

Dr Lisa S Powell PhD, CGP

HIPAA Notice

Notice of Privacy Practices

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

I. Uses and Disclosures for Treatment Payment, and Health Care Operations

Dr Lisa S Powell Psychological Inc. may use or disclose your protected health information (PHI), for treatment, payment, and health care operations purposes with your consent. To help clarify these terms, here are some definitions:

- “PHI” refers to information in your health record that could identify you.
- “Treatment, Payment and Health Care Operations”

Treatment is when we provide, coordinate or manage your health care and other / services related to your health care. An example of treatment would be when Dr Lisa S Powell Psychological Inc. consults with another health care provider, such as your family physician or another psychologist.

Payment is when we obtain reimbursement for your healthcare. Examples of payment are when we disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.

Health Care Operations are activities that relate to the performance and operation of Dr Lisa S Powell Psychological Inc.. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.

- ‘Use’ applies only to activities within Dr Lisa S Powell Psychological Inc.’ (office, clinic, practice group, etc.) such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “Disclosure” applies to activities outside of a practice group, such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

Dr Lisa S Powell Psychological Inc. may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. An “authorization” is written permission above and beyond the general consent that permits only specific disclosures. In those instances when our facility is asked for information for purposes outside of treatment, payment and health care operation, Dr Lisa S Powell Psychological Inc. must obtain an authorization from you before releasing this information. Our facility would also need to obtain an authorization before releasing your psychotherapy notes. “*Psychotherapy notes*” or “*Progress Notes*” are notes we have made about conversations during a private, group, joint, or family counseling session, which have been kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

You may revoke all such authorizations at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) we have relied on that authorization; or (2)

if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

III. Uses and Disclosures with Neither Consent nor Authorization

Dr Lisa S Powell Psychological Inc. may use or disclose PHI without your consent or authorization in the following circumstances:

- **Child Abuse:** If we have reason to believe that a child has been subjected to incest, molestation, sexual exploitation, sexual abuse, physical abuse, or neglect, or we observe a child being subjected to conditions or circumstances which would reasonably result in sexual abuse, physical abuse, or neglect, we must immediately notify the nearest peace officer, law enforcement agency, or the California Division of Child and Family Services.
- **Adult and Domestic Abuse:** If we have reason to believe that a vulnerable adult (defined below) is suffering from abuse, neglect, abandonment or exploitation, we are required by law to make a report to either the California Adult Protective Services or the nearest law enforcement agency as soon as Dr Lisa S Powell Psychological Inc. becomes aware of the situation.

A “vulnerable adult” means an elder adult, or an adult who has a mental or physical impairment which substantially affects his or her ability to: (a) provide personal protection; (b) provide necessities such as food, shelter, clothing, or mental or other health care; (c) obtain services necessary for health, safety, or welfare; (d) carry out the activities of daily living; (e) manage his or her own resources; or (f) comprehend the nature and consequences of remaining in a situation of abuse, neglect, abandonment or exploitation.

- **Health Oversight:** If you file a complaint against Dr Lisa S Powell Psychological Inc. with the California Division of Occupational and Professional Licensing, we may disclose to them information from your records relevant to the complaint.
- **Judicial or Administrative proceedings:** If you are involved in a court proceeding and a request is made for information about the professional services that Dr Lisa S Powell Psychological Inc. has provided you and/or records thereof, such information is privileged under state law, and we must not release this information without written authorization from you or your personal or legally appointed representative, or a court order. This privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. Dr Lisa S Powell Psychological Inc. will inform you in advance if this is the case.
- **Serious Threat to Health or Safety:** If you communicate to me an explicit threat to kill or inflict serious bodily injury upon a reasonably identifiable person, and you have the apparent intent and ability to carry out that threat, Dr Lisa S Powell Psychological Inc. has legal duty to take reasonable precautions. These precautions may include disclosing relevant information from your mental health records which is essential to protect the rights and safety of others. We also have such a duty if you have a history of physical violence of which we are aware and we have reason to believe there is a clear and imminent danger that you will attempt to kill or inflict serious bodily injury upon yourself or a reasonably identifiable person.

- **Worker's Compensation:** If you file a worker's compensation claim, Dr Lisa S Powell Psychological Inc. must furnish mental health records to: (1) you or your dependents, (2) your employer, (3) the employer's workers' compensation insurance carrier, (4) the Uninsured Employers' Fund, (5) the Employers' Reinsurance Fund, (6) the Labor Commission, and (7) any attorney representing any of the above in an industrial injury or occupational disease claim.
- **Public Health & Safety:** If a communicable disease is reported, Dr Lisa S Powell Psychological Inc. is required to report that disease to the California State Department of Health. Reportable communicable diseases include but are not limited to: AIDS, Hepatitis, Sexual Transmitted Diseases and Small Pox

IV. Patient's Rights and Therapist's Duties

Patient's Rights:

- *Right to Request Restrictions.* You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, we are not required to agree to a restriction that you have requested
- *Right to Receive Confidential Communications by Alternative Means and at Alternative Locations.* You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are a patient at Dr Lisa S Powell Psychological Inc.. Upon your request, we will send your bills to another address)
- *Right to Inspect and Copy.* You have the right to inspect or obtain a copy (or both) of PHI in our mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. Dr Lisa S Powell Psychological Inc. may deny your access to PHI under certain circumstances, but in some case you may have this decision reviewed. On your request, we will discuss with you the details of the request and denial process.
- *Right to Amend.* You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. Dr Lisa S Powell Psychological Inc. staff may deny your request. Upon your request, we will discuss with you the details of the amendment process.
- *Right to an Accounting.* You generally have the right to receive an accounting of disclosures of PHI regarding you. On your request, we will discuss with you the details of the accounting process.
- *Right to a Paper Copy.* You have the right to obtain a paper copy of the notice from us upon request, even if you have agreed to receive the notice electronically.

Therapist's Duties:

- Dr Lisa S Powell Psychological Inc. is required by law to maintain the privacy of PHI and to provide you with a notice of our legal duties and privacy practices with respect to PHI.
- Dr Lisa S Powell Psychological Inc. reserves the right to change the privacy policies and practices described in this notice. Unless you are notified of such changes, however, we are required to abide by the terms currently in effect.
- If Dr Lisa S Powell Psychological Inc. revises our policies and procedures, we will post notification in our offices and have copies available upon your request.

V. Questions and Complaints

If you have any concerns that Dr Lisa S Powell Psychological Inc. may have compromised your privacy rights, please do not hesitate to speak with the "Officer on Call" immediately. We will always be willing to speak with you about preserving the privacy of your protected mental health information. You may also send a written complaint to the Secretary of the United States Department of Health and Human Services. We will provide you with the appropriate address upon request.

VI. Effective Date, Restrictions and Changes to Privacy Policy

This notice went into effect on November 1, 2004.

Dr Lisa S Powell Psychological Inc. will limit the uses or disclosures that we will make as follows: When you request an accounting of certain disclosure of your health information, the accounting does not include disclosures made for treatment, payment, and health care operations and some disclosures required by law. Your request must state the period of time desired for the accounting, which must be within the 6 years prior to your request and exclude dates prior to November 1, 2004. The first accounting is free but a fee will apply if more than one request is made in a 12-month period. These requests must be made in writing.

Dr Lisa S Powell Psychological Inc. reserves the right to change the terms of this notice and to make the new notice provisions effective for all PHI that we maintain. Notice of changes in our Privacy policy will be posted in the offices and a revised copy will be available upon your request.

Printed Name _____

Signature _____

Date _____