

Marilyn J. Wooley, Ph.D.
Clinical Psychologist
California License # PSY 5781
Phone: (530) 244-9977/ Fax (530) 244-0899
Email: cottagedocs@yahoo.com

HIPAA NOTICE OF PRIVACY PRACTICES

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

II. IT IS THE THERAPIST'S LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI).

By law Dr. Wooley's office is required to insure that your PHI is kept private. The PHI constitutes information created or noted by Dr. Wooley (heretofore, Dr. Wooley will refer to Dr. Wooley and/or her staff, including psychological assistants and support staff)) that can be used to identify you. It contains data about your past, present, or future health or condition, the provision of health care services to you, or the payment for such health care. We are required to provide you with this Notice about privacy procedures. This Notice must explain when, why, and how your PHI would be used and/or disclosed. Use of PHI means when Dr. Wooley shares, applies, utilizes, examines, or analyzes information within her practice; PHI is disclosed means your information is released, transferred, given, or otherwise revealed to a third party outside the practice. With some exceptions, Dr. Wooley may not use or disclose more of your PHI than is necessary to accomplish the purpose for which the use or disclosure is made; however, Dr. Wooley and her staff are always legally required to follow the privacy practices described in this Notice.

Please note that Dr. Wooley reserves the right to change the terms of this Notice and the privacy policies at any time. Any changes will apply to PHI already on file. Before any important changes to the policies are changed, Dr. Wooley's office will immediately change this Notice and post a new copy of it in the office.

III. HOW YOUR PHI MAY BE USED AND DISCLOSED

Dr. Wooley may use and disclose your PHI for many different reasons. Some of the uses or disclosures will require your prior written authorization; others, however, will not. Below you will find the different categories of uses and disclosures, with some examples.

A. Uses and Disclosures Related to Treatment, Payment, or Health Care Operations Do Not Require Your Prior Written Consent. Your PHI may be disclosed without your consent for the following reasons:

1. For treatment. Your PHI may be disclosed to physicians, psychiatrists, psychologists, and other licensed health care providers who provide you with health care services or are otherwise involved in your care. Example: If a psychiatrist is treating you, your PHI may be disclosed to help her/him in order to coordinate your care.

2. For health care operations. Your PHI may be disclosed to facilitate the efficient and correct operation of Dr. Wooley's practice. Examples: Quality control: Your PHI may be disclosed in the evaluation of the quality of health care services that you have received or to evaluate the performance of the health care professionals who provided you with these services. Your PHI may be revealed to my attorneys, accountants, consultants, and others to make sure that I am in compliance with applicable laws.

3. To obtain payment for treatment. Your PHI may be used and disclosed to bill and collect payment for the treatment and services I provided you. Example: Your PHI may be sent to your insurance company or health plan in order to get payment for the health care services provided to you. Your PHI may be provided to business associates, such as billing companies, claims processing companies, and others that process health care claims for Dr. Wooley's office.

4. Other disclosures. Examples: Your consent isn't required if you need emergency treatment provided that an attempt is made to get your consent after treatment is rendered. In the event that you are unable to communicate (for example, if you are unconscious or in severe pain) but that Dr. Wooley believes you would consent to such treatment if you could, your PHI may be disclosed.

B. Certain Other Uses and Disclosures Do Not Require Your Consent. Your PHI may be used or disclosed without your consent or authorization for the following reasons:

- 1. When disclosure is required by federal, state, or local law; judicial, board, or administrative proceedings; or, law enforcement.** Example: Disclosure to the appropriate officials may be made when a law requires Dr. Wooley to report information to government agencies, law enforcement personnel and/or in an administrative proceeding.
- 2. If disclosure is compelled by a party to a proceeding before a court of an administrative agency pursuant to its lawful authority.**
- 3. If disclosure is required by a search warrant lawfully issued to a governmental law enforcement agency.**
- 4. If disclosure is compelled by the client or the client's representative pursuant to California Health and Safety Codes or to corresponding federal statutes of regulations, such as the Privacy Rule that requires this Notice.**
- 5. To avoid harm.** Your PHI may be disclosed to law enforcement personnel or persons able to prevent or mitigate a serious threat to the health or safety of a person or the public.

