

Felicia Hatem Robblee, LICSW

Los Angeles, CA 90068

857-246-8392

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

I. INTRODUCTION: I am committed to protecting your privacy and abiding by all privacy and confidentiality rules and regulations, such as HIPAA and other state and federal regulations. This notice outlines my responsibilities to keep confidential your Protected Health Information (PHI) and your rights with regard to your own PHI.

This Notice of Privacy Practices (Notice) describes how I may use and disclose your Protected Health Information (PHI) to carry out care coordination, treatment, and payment or healthcare operations and for other purposes that are permitted or required by law.

II. PROTECTED HEALTH INFORMATION (PHI): Protected Health Information (PHI) means health information, including identifying information about you, that I have received from you, your healthcare providers, or your parent or guardian (if applicable). It may include any information about your past, present or future physical or mental health or condition, the provision of your healthcare, and payment for your healthcare services.

III. MY RESPONSIBILITIES: I am committed to respecting your privacy and confidentiality. I am required by law to maintain the privacy of your PHI and to provide you with this Notice. I am also required to comply with the terms of our current Notice. You may obtain a copy of the current Notice upon request. I can change the terms of this Notice, and such changes will apply to all health information. You will be informed of any changes and the new Notice will also be available upon request.

IV. HOW I MAY USE AND DISCLOSE YOUR PHI: I may use and disclose your PHI for various reasons. For some uses or disclosures, I need your written authorization. Below I describe the different categories of uses and disclosures. Except when disclosing PHI relating to your care coordination, treatment, payment or healthcare operations, I must use or disclose only the minimum necessary PHI to accomplish the purpose of the use or disclosure.

1. TREATMENT: I may use or disclose your PHI to manage, coordinate, and provide your healthcare services. Federal privacy rules (regulations) allow health care providers who have direct treatment relationship with the client to use or disclose the client's personal health information without the client's written authorization in order to carry out the health care provider's own treatment.

2. PAYMENT: I may use or disclose your PHI for payment purposes. For example, I may disclose your PHI to your insurer to provide information necessary in order for the insurer to reimburse you for my services.

3. HEALTHCARE OPERATIONS: I may use and disclose your PHI for healthcare operations. The purpose of these uses and disclosures are to make sure that you receive quality care. Examples of health care operations are quality assessment and improvement activities as well as business-related matters, such as audits and administrative services.

V. OTHER PERMITTED OR REQUIRED USES AND DISCLOSURES THAT MAY BE MADE

WITHOUT YOUR AUTHORIZATION: I may legally use and disclose your PHI to others for certain purposes that are not care-coordination, treatment, payment or healthcare operations, without your written authorization. In these circumstances, I will only disclose the minimum necessary information. Such examples include, but are not limited to, the following:

1. EMERGENCIES: If you are in an emergency situation, I may disclose your PHI. In this case I will determine whether the disclosure is in your best interest, and if so, only disclose the information that is directly relevant to the emergency.

2. UNABLE TO MAKE HEALTHCARE DECISIONS: In situations where you are unable to make your own healthcare decisions, I will, under certain circumstances and as authorized by law, disclose your PHI to an authorized healthcare proxy, guardian or applicable state agency responsible for consenting to your care.

3. AS REQUIRED BY LAW: I will disclose PHI about you when required to do so by federal, state or local law.

4. TO PREVENT A SERIOUS THREAT TO HEALTH OR SAFETY: I may use and disclose your PHI when necessary to prevent a serious and imminent threat to the health or safety of you, the public or another person. Under these circumstances, I will only disclose the PHI to someone who is able to help prevent or decrease the threat.

5. PUBLIC HEALTH ACTIVITIES: I may use or disclose PHI about you as necessary for public health activities if required to do so by law; for example: reporting child or elder abuse or neglect. I will use or disclose your PHI to the appropriate government agency if I believe you have been the victim of abuse, neglect or domestic violence.

6. HEALTH OVERSIGHT ACTIVITIES: I may disclose PHI about you to a health oversight agency for activities authorized by law. Oversight agencies may include government agencies that oversee the healthcare system, government benefit programs such as Medicare or Medicaid.

7. DISCLOSURES IN LEGAL PROCEEDINGS: In limited circumstances, and as authorized by law, I may disclose your PHI to a court or other administrative tribunal.

8. LAW ENFORCEMENT ACTIVITIES: I may disclose your PHI to a law enforcement official for law enforcement purposes in limited circumstances as authorized by law.

9. MEDICAL EXAMINERS OR FUNERAL DIRECTORS: I may provide PHI about you to a medical examiner and/or funeral director according to law.

10. NATIONAL SECURITY AND PROTECTIVE SERVICES FOR THE PRESIDENT AND

OTHERS: I may disclose medical information about you to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law.

11. WORKERS COMPENSATION: I may disclose PHI about you to comply with the Massachusetts Workers Compensation Law.

VI. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:

1. Psychotherapy Notes. I keep psychotherapy notes as that term is defined in 45 CFR § 164.501, and any use or disclosure of such notes requires your Authorization unless the use or disclosure is:

- a. For my use in treating you.
- b. For my use in training or supervising mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy.
- c. For my use in defending myself in legal proceedings instituted by you.
- d. For use by the Secretary of Health and Human Services to investigate my compliance with HIPAA.
- e. Required by law and the use or disclosure is limited to the requirements of such law.
- f. Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes.
- g. Required by a coroner who is performing duties authorized by law.
- h. Required to help avert a serious threat to the health and safety of others.

2. Marketing Purposes. As a psychotherapist, I will not use or disclose your PHI for marketing purposes.

3. Sale of PHI. As a psychotherapist, I will not sell your PHI in the regular course of my business.

VII. 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. The opportunity to consent may be obtained retroactively in emergency situations.

VIII. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI:

1. The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask me not to use or disclose certain PHI for treatment, payment, or health care operations purposes. I am not required to agree to your request, and I may say “no” if I believe it would affect your health care.

2. The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full. You have the right to request restrictions on disclosures of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full.

3. The Right to Choose How I Send PHI to You. You have the right to ask me to contact you in a specific way (for example, home or office phone) or to send mail to a different address,

and I will agree to all reasonable requests.

4. The Right to See and Get Copies of Your PHI. Other than “psychotherapy notes,” you have the right to get an electronic or paper copy of your medical record and other information that I have about you. I will provide you with a copy of your record, or a summary of it, if you agree to receive a summary, within 30 days of receiving your written request, and I may charge a reasonable, cost based fee for doing so.

5. The Right to Get a List of the Disclosures I Have Made. You have the right to request a list of instances in which I have disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided me with an Authorization. I will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list I will give you will include disclosures made in the last six years unless you request a shorter time. I may charge a reasonable, cost based fee for doing so.

6. The Right to Correct or Update Your PHI. If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that I correct the existing information or add the missing information. I may say “no” to your request, but I will tell you why in writing within 60 days of receiving your request.

7. The Right to Get a Paper or Electronic Copy of this Notice. You have the right get a paper copy of this Notice, and you have the right to get a copy of this Notice by e-mail.