

NOTICE OF PRIVACY PRACTICES

Prepared by
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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.

If you have any questions or requests, please contact the Privacy Officer, Joseph H. Obegi PsyD



During treatment you will likely share private details about your health as well as facts that personally identify you (e.g., your name, birthdate). It is my legal duty to maintain the privacy of this information and it is a responsibility I take seriously. This "Notice of Privacy Practices" explains how I use this information, how and why I may sometimes share it with other professionals, and your rights as a patient regarding your private information. I will abide by the practices outlined in this Notice and if these practices change (this usually happens when federal or state laws change), I will explain these changes in a new Notice that I will post to me website (www.joebegi.com).

CONTENTS OF THIS NOTICE

- ✓ What is meant by "Protected Health Information" or PHI
- ✓ How I may use and disclose your PHI
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WHAT IS MEANT BY "PROTECTED HEALTH INFORMATION" OR PHI

Each time you visit my practice (or any other doctor's office, hospital, clinic, or "healthcare provider") information is collected about you regarding your physical and mental health. It may be information about your past, present or future health or conditions; treatment and other services you received from me or from others; payment for such services; and information that personally identifies you. This information called "Protected Health Information" or PHI. This information goes into your healthcare

record at my practice and may include all or some of the following:

- ✓ Your history (developmental, school, work, marital and personal)
- ✓ Reasons you came for treatment (problems, complaints, symptoms, needs, goals)
- ✓ Diagnoses (medical terms for your problems or symptoms)
- ✓ Treatment plan (treatments and other services which I think will be of help to you)
- ✓ Progress notes (what I write down about how you are doing, what I observe about you and what you tell me)
- ✓ Records (what I obtain from others who treated you or evaluated you)
- ✓ Psychological test scores and evaluations, school records, and so forth
- ✓ Information about any medications you took or are taking
- ✓ Legal matters
- ✓ Billing and insurance information
- ✓ Personal information (name, phone number, date of birth)

This list gives you an idea of the kind of information that may go into your healthcare record. I use this information for many purposes including the following:

- ✓ To determine the kinds of intervention that will best help you or your child
- ✓ To decide how well intervention is working for you or your child
- ✓ To talk with other healthcare professionals who are also treating you, such as your family doctor or the professional who referred you to my practice
- ✓ To show that you received the services that I billed you or your health insurance company
- ✓ For teaching or training other healthcare professionals
- ✓ For medical or psychological research
- ✓ For public health officials trying to improve health care in the country
- ✓ To improve the way I do my jobs by measuring the results of my work

HOW I MAY USE AND DISCLOSE YOUR PHI

Ordinarily, I cannot use or disclose your PHI without your written authorization. However, there are two circumstances when your authorization is *not* required:

- *I need to use or disclose your PHI to provide treatment, secure payment, and conduct the day-to-day operations of my practice.* (These areas are collectively called TPO:

treatment, payment, operations.) Treatment includes, for example, diagnostic evaluations, individual psychotherapy, or psychological testing that I or another professional has provided to you. Payment refers to obtaining reimbursement from your treatment. For example, I will use your PHI to bill you or your health insurer for services. In day-to-day operations, I may use your PHI to see where I can make improvements in my services or may disclose your PHI to your health insurer so that they can administer your health plan.

- *I need to use or disclose your PHI as required by law.* These situations usually involve a threat to your or another person's safety. I discuss these situations below.

Whenever I must disclose your PHI to my own staff (like a secretary) or a third party (like a health insurer), I take care to release only the minimum details necessary.

There are several other ways I may use or disclose your PHI without your permission. These include using PHI to give you appointment reminders or send billing statements or to tell you about treatment alternatives or other benefits and services that may be of interest to you. I may also share PHI with businesses that do work for me (e.g., a test publisher I may use to run a computerized scoring and interpretative report for a personality test). These "business associates" need to receive some of your PHI to do their job. To protect your privacy they have agreed to safeguard your PHI.

USES AND DISCLOSURES THAT REQUIRE YOUR AUTHORIZATION

If I want to use your information for any purpose besides what I have described so far, I need your written authorization.

