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Notice of Privacy Practices

According to the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

This Notice describes how medical information about you may be used and disclosed and how you can get access to this information. It went into effect on April 14, 2003. Please review it carefully; you are welcome to call me with any questions you may have.

It is my legal duty to safeguard your protected health information (PHI).

By law I am required to ensure that your PHI is kept private. The PHI constitutes information created or noted by me that can be used to identify you. It contains data about your past, present, or future health or condition, the provision of healthcare services to you, and/or the payment for such health care.

I am required to provide you with this Notice about my privacy procedures. This Notice must explain when, why, and how I would use and/or disclose your PHI. "Use" of PHI refers to when I share, apply, utilize, examine, or analyze information within my practice; PHI is "disclosed" when I release, transfer, give, or otherwise reveal it to a third party outside my practice. With some exceptions, I 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, I am always legally required to follow the privacy practices in this Notice.

I will report any breach in security that may affect your PHI, and I will notify you in the event of any unauthorized access, acquisition, or disclosure of your PHI that compromises your privacy rights. The security provisions I employ extend to any business associates, who will also implement administrative, physical, and technical safeguards. I will not receive remuneration for selling your PHI without your authorization.

Please note that I reserve the right to change the terms of this Notice and my privacy policies at any time as permitted by law. Any changes will apply to PHI already on file with me. Before I make any important changes to my policies, I will immediately change this Notice and post a new copy of it in my office. You may also request a copy of this Notice from me, or you can view a copy of it in my office.

How I will use and disclose your PHI.

I may use and disclose your PHI for many different reasons. Some of the uses or disclosures will require your prior written authorization; others, however, will not. Below you will find the different categories of uses and disclosures, including some examples.

Uses and disclosures related to treatment, payment, and healthcare operations do not require your prior written consent.

For Treatment: I can use your PHI within my practice to provide you with mental health treatment, including discussing or sharing your PHI with my trainees and

interns. I may disclose your PHI to physicians, psychiatrists, psychologists, and other licensed healthcare providers who provide you with healthcare services or are otherwise involved in your care. For example, if a psychiatrist is treating you, I may disclose your PHI to her/him in order to coordinate your care.

For Healthcare Operations: I may disclose your PHI to facilitate the efficient and correct operation of my practice. For example, in the case of quality control, I might use your PHI in the evaluation of the quality of healthcare services that you have received or to evaluate the performance of the healthcare professionals who provided you with these services. I may also provide your PHI to an attorney, accountant, consultant, or others to make sure that I am in compliance with applicable laws.

To Obtain Payment for Treatment: I may use and disclose your PHI to bill and collect payment for the treatment and services I have provided you. For example, I might send your PHI to your insurance company or health plan in order to get payment for the healthcare services that I have provided you. I could also provide your PHI to business associates, such as billing companies, claims processing companies, and others that process healthcare claims for my office.

Other Disclosures: For example, your consent is not required if you need emergency treatment provided that I attempt to get your consent after treatment is rendered. In the event that I try to get your consent and you are unable to communicate with me (i.e., in case of unconsciousness or severe pain) but I think that you would consent to such treatment if you could, I may disclose your PHI.

Certain other uses and disclosures do not require your consent:

When disclosure is required by federal, state, or local law; judicial, board, or administrative proceedings; or law enforcement

When disclosure is compelled by a party to a proceeding before a court of an administrative agency pursuant to its lawful authority

When disclosure is required by a search warrant lawfully issued to a governmental law enforcement agency

When disclosure is compelled by the patient or the patient's representative pursuant to California Health and Safety Codes regulations or to corresponding federal statutes of regulations (i.e., the Privacy Rule that requires this Notice)

When an arbitrator or arbitration panel lawfully compels disclosure, (i.e., pursuant to a subpoena duces tectum)

When disclosure is required or permitted to a health oversight agency for oversight activities authorized by law

For Workers' Compensation purposes (compliant with the law)

To avoid harm and to prevent or control disease, injury or disability: I may provide PHI to law enforcement personnel, to a public health authority permitted by law to collect or receive the information, or to persons able to prevent or mitigate a serious threat to the health or safety of a person or the public. This may involve (and is not limited to) reporting births and deaths, reporting reactions to medications or problems with products, and notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

When disclosure is compelled or permitted by the fact that you are in such mental or emotional condition as to be dangerous to yourself or another person(s) or to the property of others, and if I determine that disclosure is necessary to prevent the threatened danger

When disclosure is mandated by the California Child Abuse and Neglect Reporting law, (i.e., if I have a reasonable suspicion of child abuse or neglect)

When disclosure is mandated by the California Elder/Dependent Adult Abuse Reporting law, (i.e., if I have a reasonable suspicion of elder abuse or dependent adult abuse)

When disclosure is compelled or permitted by the fact that you tell me of a serious or imminent threat of physical violence by you against a reasonably identifiable victim(s)

For public health activities: For example, in the event of your death, a disclosure to the county coroner may be permitted or compelled.

