

Lucas Plumb, PhD

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

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

We regard all that we learn about our clients as fundamentally the client's possession, not ours. This means that we would prefer not to respond to inquiries of any kind from any source when information is requested about our clients. Although there are some legal constraints (described below) which prevent our absolute adherence to that policy, we adhere to it as closely as possible. Moreover, the codes of ethics of our professions and the law explicitly enjoin us to this policy. In any event, we will not divulge information about our clients without their knowledge and, whenever possible, consent.

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

We may use or disclose or be required to 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 I provide, coordinate or manage your health care and other services related to your health care. An example of treatment would be when I consult with another health care provider, such as your family physician or another psychologist.
 - Payment is when I or you obtain reimbursement from your healthcare provider for my services. 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 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 my office such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- "Disclosure" applies to activities outside of my [office, clinic, practice group, etc.], such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

We may use or disclose PHI for purposes outside of treatment, payment, and health care operations only when your appropriate authorization is obtained. An "authorization" is written permission that permits only specific disclosures above and beyond your general consent. 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 for any purpose except as noted otherwise herein. "Psychotherapy notes" are notes we have made about our conversation during a private, group, joint, or family counseling session, which we have kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI. If we are counseling with you conjointly with another person or persons, we must have written authorization from every participant in those joint or family sessions, unless federal or state law requires us to do otherwise.

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.

If we begin seeing you with any other family member or relationship partner, and if we agree that we will have one or more session(s) or have communications with you individually without the other member(s) or partner(s) participating, your signature on the informed consent form provided to you before or at the time of our first session is an acknowledgment and agreement that we will use my own discretion and professional judgment in determining what information may be shared with those other counseling participants and will operate as a release that allows us to disclose this information without further authorization or consent.

III. Uses and Disclosures with Neither Consent nor Authorization

We may use or disclose PHI without your consent or authorization in the following circumstances:

- **Child Abuse:** If we know, or have reasonable cause to suspect, that a child is abused, abandoned, or neglected by a parent, legal custodian, caregiver or other person responsible for the child's welfare, the law requires that we report such knowledge or suspicion to the Sonoma County Child Protective Services
- **Adult and Domestic Abuse:** If we know, or have reasonable cause to suspect, that a vulnerable adult (disabled or elderly) has been or is being abused, neglected, or exploited, we are required by law to immediately report such knowledge or suspicion to the Sonoma County Adult Protective Services.
- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information about your diagnosis or treatment and the records thereof, such information is privileged under state law, and we will not release information without the written authorization of you or your legal representative, or a subpoena of which you have been properly notified and you have failed to inform us that you are opposing the subpoena or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.
- **Serious Threat to Health or Safety:** When you present a clear and immediate probability of physical harm to yourself, to other individuals, or to society, we may communicate relevant information concerning this to the potential victim, appropriate family member, or law enforcement or other appropriate authorities.
- **Worker's Compensation:** If you file a worker's compensation claim, we must, upon request of your employer, the insurance carrier, an authorized qualified rehabilitation provider, or the attorney for the employer or insurance carrier, furnish your relevant records to those persons.

IV. Patient's Rights and Psychotherapist'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 and may be unable to abide by it in emergency situations. If we cannot agree on the issue of restrictions, you are free to go elsewhere; however, once you agree to particular restrictions, you must abide by them. We cannot agree to limit uses/disclosures that are required by law.
- **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. We must agree to your request as long as it is reasonably easy for us to do so. There may be an additional charge if we comply with your request.

- Right to Inspect and Copy - Unless your access is restricted for clear and documented treatment reasons, you have the right to inspect or obtain a copy (or both) of your PHI in our mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. On your request, we will discuss with you the details of the request process. Requests must be made in writing and will be responded to within 30 days. A reasonable charge may be made for copying requested records, but may be waived, depending on your circumstances. We will notify you of any charges before such copies are made.
- 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 regarding you. On your request, we will discuss with you the details of the accounting process. We may require requests for accountings to be in writing. Certain disclosures will not be included and disclosures made prior to July 1, 2007, will not be included. Records will be retained for six years unless federal or state law alters the maximum time require for records retention.
- 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.

Psychotherapist's Duties:

- We are required by law to maintain the privacy of PHI and to provide you with a notice of our legal duties and privacy practices with respect to PHI.
- We reserve the right to change the privacy policies and practices described in this notice. Unless we notify you of such changes, however, we are required to abide by the terms currently in effect.
- If we revise our policies and procedures, we will provide you with a written notification, by mail, of those revisions on or before the effective date.

V. Complaints

If you are concerned that we have violated your privacy rights, or if you are dissatisfied with our privacy policies or procedures, you may file a complaint with our practice by mail as described below and you will not be retaliated against for filing a complaint. You also may file a written complaint with the Secretary of the Department of Health and Human Services at 200 Independence Avenue S.W., Washington, D.E. 20201.

VI. Contact

The person to contact for further privacy related information is:

Lucas Plumb at (707)529-3030

VI. Effective Date, Restrictions and Changes to Privacy Policy

This notice went into effect on January 1, 2010. we reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that we maintain. We will provide our clients with a revised notice by mail on or before the effective date.

Please keep the Notice of Privacy Practices you have just read, and sign both the acknowledgment below, and the next page, which is the same but you will return to me. Your confidentiality is important to me, and I will safeguard it.

ACKNOWLEDGEMENT OF RECEIPT OF *NOTICE OF PRIVACY PRACTICES*

By signing this form, you acknowledge receipt of the Notice of Privacy Practice that I have give to you. This *Notice of Privacy Practices* provides information about how I may use and disclose your protected health information. I encourage you to read it in full.

This *Notice of Privacy Practices* is subject to change. If I change the notice, you may obtain a copy of the revised notice from me by calling (707)529-3030.

If you have any questions about this *Notice of Privacy Practices*, please contact me at (707)529-3030.

I acknowledge receipt of the *Notice of Privacy Practices* from Lucas Plumb, PhD, PSY 24405.

SIGNATURE: _____ DATE: _____

SIGNATURE: _____ DATE: _____

Inability to obtain acknowledgement of Receipt of Notice of Privacy Practices

I have made good faith attempts to obtain our patient's acknowledgement of his or her receipt of our *Notice of Privacy Practice*, including:

SIGNATURE OF PROVIDER: _____ DATE: _____