6. **If disclosure is compelled or permitted by the fact that you are in such mental or emotional condition as to be dangerous to yourself or the person or property of others, and if it is determined that disclosure is necessary to prevent the threatened danger.**
7. **If disclosure is mandated by the California Child Abuse and Neglect Reporting law.** For example, if Dr. Wooley or her staff have a reasonable suspicion of child abuse or neglect.
8. **If disclosure is mandated by the California Elder/Dependent Adult Abuse Reporting law.** For example, if Dr. Wooley or her staff have a reasonable suspicion of elder abuse or dependent adult abuse.
9. **If disclosure is compelled or permitted by the fact that you disclose a serious/imminent threat of physical violence by you against a reasonably identifiable victim or victims.**
10. **For public health activities.** Example: In the event of your death, if a disclosure is permitted or compelled, Dr. Wooley may need to give the county coroner information about you.
11. **For health oversight activities.** Example: Dr. Wooley and/or her staff may be required to provide information to assist the government in the course of an investigation or inspection of a health care organization or provider.
12. **For specific government functions.** Examples: The PHIs of military personnel and veterans may be disclosed under certain circumstances. Also, your PHI may be disclosed in the interests of national security, such as protecting the President of the United States or assisting with intelligence operations.
13. **For research purposes.** In certain circumstances, your PHI may be disclosed in order to conduct medical research.
14. **For Workers' Compensation purposes.** Your PHI, including some chart notes, may be disclosed in order to comply with Workers' Compensation laws.
15. **Appointment reminders and health related benefits or services.** Examples: Your PHI may be used to provide appointment reminders, to give you information about alternative treatment options, or other health care services or benefits.
16. **If an arbitrator or arbitration panel compels disclosure,** when arbitration is lawfully requested by either party, pursuant to subpoena *duces tectum* (e.g., a subpoena for mental health records) or any other provision authorizing disclosure in a proceeding before an arbitrator or arbitration panel.
17. **If disclosure is required or permitted to a health oversight agency for oversight activities authorized by law.** Example: When compelled by U.S. Secretary of Health and Human Services to investigate or assess Dr. Wooley's compliance with HIPAA regulations.
18. **If disclosure is otherwise specifically required by law.**

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

1. Disclosures to family, friends, or others. Your PHI may be provided to a family member, friend, or other individual who you indicate is involved in your care or responsible for the payment for your health care, unless you object in whole or in part.

D. Other Uses and Disclosures Require Your Prior Written Authorization. In any other situation not described in Sections IIIA, IIIB, and IIIC above, Dr. Wooley will request your written authorization before using or disclosing any of your PHI. Even if you have signed an authorization to disclose your PHI, you may later revoke that authorization, in writing, to stop any future uses and disclosures assuming that no action subsequent to the original authorization has been taken.

IV. WHAT RIGHTS YOU HAVE REGARDING YOUR PHI:

A. The Right to See and Get Copies of Your PHI. In general, you have the right to see your PHI or to get copies of it; however, you must request it in writing. If your PHI is not available you may request it by written request. You will receive a response from Dr. Wooley within 30 days. Under certain circumstances, Dr. Wooley may deny your request. In that case you will receive the reasons for the denial. You have the right to have the denial reviewed. If you ask for copies of your PHI, you will be charged \$.25 per page. You may also choose to receive a summary or explanation of the PHI.

B. The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask for limits on the use and disclose of your PHI. Dr. Wooley will consider your request, but is not legally bound to agree. If Dr. Wooley agrees to your request, the limits will be made in writing and honored except in emergency situations. You do not have the right to limit the uses and disclosures that Dr. Wooley is legally required or permitted to make.

C. The Right to Choose How Your PHI is sent to You. It is your right to ask that your PHI be sent to you at an alternate address (for example, sending information to your work address rather than your home address) or by an alternate method (for example, via email instead of by regular mail) provided that the format you requested can be fulfilled without undue inconvenience.

D. The Right to Get a List of the Disclosures. You are entitled to a list of disclosures of your PHI. The list will not include uses or disclosures to which you have already consented, i.e., those for treatment, payment, or health care operations, sent directly to you, or to your family; neither will the list include disclosures made for national security purposes, to corrections or law enforcement personnel, or disclosures made before April 15, 2003. After April 15, 2003, disclosure records will be held for six years. Your request for an accounting of disclosures will be honored within 60 days of your request. The list will the first six year period being 2003-2009) unless you indicate a

shorter period. The list will include the date of the disclosure, to whom PHI was disclosed (including their address, if known), a description of the information disclosed, and the reason for the disclosure. If you make more than one request in the same year you will be charged a reasonable sum.

E. The Right to Amend Your PHI. 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 the existing or missing information be amended. Your request and the reason for the request must be made in writing. You will receive a response within 60 days of receipt of your request. Your request may be denied in writing if Dr. Wooley finds that: the PHI is (a) correct and complete, (b) forbidden to be disclosed, (c) not part of your records, or (d) written by someone other than Dr. Wooley who will submit a written denial, which included the reasons for the denial and an explanation of 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 the denial be attached to any future disclosures of your PHI. If your request is approved, the change(s) will be made to your PHI, you will be informed of the changes, and all others who need to know about the change(s) to your PHI will be advised.

F. The Right to Get This Notice by Email. You have the right to get this notice by email. You also have the right to request a paper copy.

V. HOW TO COMPLAIN ABOUT DR. WOOLEY'S PRIVACY PRACTICES

If, in your opinion, your privacy rights have been violated, or if you object to a decision about access to your PHI, you are entitled to file a complaint with the person listed in Section VI below. You may also send a written complaint to the Secretary of the Department of Health and Human Services at 200 Independence Avenue S.W. Washington, D.C. 20201. If you file a complaint about privacy practices, Dr. Wooley will take no retaliatory action against you.

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

If you have any questions about this notice or any complaints about my 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 me at 2469 Old Eureka Way, Redding, CA 96001

I acknowledge receipt of this notice.

Client Name: _____ Date: _____

Signature: _____