



Acceptance & Healing LLC

NOTICE OF PRIVACY PRACTICES

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

I. LEGAL DUTY TO SAFEGUARD PROTECTED HEALTH INFORMATION (PHI)

I am legally required to protect the privacy of your Protected Health Information (PHI), which includes information that I've created or received about you that can be used to identify you, 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. A "use" of PHI occurs when I share, examine, utilize, apply, or analyze such information within my practice; PHI is "disclosed" when it is released or transferred to a third party outside of my practice.

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 already. 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, as well as have copies available for you upon request.

II. USAGE AND DISCLOSURE OF PHI

As a rule, I will disclose no information about you without your written consent. My patient records describe the services provided to you and contain the dates of our sessions, your diagnosis, functional status, symptoms, prognosis and progress, and any psychological testing reports. According to the Health Insurance Portability and Accountability Act (HIPAA), I am legally allowed to use or disclose records without your written consent if I am doing so for the purposes outlined below. Although your consent is technically not required for these scenarios, I will still ask for your permission in advance, either through your consent at the onset of our relationship (by signing the attached general consent form), or through your written authorization at the time the need for disclosure arises. You may revoke your permission in writing at any time by contacting me.

I can use and disclose your PHI without your prior written consent for the following:

- A. **For Treatment:** I can disclose your PHI to physicians, psychiatrists, psychologists, and other licensed health care providers who are involved in your care. For example, if you're being treated by a psychiatrist, I can disclose your PHI to your psychiatrist in order to coordinate your care without first obtaining your written consent.
- B. **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. For 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, and others that process my health care claims.
- C. **For Health Care Operations:** I can disclose your PHI to operate my practice. For 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 my accountants, attorneys, consultants, and others to make sure I am complying with applicable laws. **For Research Purposes:** In certain circumstances, I may provide PHI in order to conduct medical research.

- D. **Appointment Reminders and Health Related Benefits or Services:** I may use PHI to provide appointment reminders or give you information about treatment alternatives, or other health care services or benefits I offer.

III. LIMITS OF CONFIDENTIALITY

Often, safety overrides confidentiality as my top priority. As a mandated reporter, I am required by law to violate your confidentiality and use/disclose records or other information about you without your consent or authorization. In all of the following circumstances, I will first attempt to discuss with you what I am required to do and what could happen, unless the actual scenario and mandated reporting prevents me from doing so:

- A. **Emergency:** If you are involved in a life-threatening emergency, e.g. you are experiencing significant suicidal ideation, I will share information with either other health care providers or law enforcement in order to keep you safe.
- B. **Serious Threat to Another's Health or Safety:** Under California law, if I am engaged in my professional duties and you communicate to me a specific and immediate threat and intention to cause serious bodily injury or death to an identifiable person, I am legally required to take steps to protect third parties. These precautions include 1) warning the potential victim(s), or the parent or guardian of the potential victim(s), if under 18, 2) notifying a law enforcement officer, and/or 3) seeking your hospitalization.
- C. **Child Abuse Reporting:** If I have reason to suspect that a child is abused or neglected, I am required by California law to report the matter immediately or as soon as is practically possible to Child Protective Services or the police.
- D. **Adult Abuse Reporting:** If I have reason to suspect that an elderly or incapacitated/dependent adult is abused, neglected or exploited, I am required by California law to immediately make a report to an adult protective services agency, local law enforcement, or to the State Department of Developmental Services.
- E. **Court Proceedings:** If you are involved in a court proceeding and a request is made for information regarding your records, I will not release information unless you provide written authorization or a judge issues a court order. If I receive a subpoena for records or testimony, I will notify you so you can file a motion to quash (block) the subpoena. However, while awaiting the judge's decision, I am required to place said records in a sealed envelope and provide them to the Court. In California civil court cases, therapy information is not protected by patient-therapist privilege in child abuse cases, in cases in which your mental health is an issue, or in any case in which the judge deems the

information to be “necessary for the proper administration of justice.” Protections of privilege may not apply if I do an evaluation for a third party or where the evaluation is court-ordered.

- F. **Records of Minors:** California has a number of laws that limit the confidentiality of the records of minors. For example, parents, regardless of custody, may not be denied access to their child’s records unless there is a foreseeable adverse risk to the child for doing so. Furthermore, court evaluators in civil commitment cases have legal access to therapy records without notification or consent of parents or child.
- G. **For Specific Government Functions:** I may disclose PHI of military personnel and veterans in certain situations. I am also legally obligated to disclose PHI for national security purposes. That is, under the Patriot Act, if the FBI suspects you of engaging in terrorist activities, I am required to provide them with your mental health record.
- H. **For Workers’ Compensation Purposes:** I may provide PHI in order to comply with workers’ compensation laws.
- I. **For Public Health Activities:** For example, I may have to report information about you to the county coroner.
- J. **For Health Oversight Activities:** For example, I may have to provide information to assist the government when it conducts an investigation or inspection of a health care provider or organization.

Other uses and disclosures of information not covered by this notice or by the laws that apply to me will be made only with your written permission.

IV. PATIENT’S RIGHTS AND PROVIDER’S DUTIES

- A. **Right to Request Restrictions:** You have the right to request restrictions on certain uses and disclosures of protected health information about you. You also have the right to request a limit on the medical information I disclose about you to someone who is involved in your care or the payment for your care. However, I am not required to agree to a restriction that you request. To request restrictions, you must make your request in writing, and tell me: 1) what information you want to limit; 2) whether you want to limit my use, disclosure or both; and 3) to whom you want the limits to apply.
- B. **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 request that I send your bills to another address, that I contact you only at work, or to not leave voice mail.) To request alternative communication, you must make your request in writing, specifying how or where you wish to be contacted.
- C. **Right to an Accounting of Disclosures:** You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor

authorization. On your written request, I will discuss with you the details of the accounting process.

- D. **Right to Inspect and Copy:** In most cases, you have the right to inspect and copy your records. To do this, you must submit your request in writing. I may deny your request in some circumstances, such as providing you with access to certain progress notes or to information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative proceeding, or if I believe that allowing you to view your PHI would jeopardize your life and physical safety. If you request copies of your PHI, I will charge you \$.25 for copying and mailing each page. As an alternative of providing the PHI you requested, I may provide you with a summary or explanation of the PHI as long as you agree to that and to the cost in advance.
- E. **Right to Amend:** If you feel that the PHI I have about you is incorrect or incomplete, you may ask me to amend the information. To request an amendment, your request must be made in writing and submitted to me. In addition, you must provide a reason that supports your request. I may deny your request if you ask me to amend information that: 1) was not created by me; 2) is not part of the medical information kept by me; 3) is not part of the information which you would be permitted to inspect and copy; 4) is accurate and complete.

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 contact Dr. Yurie Van Dermark, Psy.D, at (808) 758-5174 or sent the written complaint to the Secretary of the U.S. 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.

EFFECTIVE DATE: 30Aug2016

Patient's Acknowledgement of Notice of Privacy Practices

I have been provided a copy of Dr. Van Dermark's Notice of Privacy Practices. Signing below will mark your agreement that we have discussed these policies. I understand that I may ask questions about them at any time in the future. I consent to accept these policies as a condition of receiving mental health services.

Signature: _____

Printed Name: _____

Date: _____