

CALIFORNIA NOTICE FORM

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

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

I. Disclosures for Treatment, Payment, and Health Care Operations

Herman & Associates may *use or disclose* your *protected health information (PHI)*, for certain *treatment, payment, and health care operations* purposes without your *authorization*. In certain circumstances Herman & Associates can only do so when the person or business requesting your PHI gives us a written request that includes certain promises regarding protecting the confidentiality of your PHI. To help clarify these terms, here are some definitions:

- "*PHI*" refers to information in your health record that could identify you.
- "*Treatment and Payment Operations*"
 - *Treatment* is when Herman & Associates or another healthcare provider diagnoses or treats you. An example of treatment would be when Herman & Associates consult with another health care provider, such as your family physician or another psychologist, regarding your treatment.
 - *Payment* is when Herman & Associates obtain reimbursement for your healthcare. Examples of payment are when Herman & Associates discloses your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
 - *Health Care Operations* is when Herman & Associates discloses your PHI to your health care service plan (for example your health insurer), or to your other health care providers contracting with your plan, for administering the plan, such as case management and care coordination.
- "*Use*" applies only to activities within our corporation such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- "*Disclosure*" applies to activities outside of our corporation, such as releasing, transferring, or providing access to information about you to other parties.

- "Authorization" means written permission for specific uses or disclosures.

II. Uses and Disclosures Requiring Authorization

Herman & Associates may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. In those instances when Herman & Associates is asked for information for purposes outside of treatment and payment operations, Herman & Associates will obtain an authorization from you before releasing this information. Herman & Associates will also need to obtain an authorization before releasing your psychotherapy notes. "Psychotherapy notes" are notes Herman & Associates have made about our conversation during a private, group, joint, or family counseling session, which Herman & Associates have kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

You may revoke or modify all such authorizations (of PHI or psychotherapy notes) at any time; however, the revocation or modification is not effective until Herman & Associates receive it.

III. Uses and Disclosures with Neither Consent nor Authorization

Herman & Associates may use or disclose PHI without your consent or authorization in the following circumstances:

- Child Abuse: Whenever Herman & Associates, in our professional capacity, have knowledge of or observe a child Herman & Associates know or reasonably suspect, has been the victim of child abuse or neglect, Herman & Associates must immediately report such to a police department or sheriff's department, county probation department, or county welfare department. Also, if Herman & Associates have knowledge of or reasonably suspect that mental suffering has been inflicted upon a child or that his or her emotional well-being is endangered in any other way, Herman & Associates may report such to the above agencies.
- Adult and Domestic Abuse: If Herman & Associates, in our professional capacity, have observed or have knowledge of an incident that reasonably appears to be physical abuse, abandonment, abduction, isolation, financial abuse, or neglect of an elder or dependent adult, or if Herman & Associates is told by an elder or dependent adult that he or she has experienced these or if Herman & Associates reasonably suspects such, Herman & Associates must report the known or suspected abuse immediately to the local ombudsman or the local law enforcement agency.

We do not have to report such an incident if:

- *Herman & Associates have been told by an elder or dependent adult that he or she has experienced behavior constituting physical abuse, abandonment, abduction, isolation, financial abuse or neglect;*
- *Herman & Associates is not aware of any independent evidence that corroborates the statement that the abuse has occurred;*

- *the elder or dependent adult has been diagnosed with a mental illness or dementia, or is the subject of a court-ordered conservatorship because of a mental illness or dementia; and*
- *in the exercise of clinical judgment, Herman & Associates reasonably believe that the abuse did not occur.*
- **Health Oversight:** If a complaint is filed against us with the California Board of Psychology, the Board has the authority to subpoena confidential mental health information from us relevant to that complaint.
- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made about the professional services that Herman & Associates have provided you, Herman & Associates must not release your information without 1) your written authorization or the authorization of your attorney or personal representative; 2) a court order; or 3) a subpoena duces tecum (a subpoena to produce records) where the party seeking your records provides us with a showing that you or your attorney have been served with a copy of the subpoena, affidavit and the appropriate notice, and you have not notified us that you are bringing a motion in the court to quash (block) or modify the subpoena. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court-ordered. Herman & Associates will inform you in advance if this is the case.
- **Serious Threat to Health or Safety:** If you communicate to us a serious threat of physical violence against an identifiable victim, Herman & Associates must make reasonable efforts to communicate that information to the potential victim and the police. If Herman & Associates have reasonable cause to believe that you are in such a condition, as to be dangerous to yourself or others, Herman & Associates may release relevant information as necessary to prevent the threatened danger.
- **Worker's Compensation:** If you file a worker's compensation claim, Herman & Associates must furnish a report to your employer, incorporating my findings about your injury and treatment, within five working days from the date of the your initial examination, and at subsequent intervals as may be required by the administrative director of the Worker's Compensation Commission in order to determine your eligibility for worker's compensation.

IV. Patient's Rights and Psychologist's Duties

Patient's Rights:

- *Right to Request Restrictions* - You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, Herman & Associates is not required to agree to a restriction you request.
- *Right to Receive Confidential Communications by Alternative Means and at Alternative Locations* - You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a

family member to know that you are seeing me. Upon your request, Herman & Associates will send your bills to another address.)

- *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. Herman & Associates may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. On your request, Herman & Associates will discuss with you the details of the request and denial process.
- *Right to Amend* - You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. Herman & Associates may deny your request. On your request, Herman & Associates will discuss with you the details of the amendment process.
- *Right to an Accounting* - You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in Section III of this Notice). On your request, Herman & Associates will discuss with you the details of the accounting process.
- *Right to a Paper Copy* - You have the right to obtain a paper copy of the notice from us upon request, even if you have agreed to receive the notice electronically.

Psychologist's Duties:

- Herman & Associates is required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI.
- Herman & Associates reserve the right to change the privacy policies and practices described in this notice. Unless Herman & Associates notify you of such changes, however, Herman & Associates are required to abide by the terms currently in effect.
- If Herman & Associates revises our policies and procedures, Herman & Associates will send you an update by mail.

V. Complaints

If you are concerned that Herman & Associates have violated your privacy rights, or you disagree with a decision Herman & Associates made about access to your records, you may contact Kenneth L. Herman, Ph.D. at (323) 344-0123.

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The person listed above can provide you with the appropriate address upon request.

VI. Effective Date, Restrictions, and Changes to Privacy Policy

This notice will go into effect at the time you sign the Informed Consent. Herman & Associates reserve the right to change the terms of this notice and to make the new notice provisions

effective for all PHI that Herman & Associates maintains. Herman & Associates will provide you with a revised notice by mail.