

# **HEALTH INFORMATION PORTABILITY & ACCOUNTABILITY ACT**

## **NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED OR DISCLOSED HOW YOU CAN GET ACCESS TO INFORMATION. PLEASE REVIEW IT CAREFULLY.**

### **SHEBA ANDREW LCSW'S LEGAL DUTY**

Sheba S. Andrew LCSW is required by law to protect the privacy of your Protected Health Information (PHI), provide this notice about our information practices, and follow the information practices that are described herein.

By law, your therapist is required to ensure that your PHI is kept private. The PHI constitutes information created or noted by your therapist 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. Your therapist is required to provide you with this Notice about their privacy procedures. This Notice must explain when, why, and how your therapist would use and/or disclose your PHI. Use of PHI means when your therapist shares, applies, utilizes, examines, or analyzes information within the practice; PHI is disclosed when your therapist releases, transfers, gives, or otherwise reveals it to a third party outside the practice. With some exceptions, your therapist 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, your therapist is always legally required to follow California law and the privacy practices described in this Notice. Please note that your therapist 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 with your therapist. Before your therapist makes any important changes to the policies, they will immediately change this Notice and post a new copy of it in the office. You may also request a copy of this Notice from your therapist, or you can view a copy of it in the office.

### **How Your Therapist Will Use And Disclose Your PHI:**

Your therapist will use and disclose your PHI for many different reasons. Most of the uses or disclosures will require your prior written authorization; others will not. Below you will find the different categories of your therapist's uses and disclosures, with some examples.

#### **Uses and Disclosures Related to Treatment, Payment, or Health Care Operations That Do Not Require Your Prior Written Consent:**

1. When disclosure is required by federal, state, or local law; judicial, board, or administrative proceedings; or law enforcement. Your therapist may make a disclosure to the appropriate officials when the law requires them to report information to courts, government agencies, law enforcement personnel, and/or in an administrative proceeding. This includes search warrants and court orders for the release of records. If you, or anyone else, places your mental condition as part of any litigation (such as divorce, custody, or personal injury), your therapist may be compelled to release your PHI.

2. Disclosure is compelled or permitted when you are in such mental or emotional condition as to be dangerous to yourself and if your therapist determines that disclosure is necessary to prevent potential harm. For example, suicidal or serious self destructive behavior.

3. Disclosure is mandated by the California Child Abuse and Neglect Reporting law. For example, if your therapist has a reasonable suspicion of child abuse or neglect.

4. Disclosure is mandated by the California Elder/Dependent Adult Abuse Reporting law. For example, if your therapist has a reasonable suspicion of elder abuse or dependent adult abuse.

5. Disclosure is mandated when you tell your therapist of a serious/imminent threat of physical violence by you against a reasonably identifiable victim or victims. Also, confidentiality does not apply to disclosure of crimes planned for the future. This applies to interests of national security, such as protecting the President of the United States or assisting with intelligence operations to prevent future terror activities.

7. Appointment reminders and health related benefits or services. Your therapist may use PHI to provide appointment reminders. Your therapist may use PHI to give you information about alternative treatment options, or other health care services or benefits your therapist offer.

8. When disclosure is otherwise specifically required by law.

Other Uses and Disclosures Require Your Prior Written Authorization. For situations not described above, your therapist will require written authorization before disclosing any of your PHI. This includes communication with family members or other health care providers. Even if you signed an authorization to disclose your PHI, you may later revoke that authorization, in writing, to stop any future disclosures.

## **USES AND DISCLOSURES OF HEALTH INFORMATION**

Sheba S. Andrew, LCSW uses your personal health information primarily for treatment; obtaining payment for treatment; conducting internal administrative activities and evaluating the quality of care that we provide. For example, we may use your personal health information to contact you to provide appointment reminders or information about treatment alternatives or other health related benefits that could be of interest to you.

Sheba S. Andrew, LCSW may also use or disclose your personal health information without prior authorization for emergencies, research studies, auditing purposes, and public health/statistical purposes. We also provide information when required by law. In any other situation, our policy is to obtain your written authorization before disclosing your personal health information. If you provide us with a written authorization to release your information for any reason, you may later revoke that authorization to stop future disclosures at any time.

Sheba S. Andrew, LCSW may change its policy at any time. When changes are made, a new Notice of Information Practices will be posted in the waiting room and patient exam areas and will be provided to you on your next visit. You may also request an updated copy of our Notice of Information Practices at any time.

## **PATIENT'S INDIVIDUAL RIGHTS**

You have the right to review or obtain a copy of your personal health information at any time. You have the right to request that we correct any inaccurate or incomplete information in your records. You also have the right to request a list of instances where we have disclosed your personal health information for reasons other than treatment, payment, or other related administrative purposes. You may also request in writing that we not use or disclose your personal health information for treatment, payment and administrative purposes except when specifically authorized by you, when required by law, or in emergency circumstances. Sheba S. Andrew, LCSW will consider all such requests on a case-by-case basis, but the practice is not legally required to accept them.

## **CONCERNS AND COMPLAINTS**

If you are concerned that we may have violated your privacy rights or if you disagree with any decisions we have made regarding access or disclosure of your personal health information, please contact our Privacy

Officer at the address listed below. You may also send a written complaint to the California Board of Behavioral Sciences:

[https://bbs.ca.gov/consumers/consumer\\_complaints.html](https://bbs.ca.gov/consumers/consumer_complaints.html)

If you file a complaint about privacy practices, your therapist will take no retaliatory action against you.

### **PATIENT INFORMATION CONSENT FORM**

I have read and fully understand Sheba S. Andrew, LCSW's Notice of Information Practices. I understand that Sheba S. Andrew, LCSW may use or disclose my personal health information for the purposes of carrying out treatment, obtaining payment, evaluating the quality of services provided and any administrative operations related to treatment or payment. I understand that I have the right to restrict how my personal health information is used and disclosed for treatment, payment and administrative operations if I notify the practice. I also understand that Sheba S. Andrew, LCSW, will consider requests for restriction on a case-by-case basis, but does not have to agree to requests for restrictions.

I hereby consent to the use and disclosure of my personal health information for purposes as noted in Sheba S. Andrew, LCSW's Notice of Information practices. I understand that I retain the right to revoke this consent by notifying the practice in writing at any time.

Counseling is considered confidential. In cases where there is a Social Worker, Probation Officer, Court Mandated counseling involved, this confidentiality may be limited. Where appropriate, a Release of Information will be requested to be signed. In cases of Child Abuse (physical or sexual), Elder or Disabled Adult Abuse, Threats of Harm, there is a legal mandate to report such incidents to a protective agency or law enforcement.

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Patient Name

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Signature

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Date