

AHWI Psychology Group

5100 E. The Toledo, Long Beach, CA 90803
562.439.3425 Phone | 562.433.5522 Fax

NOTICE OF HEALTH POLICIES AND PRACTICES TO PROTECT THE PRIVACY OF YOUR HEALTH INFORMATION

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.

Uses and Disclosures for Treatment, Payment, and Health Care Operations

AHWI Psychology Group may use or disclose your protected health information (PHI), for treatment, payment, and health care operations purposes with your consent. To help clarify these terms, here are some definitions:

“PHI” refers to information in your health record that could identify you.

“Treatment, Payment and Health Care Operations”

Treatment is when we provide, coordinate or manage your health care and other services related to your health care. An example of treatment would be when we consult with another health care provider, such as your family physician or another psychologist or other providers involving your treatment such as social security administration.

Payment is when we obtain reimbursement for your healthcare. Examples of payment are when we disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.

Health Care Operations are activities that relate to the performance and operation of my practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.

“Use” applies only to activities within our [office, clinic, practice group, wellness center, etc.] such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.

“Disclosure” applies to activities outside of our [office, clinic, practice group, wellness center, etc.], such as releasing, transferring, or providing access to information about you to other parties.

Uses and Disclosures Requiring Authorization

AHWI Psychology Group may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. An “authorization” is written permission above and beyond the general consent that permits only specific disclosures. In those instances when we are asked for information for purposes outside of treatment, payment and health care operations, we will obtain an authorization from you before releasing this information. We will also need to obtain an authorization before releasing your psychotherapy notes if applicable. “Psychotherapy Notes” are notes we have made about our conversation during a private, group, joint, or family counseling session which have been kept separate from your medical records. These notes are given a greater degree of protection than PHI.

You may revoke all such authorizations (of PHI or Psychotherapy Notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) we have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

Uses and Disclosures with Neither Consent nor Authorization

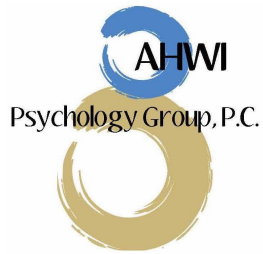
AHWI Psychology Group may use or disclose PHI **without** your consent or authorization in the following circumstances:

Child Abuse: If, in our professional capacity, a child comes before me which we have reasonable cause to suspect is an abused or maltreated child, or we have reasonable cause to suspect a child is abused, abandoned, or neglected where the parent, guardian, custodian or other person legally responsible for such child comes before me in our professional or official capacity and states from personal knowledge facts, conditions or circumstances which, if correct, would render the child an abused or maltreated child, we must report such abuse or maltreatment to the appropriate authorities.

Adult and Domestic Abuse: If we know or have reasonable cause to believe that a disabled adult or elderly person has been or is being abused, neglected, or exploited, we must report that belief to the appropriate authority.

Health Oversight Activities: If we are the subject of an inquiry by any Professional Board, we may be required to disclose protected health information regarding you in proceedings before that Board.

Judicial or Administrative Proceedings: If you are involved in a court proceeding and a request is made for information about the professional services that we have provided you and/or the records thereof, such information is privileged under state law, and we must not release this information without a written authorization, or a court order. This privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. We must inform you in advance of this.



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Serious Threat to Health or Safety: If we determine, or pursuant to the standards of my profession should determine, that you present a serious danger of violence to yourself or another, we may disclose information in order to provide protection against such danger for you or the intended victim.

Worker's Compensation: We may disclose protected health information regarding you as authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.

Social Security Administration: If you are referred to AHWI Psychology Group for a disability determination evaluation, all personal information SSA collects is protected by the Privacy Act of 1974. Once medical information is disclosed to SSA, it is no longer protected by the health information privacy provisions of 45 CFR, part 164, mandated by the Health Insurance Portability and Accountability Act (HIPAA).

Patient's Rights and Clinician'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, we are 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, we 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 your health and billing records used to make decisions about you for as long as the PHI is maintained in the record. We may deny your access to PHI under certain circumstances, but in some cases, you may have this decision reviewed. At your request, we will discuss with you the details of the request and denial process. We may also deny access to your Psychotherapy and/or Psychological Testing Notes.

Right to Amend – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. We may deny your request. On your request, we 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, we 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 me upon request, even if you have agreed to receive the notice electronically.

AHWI Psychology Group Clinician Duties:

AHWI Psychology Group is required by law to maintain the privacy of PHI for a period of seven years for adults and three years after the age of the majority for minors and to provide you with a notice of my legal duties and privacy practices with respect to PHI. AHWI Psychology Group reserves the right to change the privacy policies and practices described in this notice and are required to abide by the terms currently in effect.

Complaints

If you are concerned that AHWI Psychology Group has violated your privacy rights, or you disagree with a decision AHWI Psychology Group made about access to your records, please speak with me about your concerns or you may send a written complaint to the Secretary of the U.S. Department of Health and Human Services

Effective Date

These privacy practices are effective January 1, 2017.



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NOTICE OF HEALTH POLICIES AND PRACTICES ACCEPTANCE

I have been presented with a copy of AHWI Psychology Group's Protected Health Information Form regarding the privacy of my personal health information. I have read the notice, and understand my rights and the clinician's obligations to protect the unauthorized dissemination of my records.

I am aware that if I have any questions or concerns, I can call or meet with the clinician to discuss these concerns. I may also be provided with a copy of AHWI Psychology Group's Protected Health Information Form to keep for my own personal records, upon request. I will notify the office if any changes need to be made regarding my personal health information.

Your signature below acknowledges that you have read or heard our notice of privacy practices, which explains in more detail what your rights are and how AHWI Psychology Group can use and share your information.

_____ The HIPAA information has been explained to me and I understand its content.
(Initials)

Signature of Client or Parent or Legal Guardian

Date

Print Name

Relationship

AHWI Psychology Group

Date

Office Use Only:

AHWI Psychology Group mark X to appropriate area:	
<input type="checkbox"/>	Copy of HIPAA form was given to client upon request
<input type="checkbox"/>	Copy of HIPAA form was declined