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Notice of my Policies and Practices to Protect the Privacy of Your Health Information

This Notice describes how information about you may be used and disclosed and how you can get access to this information. If you are a parent or guardian of a minor child, please review this information on your child's behalf.

Definition of Terms:

- PHI (Protected Health Information) refers to information in your health record that could identify you.
- Treatment and Payment Operations: Treatment is when I provide treatment to you (or when another healthcare professional diagnoses or treats you). Payment is when I obtain reimbursement for your healthcare, for example from your insurance company.
- Health Care Operations is when I disclose your PHI to your health care service plan or to your other health care professionals who are contracted with your plan, for the purpose of administering the plan, such as case management and care coordination.
- Use applies only to activities within my office such as applying, utilizing, examining, and analyzing information that belongs to you.
- Disclosures applies to activities outside my office such as releasing, transferring or providing access to information about you to other parties.
- Authorization means written permission for specific uses or disclosures.
- Breach is defined as the acquisition, access, use or disclosure of PHI in violation of the HIPAA Privacy Rule. PHI is unsecured if it is not encrypted to government standards.

1. DISCLOSURES FOR TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS.

I may use or disclose your PHI for certain treatment, payment, and health care operations purposes without your authorization. In certain circumstances I can only do so when the person or business requesting your PHI gives me a written request that includes promises regarding protecting the confidentiality of your PHI.

2. USES AND DISCLOSURES REQUIRING AUTHORIZATION

I may use or disclose PHI for purposes outside of treatment, payment and health care operations when your appropriate authorization is obtained. In these instances I will obtain an authorization from you before releasing this information. You may revoke or modify such authorization at any time but the revocation or modification is not effective until I receive it.

3. USES AND DISCLOSURES WITH NEITHER CONSENT NOR AUTHORIZATION

This may apply under the following circumstances:

1. **Child Abuse.** Whenever I have knowledge or reasonably suspect a child has been the victim of abuse or neglect I must immediately report this to the authorities. Likewise I must report suspected or known infliction of mental suffering or other endangerment of the child's emotional well-being.
2. **Elder Abuse.** When I reasonably believe an individual is victim, I must likewise report this to the appropriate authority. Any disclosure will be made in accordance with and limited to the requirements of the law.
3. **Health Oversight.** If a complaint is filed against me with the Calif. Board of Psychology, the Board has the authority to subpoena confidential information from me relevant to the complaint.
4. **Judicial and Administrative Proceedings.** If you are involved in court proceedings and a request is made about the services I have provided you, I must not release your information without you or your attorney's written authorization, a court order, or a subpoena where the party seeing your records provides me with a showing that you have been serviced with a copy of the appropriate notice and you have not notified me that you are blocking the subpoena. The privilege does not apply when you are

being evaluated by a third party or where the evaluation is court ordered. I will inform you in advance if this is the case.

5. **Serious Threat to Health or Safety.** If you tell me of a serious threat of physical violence against an identifiable victim I must make reasonable efforts to communicate that threat to the potential victim and the police. If I have reasonable cause to believe that you are in such a condition as to be dangerous to yourself or others, I may release relevant information as necessary to prevent the threatened danger.
6. **Workers Compensation.** If you file a WC claim I must furnish a report to your employer incorporating my findings about your injury and treatment and subsequent reports may be required in order to determine your eligibility for WC.

4. Patient's Rights

- To receive a copy of this notice
- To restrict certain disclosures of your PHI when you have paid for your care out-of-pocket in full for my services
- To be notified if there is a breach (or a use or disclosure in violation of the HIPAA Privacy Rule) involving your PHI or that your PHI has not been encrypted to current standards and that my risk assessment fails to determine that there is a low probability that your PHI has been compromised.
- To receive copies of your PHI, unless I determine it is not in your best interest. You may have my decision reviewed if you disagree.
- To amend you PHI: request additional restrictions on disclosures, although I am not legally obligated to agree to your request; and receive an accounting of any disclosures I have made.
- To file a complaint, if you believe your privacy rights have been violated, both with me and with the Office of Civil Rights; a Privacy officer will provide you the the information you need to file your complaint. Under no circumstances will I retaliate against you for filing a complaint with me or the Office of Civil Rights.

By signing below, you acknowledge that you have received this Notice.

Name: _____ Date: _____

Signature: _____