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NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed and how you can obtain access to this information. Please review it carefully.

The Health Insurance Portability and Accountability Act of 1996 (HIPPA) is a federal program that protects the privacy of health care information by setting standards for privacy and security of individually identifiable information.

The services you are receiving here concern your psychological status, a private and intimate aspect of your life. Thus, protecting your privacy is of utmost importance. This notice explains how, when and why I may use/and or disclose your records, which are known under the HIPAA legislation as "Protected Health Information" (PHI). Except in specified circumstances, your PHI will not be released to anyone. When disclosure is necessary under the law, only the minimum amount of use and/or disclosure of your PHI necessary to accomplish the purpose of the use and/or disclosure will occur. I reserve the right to change the terms of the Notice of Privacy Practices and make provisions effective for all PHI I maintain. In the event that a revision is made, I will communicate this by providing the revised Notice of Privacy Practices upon request and having a copy for individuals to take with them.

Safeguards Governing Your Protected Health Information (PHI)

Individually identifiable information about your past, present, or future health or condition, the provision of health care to you, or payment for health care is considered PHI. Your PHI results from your treatment, payment, and other related health care operations. PHI may also be received from other sources, i.e. other health care providers, attorneys, etc. You and your PHI receive certain protections under the law.

If you are receiving any type of psychotherapy service, your PHI is typically limited to basic session and billing information placed in a file in my office. Only this office will have access those files. Clinical notes taken after session are known as Psychotherapy Notes and are not part of your PHI. Except in unusual, emergency situations described below, your PHI will only be released with your specific Authorization.

How Your Protected Health Information may be Used or Disclosed

I appreciate the opportunity to provide the highest quality health care services to you and value the trust that you have placed in me in choosing to visit my practice. I respect that trust by exercising competent professional judgment in my decision-making regarding the use of your healthcare information. In order for me to provide care to you, it is necessary to create, receive, and communicate medical information about you. This may involve:

In accordance with HIPAA and its Privacy Rule (Rule), your PHI may be used and disclosed in the following, specified circumstances:

- A. Uses and/or disclosures related to your treatment (T), the payment for services you received (P), or for health care operations (O):
 - 1. For Treatment (T): Your PHI may be shared with other health care providers (psychologists, psychiatrists, physicians, nurses, and other health care personnel) involved in providing health care services to you. However, although such uses/disclosures are permissible under the Rule, generally they will only occur with your specific Authorization.
 - 2. For Payment (P): Your PHI may be used and/or disclosed for billing and collection activities without your specific Authorization.
 - 3. For Health Care Operations (O): Your PHI may be used and/or disclosed in the course of operating the various business functions of my office, without your specific Authorization.
- B. Uses and/or disclosures requiring your Authorization: Generally, the use and/or disclosure of your PHI for any purpose that falls outside of the definitions of treatment, payment and health care operations identified above will require your signed Authorization. If you grant your permission for such use and/or disclosure of your PHI, you retain the right to revoke your Authorization at any time except to the extent that a disclosure might already have been made.
- C. Uses and/or disclosures not requiring your Authorization: The Rule provides that your PHI may be used and/or disclosed without your Authorization when required by existing law in the following circumstances:
 - 1. Reporting child, dependent adult, and/or elder abuse or neglect: I may use and/or disclose your PHI in cases of suspected child abuse or neglect; suspect dependent adult abuse or neglect; and suspected elder abuse or neglect. Such reporting may be to social service and/or law enforcement agencies as provided by law.
 - 2. Judicial and administrative proceedings: I may use and/or disclose your PHI in response to an order of a court or administrative tribunal, a warrant, or other lawful process.

3. To avert a serious threat to health or safety: I may use and/or disclose your PHI in order to avert a serious threat to health or safety. For example, if I reasonably believed you were at imminent risk of harming a person or property, or of hurting yourself, I am authorized to disclose your PHI to prevent such an act from occurring.

Your Rights Regarding Your Protected Health Information (PHI)

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

- A. In general, you have the right to view your PHI or to obtain copies of it. You must request it in writing. Generally, you have the right to access your PHI according to the following time frames: inspection within five business days of my receipt of your written request; a summary of your PHI within ten business days of my receipt of your written request; copies of your PHI within 15 days of my receipt of your written notice; and summary of your PHI within 30 days of receipt of your written notice when extenuating circumstances exist. You will receive a response from me within 30 days of submission of your written request. Under certain circumstances, such as if release of your PHI would be dangerous to you or another person, I may deny your request and offer to provide a summary instead. If your request is denied, I will give you reasons for the denial in writing. You have a right to have the denial reviewed. If you ask for copies of your PHI, you will be charged not more than \$0.25 per page. I may determine it is appropriate to provide you with a summary or explanation of your PHI, but only if you agree in advance to it as well as to the cost.
- B. You have the right to ask that I limit uses and disclosures of your PHI. While I will consider your request, I am not legally bound to agree. If I do agree to your request, I will put those limits in writing and abide by them except in emergency situations. You do not have the right to limit the uses and disclosures that I am legally required or permitted to make.
- C. It is your right to ask that your PHI be sent to you at an alternate address or by an alternate method, e.g., email. I am obliged to agree to your request providing that I can give you the PHI in the format you requested without undue inconvenience.
- D. You are entitled to a list of disclosures of your PHI that I have made in the past six years. The list will not include uses or disclosures to which you have already consented, e.g., those for treatment, payment, or health care operations. I will respond to your request for an account of disclosures within 60 days of receiving your request. The list will include the date of the disclosure, the person or entity to whom PHI was disclosed (including the address if known), a description of the information disclosed, and the reason for the disclosure. This will be provided to you at no cost, unless you make more than one request in the same year, in which case you will be charged a reasonable sum based on a set fee for each additional request.

- E. If you believe that 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 and the reason for the request must be made in writing. You will receive a response within 60 days of my receipt of your request. Your request may be denied if it is determined that: the PHI is (a) correct and complete, (b) forbidden to be disclosed, (c) not part of my records, or (d) written or created by someone other than me. Any denial will be in writing and will state the reasons for the denial. It will also explain your right to file a written statement objecting to the denial. If you do not file a written objection, you still have the right to ask that your request and my denial be attached to any future disclosures of your PHI. If your request is approved, I will make the change(s) to your PHI. Additionally, I will tell you that the changes have been made, and will advise all others who need to know about the changes(s) to your PHI.
- F. You have the right to get this notice by email. You have the right to request a paper copy of it as well.

How to Complain about These Privacy Practices

For questions regarding the HIPAA Privacy Rule, please visit the U.S. Department of Health & Human Services website: <http://www.hhs.gov/ocr/privacy/>

I am the HIPAA compliance officer for this psychology office. If you believe that my office has violated your individual privacy rights, or if you object to a decision made about access to your PHI, you are entitled to submit a written complaint to me. 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 provisions outlined in this Notice of Privacy Practices. If you prefer, you may file your written complaint with the Secretary of the U.S. Department of Health and Human Services (Secretary) at 200 Independence Avenue S.W., Washington, D.C. 20201. However, any complaint you file must be received by me, or filed with the Secretary, within 180 days of when you knew, or should have known, the act or omission occurred. We will take no retaliatory action against you if you make such a complaint. However, psychotherapy may need to be discontinued. If this happens, we will give you a referral to another therapist or clinic.

Client Name: _____

Date: _____

Signature: _____