For medical research purposes

For specific government functions: For example, I may disclose PHI of armed forces personnel or veterans under certain circumstances. I may disclose PHI to authorized federal officials for lawful intelligence or national securities activities.

For appointment reminders

For possible treatment options or alternatives, and health-related benefits or services

When disclosure is otherwise specifically required by law

Certain uses and disclosures require you to have the opportunity to object.

I may provide your PHI to a family member, friend, or other individual whom you indicate is involved in your care or responsible for the payment for your health care,

unless you object in whole or in part. Retroactive consent may be obtained in emergency situations.

Other uses and disclosures require your prior written authorization.

In any other situation not described above, I will request your written authorization before using or disclosing any of your PHI. Once you have signed an authorization to disclose your PHI, you may later revoke that authorization – in writing – to stop any further uses and disclosures of your PHI by me (assuming I have not taken any action subsequent to the original authorization).

Your rights regarding your PHI:

Right to inspect and copy. In general, you have the right to see your PHI (in my possession) or to get copies of it; however, you must request it in writing. If I do not have your PHI but know who does, I will advise you as to how you can get it. You will receive a response from me within 30 days of my receiving your written request. Under certain circumstances I may believe I must deny your request, and if I do, I will give you, in writing, the reasons for the denial. I will also explain your right to have my denial reviewed. If you ask for copies of your PHI, I will charge you no more than \$0.25 per page and will advise you of any cost in advance. I may see fit to provide you with a summary or explanation of the PHI, but only if you agree to it.

Right to request restrictions. You have the right to ask that I limit how I use and disclose your PHI. You do not have the right to limit the uses and disclosures that I am legally required or permitted to make. I will accept the restriction if the disclosure is to a health plan for purposes of carrying out payment or healthcare operations, but not treatment, and the PHI pertains to a service for which I have been paid out of pocket and in full. With other restrictions requested, I am not legally bound to agree. If I do agree to your request, I will put those limits in writing and abide by them except in emergency situations.

Right to request confidential communications. You have the right to ask that your PHI be sent to you at an alternate address (i.e., at your work address rather than your home address) or by an alternate method (i.e., via email instead of by regular mail). I am obliged to agree to your request providing that I can give you the PHI in the format requested without undue inconvenience. I may not require an explanation from you as to the basis of your request as a condition of providing communications on a confidential basis.

Right to an accounting of disclosures. You are entitled to a list of disclosures of your PHI that I have made. The list will not include uses or disclosures to which you have already consented (i.e., those for treatment, payment, or healthcare operations); neither will the list include disclosures made for national security purposes, to corrections or law enforcement personnel, or those made before April 15, 2003. After April 15, 2003, disclosure records will be held for six years. I will respond to your request for an accounting of disclosures within 60 days of receipt of your request. The list I give you will include disclosures made in the previous six years

(the first six-year period being 2003-2009) unless you indicate a shorter period. The list will include the date of the disclosure, to whom PHI was disclosed (including their address, if known), a description of the information disclosed, and the reason for the disclosure. I will provide the list to you at no cost, unless you make more than one request in the same year, in which case I will charge you a reasonable sum based on a set fee for each additional request. (It should be noted that if an electronic health record were ever to be kept, I would be required to provide you with disclosures made for treatment, payment, and healthcare operations purposes going back three years from the date of your request.)

Right to amend. If you believe that there is some error in your PHI or that important information has been omitted, it is your right to request that I correct the existing information or add the missing information. Your request and the reason for the request must be made in writing. You will receive a response within 60 days of my receipt of your request. I may deny your request, in writing, if I find that the PHI is a) correct and complete, b) forbidden to be disclosed, c) not part of my records, or d) written by someone other than me. My denial must be in writing, it must include the reasoning for the denial, and it must also explain your right to file a written statement objecting to the denial. If you do not file a written objection, you still have the right to ask that your request and my denial be attached to any future disclosures of your PHI. If I approve your request, I will make the change(s) to your PHI. Additionally, I will tell you that the changes have been made, and I will advise all others who need to know about the change(s) to your PHI.

Right to receive this Notice via email as well as a paper copy.

How to complain about my privacy practices:

If, in your opinion, I may have violated your privacy rights, or if you object to a decision I have made about access to your PHI, you are entitled to file a written complaint with the Secretary of the Department of Health and Human Services at 200 Independence Avenue S.W., Washington, D.C., 20201. If you file a complaint about my privacy practices, I will take no retaliatory action against you.

I acknowledge receipt of this Notice.

Patient Name

Patient Signature

Date

Patient Name

Patient Signature

Date