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HIPPA 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. I HAVE A LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI)

By law I am legally required to protect the privacy of your PHI, which includes information that can be used to identify you that I've 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. I must provide you with this Notice about my privacy practices, and such Notice must explain how, when, and why I will "use" and "disclose" your PHI. Use of PHI occurs when I share, examine, utilize, apply, or analyze such information within my practice; PHI is disclosed when it is released, transferred, has been given to, or is otherwise divulged to a third party outside of my practice. With some exceptions, I may not use or disclose any more of your PHI than is necessary to accomplish the purpose for which the use or disclosure is made. And, I am legally required to follow the privacy practices described in this Notice.

However, I reserve the right to change the terms of this Notice and my privacy policies at any time. Any changes will apply to PHI on file with me. Before I make any important changes to my policies, I will promptly change this Notice and post a new copy of it in my office. You can also request a copy of this Notice from me.

III. HOW I MAY USE AND DISCLOSE YOUR PHI.

I will use and disclose your PHI for many different reasons. For some of these uses or disclosures, I will need your prior authorization; for others, however, I do not. Listed below are the different categories of my uses and disclosures along with some examples of each category.

A. Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations Do Not Require Your Prior Written Consent. I can use and disclose your PHI without your consent for the following reasons:

For treatment. I can disclose your PHI to physicians, psychiatrists, psychologists, and other licensed health care providers who provide you with health care services or are involved in your care, including discussing or sharing your PHI with my interns and psychological assistants.

Example: If a psychiatrist is treating you, I can disclose your PHI to your psychiatrist in order to coordinate your care.

To obtain payment for treatment. I can use and disclose your PHI to bill and collect payment for the treatment and services provided by me to you. Example: I might send your PHI to your insurance company or health plan to get paid for the health care services that I have provided to you. I may also provide your PHI to my business associates, such as billing companies, claims processing companies, and others that process my health care claims.

For health care operations. I can disclose your PHI to operate my practice. Example: I might use your PHI to evaluate the quality of health care services that you received or to evaluate the performance of the health care professionals who provided such services to you. I may also provide your PHI to our accountants, attorneys, consultants, and others to make sure that I am in compliance with applicable laws.

Other disclosures. I may also disclose your PHI to others without your consent in certain situations. Example: your consent isn't required if you need emergency treatment, as long as I try to get your consent after treatment is rendered, or if I try to get your consent but you are unable to communicate with me (for example, if you are unconscious or in severe pain) and I think that you would consent to such treatment if you were able to do so.

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

When disclosure is required by federal, state or local law; judicial or administrative proceedings; or law enforcement. Example: I may make a disclosure to applicable officials when a law requires me to report information to government agencies, law enforcement personnel and or in a judicial or administrative proceeding.

If disclosure is compelled by a party to a proceeding before a court of an administrative agency pursuant to its lawful authority.

If disclosure is required by a search warrant lawfully issued to a governmental law enforcement agency.

If disclosure is compelled by the client or the client's representative pursuant to California Health and Safety Codes or to respond to corresponding federal statutes or regulations, such as the Privacy Rule that requires this Notice.

To avoid harm. I may provide PHI to law enforcement personnel or persona able to prevent or mitigate a serious threat to the health or safety of a person or the public (i.e., adverse reactions to meds).

If disclosure is compelled by 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 I determine that disclosure is necessary to prevent the threatened danger.

If disclosure is mandated by the California Child Abuse and Neglect Reporting law. For example, if I have a reasonable suspicion of child abuse or neglect.

If disclosure is mandated by the California Elder/Dependent Adult Abuse Reporting law. Example, if I have a reasonable suspicion of elder abuse or dependent adult abuse.

If disclosure is compelled or permitted by the fact that you tell me of a serious/imminent threat of physical violence by you against a reasonable identifiable victim or victims.

For public health activities. Example: In the event of your death, if a disclosure is permitted or compelled, I may need to give the county coroner information about you.

For health oversight activities. Example: I may be require to provide information to assist the government in the course of an investigation or inspection of a health care organization or provider.

For specific governmental functions. Examples: I may disclose PHI of military personnel and veterans under certain circumstances. Also, I may disclose PHI in the interests of national security, such as protecting the President of the United States or assisting with intelligence operations.

For research purposes. In certain circumstances, I may provide PHI in order to conduct medical research.

For Workers Compensation purposes. I may provide PHI in order to comply with Workers Compensation laws.

Appointment reminders and health related benefits or services. Examples: I may use PHI to provide appoint reminders. I may use Phi to give you information about alternative treatment options, or other health care services or benefits I offer.

If an arbitrator or arbitration panel compels disclosure. Example: When arbitration is lawfully requested by either party, pursuant to subpoena duces tectum (i.e., a subpoena for mental health records) or any other provision authorizing disclosure in a proceeding before an arbitrator or arbitration panel.

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 my compliance with HIPPA regulations.

If disclosure is otherwise specifically by law.

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

Disclosures to family, friends, or others. I may provide 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. Retroactive 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 IIIA, IIIB, and IIIC above, I will request 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 (assuming that I haven't taken any action subsequent to the original authorization) of your PHI by me.

IV. WHAT RIGHTS YOU HAVE REGARDING YOUR PHI

You have the following rights with respect to your PHI:

A. The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to see your PHI that is in my possession, or to get copies of it; however, you must request it in writing. If I do not have your Phi, but know who does, I will advise you how you can get it. You will receive from me within 30 days of my receiving your written request. Under certain circumstances, I may feel I must deny your request, but if I do, I will give you, in writing, the reason for denial. I will also explain your right to have my denial reviewed. If you request copies of your PHI, I will charge you not more than \$.25 per page. Instead of providing the PHI you requested, I may see fit to provide you with a summary or explanation of the PHI as long as you agree to that, as well as to the cost, in advance.