There are several instances where your authorization to share or disclose your PHI is necessary. Primarily, these instances involve communicating with other professionals who provide treatment to you to ensure that your treatment is well-coordinated. For example, if you are seeing a psychiatrist and report to me several concerning symptoms that may be the result of medication, I may share this information with your psychiatrist. I may also refer you to other professionals, educators or consultants for services that I cannot offer, such as for special testing or treatment. When I do this, I need to tell them some things about you so that they can be aware of my reasons for referral.

If you do authorize me to use or disclose your PHI, you can revoke (cancel) that permission, in writing, at any time. Once I receive your letter, I will not use or disclose your information. However, I cannot take back any information I previously disclosed.

USES AND DISCLOSURES NOT REQUIRING YOUR AUTHORIZATION

The law requires me to use and disclose some of your PHI *without* your consent or authorization in these situations:

- ✓ *To Avert a Serious Threat to Health, Safety, or Property.* I may use and disclose your PHI when necessary to prevent a serious threat to your health and safety, the health and safety of the public or another person, or to the integrity of property. I will only disclose such information to those who can prevent the danger from occurring.
- ✓ *Workers' Compensation.* I may disclose your PHI for workers' compensation or similar programs.
- ✓ *Lawsuits and Disputes.* If you are involved in a lawsuit or a dispute, I may disclose your PHI in response to a court or administrative order. I may also disclose your PHI in response to a subpoena, discovery request, or other lawful process by someone else involved in a dispute. I will try to tell you about the request, consult your lawyer, or try to get a court order to protect the information.
- ✓ *Health Oversight Activities.* I may disclose your PHI to a federal or state health oversight agency for activities authorized by law. These oversight activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- ✓ *Public Health Activities.* I may disclose your PHI for public health activities. These activities generally include the following: to prevent or control disease, injury or disability; to report births and deaths; to report the abuse or neglect of children, elders and dependent adults; to report reactions to medications or problems with products; to notify people of recalls of products they may be using; to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- ✓ *Law Enforcement.* I may release PHI if asked to do so by law enforcement officials to investigate a crime or criminal.
- ✓ *Specialized Governmental Functions.* We may disclose your PHI to authorized federal officials for intelligence and other national security activities authorized by law.

✓ *Emergencies.* If there is an emergency—and I cannot ask if you disagree—I can share information that I believe you would have wanted shared and if I believe it will help you. If I do share your PHI information in an emergency, I will inform you about this as soon as I can. If you do not approve, I will stop sharing such PHI, as long as it is not against the law.

U.S. Department of Health and Human Services
Region IX, Office for Civil Rights
50 United Nations Plaza – Room 322
San Francisco, California 94102
Voice Phone: (415) 437-8310
Facsimile: (415) 437-8329
TDD: (415) 437-8311
E-mail: OCRComplaint@hhs.gov

PATIENT'S RIGHTS

You have the following rights regarding your PHI:

RIGHT TO REQUEST RESTRICTIONS

You have the right to request that I follow additional or special restrictions when I use or disclosure of your PHI (e.g., sending your bill to a preferred address). I will comply with your request unless it interferes with my ability to provide appropriate treatment or protect your or another person's safety.

RIGHT TO INSPECT AND COPY

You have the right to inspect or obtain a copy (or both) of PHI in my mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. There may be a reasonable copying fee. I may deny your access to PHI under certain circumstances. In some cases you may have this decision reviewed.

RIGHT TO AMEND

You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. I may deny your request. On your request, I will discuss with you the details of the amendment process.

RIGHT TO AN ACCOUNTING

You have the right to receive an accounting of disclosures (what, when, and to whom I sent your PHI) I have made that you did not authorize (e.g., to protect your safety). There are some disclosures that by law I need not provide. On your request, I will discuss with you the details of the accounting process.

IF YOU HAVE QUESTIONS OR PROBLEMS

If you need more information or have a question about the privacy practices described above, please speak to me. If you have a problem with how your PHI has been handled or if you believe your privacy rights have been violated, contact me immediately. You also have the right to file a complaint with me and with the Secretary of the Federal Department of Health and Human Services.

If you file a complaint, I will not take any action against you nor change my treatment of you in any way.