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(650) 521-9919

NOTICE OF PRIVACY PRACTICES

- I. 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.**

- II. IT IS MY LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI).**

- III.** Your Therapist is legally required to protect the privacy of your PHI, which includes information that can be used to identify you. This includes information created or received about your past, present, or future health or condition, the provision of health care to you, or the payment of this health care. The Therapist must provide you with this Notice about privacy practices, and such Notice must explain how, when, and why he/she will “use” and “disclose” your PHI. A “use” of PHI occurs when the Therapist shares, examines, utilizes, applies, or analyzes such information with his/her supervisor; PHI is “disclosed” when it is released, transferred, has been given to, or is otherwise divulged to a third party outside of the practice. With some exceptions, your Therapist cannot disclose any more of your PHI than is necessary to accomplish the purpose for which the use or disclosure is made. And, your Therapist is legally required to follow privacy practices described in this Notice.

However, your Therapist reserves the right to change the terms of this Notice and its privacy policies at any time. Any changes will apply to PHI that is already on file.

- A. Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations Do Not Require Your Prior Written Consent.** A Therapist can use and disclose your PHI without your consent for the following reasons:
 - 1. For Treatment.** Therapists can use your PHI within their practice to provide you with mental health treatment, including discussing or sharing your PHI with their clinical supervisor.

 - 2. To Obtain Payment for Treatment.** Therapists can use and disclose your PHI to bill and collect payment for the treatment and services provided by your Therapist to you.

3. For Health Care Operations. As your therapist, I can use and disclose your PHI to sustain operations. For example, I may provide your PHI to an accountant to further my practice operations.

4. Patient Incapacitation or Emergency. A Therapist may also disclose your PHI to others without your consent if you are incapacitated or if an emergency exists. For example, your consent isn't required if you need emergency treatment, as long as your Therapist tries to get your consent after treatment is rendered, or if he/she tries to get your consent but you are unable to communicate (For example, if you are unconscious or in severe pain) and he/she thinks that you would consent to such treatment if you were able to do so.

B. Certain Other Uses and Disclosures Also Do Not Require Your Consent or Authorization. I can use and disclose your PHI without your consent or authorization for the following reasons:

1. When federal, state, or local laws require disclosure. For example, your Therapist may have to make a disclosure to applicable governmental officials when a law requires him/her to report information to government agencies and law enforcement personnel about victims of abuse or neglect.
2. When judicial or administrative proceedings require disclosure. For example, if you are involved in a lawsuit or a claim for Worker's Compensation benefits, your Therapist may have to use or disclose your PHI in response to a court or administrative order. A Therapist may also have to use or disclose your PHI in response to a subpoena.
3. When law enforcement requires disclosure. For example, a Therapist may have to use or disclose your PHI in response to a search warrant.
4. When public health activities require disclosure. For example, a Therapist may have to use or disclose your PHI to report to a government official an adverse reaction that you have to a medication.
5. When health oversight activities require disclosure. For example, a Therapist may have to use or disclose information to assist the government in conducting an investigation of a health care Therapist or organization.
6. To avert a serious threat to health or safety. For example, a Therapist may have to use or disclose your PHI to avert a serious threat to the health or safety of others. However, any such disclosures will only be made to someone able to prevent the threatened harm from occurring.
7. For specialized government functions. If you are in the military, a Therapist may have to use or disclose your PHI for national security purposes,

including protecting the President of the United States or conducting intelligence operations.

8. To remind you about appointments and to inform you of health-related services. For example, a Therapist may have to use or disclose your PHI to remind you about your appointments, or to give you information about treatment alternative(s) or other health care services.

C. Certain Uses and Disclosures Require You to Have the Opportunity to Object.

1. **Disclosures to Family, Friends, or Others.** A Therapist may disclose your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

D. Other Uses and Disclosures Require Your Prior Written Authorization. In any other situation not described in sections III A, B, and C above, your Therapist will need your written authorization before using or disclosing any of your PHI. If you choose to sign an authorization to disclose your PHI, you can later revoke such authorization in writing to stop any future uses and disclosures (to the extent that your Therapist hasn't taken any action in reliance on such authorization) of your PHI by your Therapist.

IV. WHAT RIGHTS YOU HAVE REGARDING YOUR PHI

You have the following rights with respect to your PHI:

- A. The Right to Request Restrictions on Uses and Disclosures.** You have the right to request restrictions or limitations on your Therapist's uses or disclosures of your PHI to carry out treatment, payment, or operations. You also have the right to request that your Therapist restrict or limit disclosures of your PHI to family members or friends or others involved in your care or who are financially responsible for your care. Please submit such requests to your Therapist in writing. The Therapist will consider your requests, but is not legally required to accept them. If he/she does accept your requests, he/she will put them in writing and will abide by them, except in emergency situations. However, be advised that you may not limit the uses and disclosures that Therapists are legally required to make.
- B. The Right to Choose How a Therapist Sends PHI to You.** You have the right to request that your Therapist send confidential information to you at an alternate address (for example, sending information to your work address rather than your home address) or by alternate means (for example, e-mail instead of regular mail). The Therapist must agree to your request so long as it is reasonable and you specify how or where you wish to be contacted, and,

when appropriate, you provide the Therapist with information as to how payment for such alternate communications will be handled. The Therapist may not require an explanation from you as to the basis of your request as a condition of providing communications on a confidential basis.

- C. The Right to Inspect and Receive a Copy of your PHI.** In most cases, you have the right to inspect and receive a copy of the PHI that your Therapist has on you, but you must make the request to inspect and receive a copy of such information in writing. The Therapist will respond to your request within 30 days of receiving your written request. In certain situations, he/she may deny your request. If denied, the Therapist will tell you, in writing, his/her reasons for the denial and explain your right to have the denial reviewed.

VI PERSON TO CONTACT FOR INFORMATION ABOUT THIS NOTICE OR TO COMPLAIN ABOUT PRIVACY PRACTICES

If you have any questions about this notice or any complaints about the privacy practices, or would like to know how to file a complaint with the Secretary of the Department of Health and Human Services, please contact Lisa Summers, M.A., MFT at (650) 521-9919.

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VII EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on April 14, 2003.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

By signing this form, you acknowledge receipt of this office’s Notice of Privacy Practices. The Notice of Privacy Practices provides information about how your Therapist may use and disclose your protected health information. I encourage you to read it in full.

The Notice of Privacy Practices is subject to change. If your Therapist changes the notice, you may obtain a copy of the revised notice by contacting your Therapist directly.

I acknowledge receipt of the Notice of Privacy Practices

Signature: _____ Date: _____
(client/parent/conservator/guardian)



INABILITY TO OBTAIN ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I made good faith attempts to obtain my client’s acknowledgement of his or her receipt of the Notice of Privacy Practices, including:

However, because of

_____ I was unable to obtain my

client’s acknowledgement.

Signature of Provider: _____ Date: _____