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**HIPAA NOTICE FORM (CALIFORNIA)**

Notice of Psychologist’s 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.

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

I may *use* or *disclose* your *protected health information (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 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.
* “EHR” and “e-PHI” refer to health records in electronic form and format.
* “NPP” refers to this document, the Notice of Privacy Practices.
* “Treatment, Payment and Health Care Operations”
  + *Treatment* is when I or another healthcare provider diagnoses or treats you. An example of treatment would be when I consult with another health care provider, such as your family physician or another psychologist, regarding your treatment. Note that treatment is limited to only cases involving health care. Thus, it is typically not part of any forensic situation.
  + *Payment* is when I obtain reimbursement for your healthcare. Examples of payment are when I disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
  + *Health Care Operations* is when I disclose your PHI to your health care service plan (for example your health insurer), or to other health care providers contracting with your plan, or administering the plan, such as case management and care coordination.
* “Use” applies only to activities within my office, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
* ”Disclosure” applies to activities outside of my office, such as releasing, transferring, or providing access to information about you to other parties.
* “Authorization” means your written permission for specific uses or disclosures.

1. Uses and Disclosures Requiring Authorization

I may use or disclose minimum necessary PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. In those instances when I am asked for information for purposes outside of treatment and payment operations, I will obtain an authorization from you before releasing this information. I will also need to obtain an authorization before releasing your psychotherapy notes. “Psychotherapy notes” are notes I have made about our conversation during a private, group, joint, or family counseling session, which I have kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI. I will not use or disclose your PHI for marketing purposes. I also will not sell your PHI in the regular course of my business.

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 I receive it. When the state (California) laws are more protective than HIPAA, the more stringent requirements will apply.

1. Uses and Disclosures with Neither Consent nor Authorization:

I may use or disclose minimum necessary PHI without your consent or authorization in the following circumstances:

* *Child Abuse*: Whenever I, in my professional capacity, have knowledge of or observe a child I know or reasonably suspect, has been the victim of child abuse or neglect, I must immediately report such to a police department or sheriff's department, county probation department, or county welfare department. Also, if I have knowledge of or reasonably suspect that mental suffering has been inflicted upon a child or that their emotional well-being is endangered in any other way, I may report such to the above agencies.
* *Elder and Dependent Adult Abuse:*If I, in my 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 I am told by an elder or dependent adult that he or she has experienced these or if I reasonably suspect such, I must report the known or suspected abuse immediately to the adult protective services agency or the local law enforcement agency.

I do not have to report such an incident if:

1. I have been told by an elder or dependent adult that they have experienced behavior constituting physical abuse, abandonment, abduction, isolation, financial abuse or neglect;
2. I am not aware of any independent evidence that corroborates the statement that the abuse has occurred;
3. 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
4. In the exercise of clinical judgment, I reasonably believe that the abuse did not occur.

* *Health Oversight Activities*: If a complaint is filed against me with the California Board of Psychology, the Board has the authority to subpoena confidential mental health information from me relevant to that complaint.
* *Judicial and Administrative Proceedings*: If you are involved in a court proceeding and a request is made for information about the professional services I provided you and/or the records thereof, I 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 me with documentation 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 me 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, **as are the circumstances with most forensic cases**. I will inform you in advance if this is the case.
* *Serious Threat to Health or Safety*: If you or your family member communicate to me that you pose a serious threat of physical violence against an identifiable victim, I must make reasonable efforts to communicate that information 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.
* *Worker’s Compensation*: I may disclose PHI as authorized by and to the extent necessary to comply with laws relating to worker’s compensation or other similar programs, established by law, which provide benefits for work-related injuries or illness without regard to fault.

1. 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. However, I am 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. On your request, I will send your bills to another address).
* *Rights 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. Your records may only be withheld if sharing them would jeopardize the life or physical safety or you, or others.
* *Right to Amend*-You have the right to request an amendment of PHI to improve accuracy for as long as the PHI is maintained in the record. I may deny your request if I determine changes to the record would make it less accurate. On your request, I will discuss with you the details of the amendment process.
* *Right to an Accounting*- You generally have the right to review an accounting of disclosures of PHI. On your request, I 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.

Psychologist’s Duties:

* I am 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.
* I reserve the right to change the privacy policies and practices described in this notice. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect.
* If I revise my policies and procedures, I will provide you a written notice of such changes during your next visit. If information is released and you do not have a future scheduled appointment, then I will notify you of any changes by mail.

1. Questions and Complaints:

If you have questions about this notice, disagree with a decision I make about access to your records, or have other concerns about your privacy rights, you may contact Dr. Jeannette Goldsberry at (619) 738-5458.

If you believe that your privacy rights have been violated and wish to file a complaint with me, you may send your written complaint to Dr. Jeannette Goldsberry, at 8880 Rio San Diego Drive, Suite 800, San Diego, CA, 92108.

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

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

This notice will go into effect on January 1, 2021. I reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that I will maintain. I will provide you with a revised notice at your next visit. If information is to be released and you do not have a future scheduled appointment, then I will notify you of any changes by mail.

I acknowledge that I have read this notice and been given an opportunity to ask questions related to this notice.

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Signature