



## **CALIFORNIA NOTICE FORM**

### **Notice of Psychologists' Policies and Practices to Protect the Privacy of Your Health Information**

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. Disclosures for Treatment, Payment and Health Care Operations**

We may use or disclose your protected health information (PHI), for certain treatment, payment and health care operations purposes without your authorization. In certain circumstances we can only do so when the person or business requesting your PHI gives us a written request that includes certain promises regarding protecting the confidentiality of your PHI. To help clarify these terms, here are some definitions:

- “PHI” refers to information in your health record that could identify you.
- “Treatment” is when we or another healthcare provider diagnoses or treats you. An example of treatment would be when we consult with another health care provider, such as your family physician or another psychologist, regarding your treatment.



- “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” is when we disclose your PHI to your health care service plan (for example your health insurer), or to your other health care providers contracting with your plan, for administering the plan, such as case management and care coordination.
- “Use” applies only to activities within our practice group such as sharing, employing, applying,

utilizing, examining and analyzing information that identifies you.

- “Disclosure” applies to activities outside of our practice group such as releasing, transferring or providing access to information about you to other parties.
- “Authorization” means written permission for specific uses or disclosures.

## **II. Uses and Disclosures Requiring Authorization**

We may use or disclose PHI for purposes outside of treatment, payment and health care operations when your appropriate authorization is obtained.



In those instances when we are asked for information for purposes outside of treatment and payment operations, we will obtain an authorization from you before releasing this information.

We will also need to obtain an authorization before releasing your psychotherapy notes.

“Psychotherapy notes” are notes we have made about our conversations during a private, group, joint or family counseling session, which we have kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI. You may revoke or modify all such authorizations (of PHI or psychotherapy notes) at any time; however, the revocation or modification is not effective until we receive it.

### **III. Uses and Disclosures with Neither Consent nor Authorization**

We may use or disclose PHI without your consent or authorization in the following circumstances:

- **Health Oversight:** If a complaint is filed against us with the California Board of Psychology, the Board has the authority to subpoena confidential mental health information from us relevant to that complaint.
- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made about the professional services that we have provided you, we must not release your information without
  - 1) your written authorization or the authorization of your attorney or personal representative;
  - 2) a court order;



3) a subpoena duces tecum (a subpoena to produce records) where the party seeking your records provides us with a showing that you or your attorney have been served with a copy of the subpoena, affidavit and the appropriate notice, and you have not notified us that you are bringing a motion in the court to quash (block) or modify the subpoena. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court-ordered. We will inform you in advance if this is the case.

- **Serious Threat to Health or Safety:** If you communicate to us a serious threat of physical violence against an identifiable victim, we must make reasonable efforts to communicate that information to the potential victim and the police. If we have reasonable cause to believe that you are in such a condition, as to be dangerous to yourself or others, we may release relevant information as necessary to prevent the threatened danger.
- **Worker's Compensation:** If you file a worker's compensation claim, we must furnish a report to your employer, incorporating our findings about your injury and treatment, within five working days from the date of your initial examination, and at subsequent intervals as may be required by the administrative director of the Worker's Compensation in order to determine your eligibility for worker's compensation.

#### **IV. Patient's Rights and Clinician's Duties**



Patient's Rights:

o *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 you request.

o *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 seeing us. Upon your request, we will send your bills to another address.)

o *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. We may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. On your request, we will discuss with you the detail of the request and denial process.

o *Right to Amend* – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. We may deny your request. On your request, we will discuss with you the details of the amendment process.

o *Right to an Accounting* – You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in Section III of this Notice.) On your request, we will discuss with you the details of the accounting process.

o *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.



#### Clinician's Duties:

o We are 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.

o We reserve the right to change the privacy policies and practices described in this notice.

Unless we notify you of such changes, however, we are required to abide by the terms currently in effect.

o If we revise our policies and procedures, we will notify you in writing with 30 days notice.

#### **V. Questions and Complaints**

If you have questions about this notice, disagree with a decision we make about access to your records or have other concerns about your privacy rights, you may contact Latitude Mental Health at 1-800-609-0345 (toll-free business line), 323-609-5936 (general inquiries), or 310-595-1250 (confidential voicemail).

If you believe that your privacy rights have been violated and wish to file a complaint with *us/our* office, you may send your written complaint to:

**Latitude Mental Health**

**2550 Overland Avenue, Suite 100,**

**Los Angeles, CA 90064**

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The person listed above can provide you with the appropriate address upon request.



You have specific rights under the Privacy Rule. We will not retaliate against you for exercising your right to file a complaint.

#### **VI. Effective Date, Restrictions and changes to Privacy Policy**

This notice went into effect as of today.

We reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that we maintain. We will provide you with a revised notice with 30 days written notice.

Please sign below as recognition of the policies and practices outlined in the above document.

Signature

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Date

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