendered, and 3) other health care information. Each category is explained below. Each of these categories also requires your consent. Since each of these categories is also necessary if you are to receive the treatment and/or services that you are seeking, there will be an accompanying consent form that you will be asked to sign. This consent form is a way of showing that you understand how your private health information can be used, and that you are consenting to have the healthcare provider you are seeing, Eileen Callahan, Ph.D., use the information for these purposes.

The first of the three categories refers to matters related to your treatment and/or the services you are requesting.

- In order to provide you with the type of treatment or services you are requesting, I might feel that it is important to contact, with your consent, other professionals (physicians, therapists, or others) who are providing services to you now, or who have provided services to you in the past.
- Sometimes, you will actually be the one initiating this contact. Lets say, for example, that you want me to communicate information with another doctor, facility or school. In those instances (you'll be asked to sign a written release of information allowing me to do so), I will usually communicate with the person or persons you wish.

The second broad category refers to payment for services. These typically refer to instances where you are requesting that I determine whether your insurance will reimburse you for some portion of the treatment and/or services you are requesting.

- In these instances, the insurance company may ask me or my representative information about the condition that you are being treated for. Typically, for example, they want to know your diagnosis. And if you wish the insurance company to reimburse you or me for ongoing services, they may ask me for periodic updates about your progress, to determine whether they will be able to provide this reimbursement.
- I will answer any questions you might have about payments for services, and will research any questions you have regarding your insurance company's reimbursement for services. I use a service, Carson Billing, to handle billing

for services rendered. By giving your consent to my privacy practices, you are also consenting to Carson Billing handling matters regarding billing, questions regarding insurance reimbursement and questions regarding payments for services rendered. Outside services like these are referred to as Business Associates. To protect your privacy, any outside service or business associate is required, as part of their contract, to agree to my privacy policies.

The third broad category refers to other health care information. Generally, this covers things that a healthcare provider's office does to improve the level of care that is provided. The following examples could fall under this third broad category.

- I may at times call you at home to remind you of an upcoming appointment. Consenting to my privacy practices shows that you agree to this possibility.
- There are times when I may be away from the office and unavailable. On these occasions, I may arrange for another healthcare provider to handle any emergencies that might arise. On these occasions, it therefore, may become necessary for this other healthcare provider to have access to your private health care information. Your consent to these privacy practices shows that you understand the need for this, and that you also agree with this practice.
- Healthcare providers are also sometimes asked to assist with research projects related to conditions and/or services that they provide. I may at some point ask if you would like to volunteer for one of these projects. If you do, you will be fully informed beforehand about the project, the information that will be collected, and how personal identities of volunteers will be protected. You will also be asked to sign a separate authorization indicating your agreement to participate in the project.

As mentioned, the three categories just described fall under the headings of 1) treatment, 2) payment, and 3) other health care information. Their corresponding initials are TPO. In the future, when referring to private health information requiring your consent, you will simply see the initials TPO. When you do, know that they refer to the three broad categories described above.

Uses and Disclosure Requiring Your Authorization

In rare instances, there may come a time when a healthcare provider wishes to use private health information for reasons other than TPO. Should this ever arise, your written permission will be required. You will be asked to sign what's known as an authorization form.

In signing an authorization form, you are permitted to cancel the authorization at any time. If you cancel your authorization, no further information will be disclosed. There will be no way, however, to take back any information that you already agreed to disclose or that had already been used for the reasons you had previously agreed to.

Uses and Disclosures of Private Health Information That Does Not Require Consent or Authorization

There are also instances where doctors, clinicians and other health care providers are required by law to share information that clients may have provided without requiring your consent or authorization. Here are four examples:

- If a client's life is in danger, or if a client is intending to endanger the life of another person, I am required to share information that can prevent or reduce the threat of serious harm to the client whose life is in danger, or to the person that the client is intending to seriously harm.
- Also, if I suspect that a child is being physically or sexually abused, or that a child is being exposed to domestic violence, I am required by law to call appropriate authorities in your community.
- I am also required to release some portion of information provided to me by a client when the court issues a subpoena, requesting this information. Typically, a subpoena arises out of a lawsuit or other legal proceeding that a client is involved in.
- Governmental agencies responsible for monitoring privacy practices may want to check with healthcare providers on the status of their privacy practices. When doing so, they may request some portion of a client's medical information from a healthcare provider.

Healthcare providers can also be asked to release information to law enforcement officials when they are investigating a crime or a criminal.