I may see fit to provide you with a summary or explanation of the PHI, but only if you agree to it.

B. The Right to Choose How I Send PHI to You. You have the right to ask that I limit how I use and disclose your PHI. I will consider your request, but I am not legally required to accept it. If I accept your request, I will put any 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. The Right to See and Get Copies of Your PHI. In most cases, you have the right to look at or get copies of your PHI that I have, but you must make the request in writing. If I don't have your PHI but I know who does, I will tell you how to get it. I will respond to you within 5 days (California law) of receiving your written request. In certain situations, I may deny your request. If I do, I will tell you, in writing, my reasons for the denial and explain your right to have my denial reviewed.

D. The Right to Get a List of the Disclosures I Have Made. You are entitled to a list of disclosures of your PHI that I have made. The list will not include uses or disclosures that you have already consented to, i.e., those made for treatment, payment, or health care operations, 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.

I will respond to your request for an accounting of disclosures within 30 days of receiving your request. The list I will give you will include disclosures made in the previous six years (the first six year period being 2003-2006) unless you request 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. I will provide the list to you at no charge, unless you make more than one request in the same year, in which case I will charge you a reasonable cost based fee for each additional request.

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 I correct the existing information or add the missing information. Your request and the reason for the request must be in writing. You will receive a response within 30 days of my receipt of your request. I may deny your request, in writing, if I find that: the PHI is (a) correct and complete, (b) forbidden to be disclosed, (c) not part of my records, or (d) written by someone other than me. My denial must be in writing and must state the reasons for the denial. It must also explain your right to file a written statement of objecting to the denial. If you do not file a written objection, you still have the right to request that your request and my denial be attached to all future disclosures of your PHI. If I approve your request, I will make the change(s) to your PHI. Additionally, I will tell you that the changes have been made, and I will advise others who need to know about the change(s) to your PHI.

F. The Right to Get This Notice by E-Mail. You have the right to get a copy of this notice by e-mail. Even if you have agreed to receive notice via e-mail, you also have the right to request a paper copy of it.

V. HOW TO COMPLAIN ABOUT MY PRIVACY PRACTICES

If you think that I may have violated your privacy rights, or you disagree with a decision I made about access to your PHI, you may file a complaint with the person listed in Section VI below. You also may 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. I will take no retaliatory action against you if you file a complaint about my privacy practices.

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:

**William Martin, PhD.
675 Camino de los Mares, Suite 302
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(949) 248-7377**

VII. EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on April 14, 2003.

I acknowledge receipt of this notice

Client Name: _____ Date: _____

Signature: _____ Date: _____

Request for Amendment of Health Information

Please fill in the following information:

- 1 . Today's date: _____
- 2 . Client name: _____
- 3 . Birth date: _____
- 4 . Client telephone number: _____
- 5 . Client address: _____
- 6 . Describe the information you would like to have amended (e.g., psychotherapy notes, summary, etc.)

- 7 . Date(s) of information to be amended (e.g., date of office visits(s))

- 8 . What is your reason for making this request?

- 9 . How is the entry incorrect, incomplete or outdated?

10. What should the entry say to be more accurate or complete?

11. Do you know of anyone who may have received or relied on the information in question (such as your doctor, health plan, or other health care provider)? Yes or No

If yes, please specify the name(s) and address(es) of the organization(s) or individual(s)

Signature of Client or Legal Representative: _____ Date _____

FOR PROVIDER USE ONLY

Amendment has been: ___ Accepted ___ Denied
If denied, check the reason for denial:

<input type="checkbox"/> PHI was not created by this private practice	<input type="checkbox"/> PHI is not part of the Clients designed record set
<input type="checkbox"/> PHI is accurate and complete	<input type="checkbox"/> Federal law allows therapists to deny clients access to such information for inspection (i.e., psychotherapy notes)

Provider comments:

Signature of Provider: _____ Date: _____

Print Name & Title: _____

HIPPA Authorization to Disclose Protected Health Information

I hereby authorize _____ ("Provider") to disclose to (name and function of the person or entity to whom disclosure is to be made) _____ ("Recipient") the following protected health information:

- Entire File Psychotherapy Notes Session Start/Stop Times
 Diagnosis Treatment Plan Symptoms
 Prognosis Progress to Date Clinical Test Results
 Modalities & Frequencies of Treatment Used Dates of Treatment
 Other _____

I understand that *I have a right to receive a copy of this authorization*, and that any cancellation or modification of it *must be in writing*. I understand that I have the right to revoke this authorization at any time unless Provider has taken action in reliance upon it. I also understand that such revocation must be in writing and received by Provider to be effective.

I authorize the disclosure of the health information described above for the following purpose:

_____.

The *specific uses* and limitations on the uses of my health information by Recipient are as follows:

_____.

I understand that Provider *cannot* condition treatment upon me signing this authorization.

I understand that the health information disclosed pursuant to this authorization may be subject to re-disclosure by Recipient, and that the Federal Privacy Rule may no longer protect such information, although the re-disclosure of such information may be protected by applicable California law.

Provider is authorized to disclose the protected health information specifically listed above until: _____(authorization expiration date).

By: _____ Date: _____

* If signed by other than Client, please indicate the relationship between Client and his or her Representative: _____.