Healthcare providers are also sometimes asked to disclose personal health information of military personnel and veterans to government benefit programs relating to eligibility and enrollment, to Workers' Compensation programs, to correctional facilities if you are an inmate, and for national security reasons.

Uses and Disclosures Requiring You to Have an Opportunity to Object

If it is an emergency – such that I have no way to know whether you agree or disagree – I can share information if I believe that it is what you would have wanted, and if I believe that sharing the information can help you. You will learn of the information that was shared as soon as possible. If you do not approve, no further information will be shared. The exception to this though, is if sharing the information is required by law.

You might also request that I share information about you to others in your family or others whom are close to you. You can tell me who these others are, and the nature of the information that you wish to share. Your wishes will be honored here. The only exception, once again, is when a health care provider has an obligation to share information required by law.

An Accounting of Disclosures

When a healthcare provider discloses private health information, there is a record kept of the disclosure. You can speak to me about these disclosures.

What is Meant by Protected Health Information

Any person who has ever visited a doctor has provided that doctor with protected health information. In its broadest sense, protected health information (or PHI) refers to information that you provide to a doctor, therapist, or other health care provider that relates in any way to the treatment or services that you seek. Typically, this information goes into a client record or into a file. Usually, this record or file includes things like the following: your personal history, reasons that brought you to the provider (symptoms, goals,...), diagnoses, medication information, progress in treatment, and information provided by previous providers at your request.

This information is kept in a provider's file in a secure file cabinet.

I use the medical, historical, diagnostic and other information collected above for various purposes including: to plan treatment, to evaluate the effectiveness of treatment, and to coordinate with other healthcare providers, at your request, who are also involved in your care.

Separate from this information that is stored in the medical record or file, is the information that you provided to the health care provider allowing the provider to bill for services rendered. If you asked the provider to bill your insurance, this also contains the information the insurance company needs in order to reimburse you or the health care provider for services rendered. This information is also necessary to show health insurance companies the actual dates that services were rendered.

Other Things to Keep in Mind About Your Protected Health Information or PHI

Although your health care record is the physical property of the health care provider, the information belongs to you. You can inspect it, read it, and review it. You can also request that a provider arrange to have the information photocopied. You might be asked to pay for the cost of photocopying in these instances.

If you find anything in your record that is incorrect, or something that's missing, you can ask to have it amended. In rare instances, a healthcare provider may disagree with you, and feel the information should remain as is. But again, these instances are rare.

In rare instances as well, there may also be notes or other information contained in your file that a health care provider does not want divulged to anybody – including the client. I can share with you the rare instances when this can occur.

Notice of Privacy Practices and HIPAA

The HIPAA law requires health care providers to keep PHI private and to give clients or patients seeking their services a notice of the healthcare provider's privacy practices and legal duties. This notice is referred to as the Notice of Privacy Practices or NPP. The information provided in the pages above is my NPP.

These privacy practices are in effect as of April 14, 2003. It is possible that new privacy practices will be adopted in the future. If any new privacy practices are adopted that apply to the treatment or services you are receiving, you will be notified of these changes.

If you Have Questions or Problems

In large medical centers or large group practices, there will be what is known as a Privacy Officer to answer any questions you might have regarding your private health information. But in small or solo practices, the health care provider will often serve as the Privacy Officer. So, if you need more information or have questions about the privacy practices described above, please speak to me to answer these questions.

If you have a problem with how your private health information has been handled, or if you believe your rights have been violated, please inform me. You also have a right to file a complaint. I will try my best to resolve the matter as quickly as possible. You can file a complaint with the Secretary of the Federal Department of Health and Human Services at 200 Independence Avenue SW, Washington, DC 20201. If you choose to do so I will take no retaliatory action against you.

If you have any questions regarding this notice or my privacy policies, please contact Eileen Callahan, Ph.D. at (619) 437-6209, 138 B Avenue, Coronado, CA 92118.

Consent to Healthcare Provider’s Notice of Privacy Practice or NPP

This consent form is intended to show that you read and understand my privacy practices. This consent also shows that you agree with these privacy practices.

I need your consent here in order to provide you or a member of your family with the services that you are requesting.

After you have signed this consent, you have the right to revoke it at any time. Simply contact me informing me of this decision.

Signature of client or client’s representative

Date

Printed name of client or client representative

Relationship to client

Copy given to client or client representative _____