

Donald Wallach, MFT

Notice of Privacy Practices

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

My Duty to Safeguard Your Protected Health Information:

Individually identifiable information about your past, present, or future health or condition, the provision of health care to you, or payment for the health care is considered "**Protected Health Information**" (PHI). As part of my normal business operations, I encounter your PHI as a result of your treatment, your payment and other related health care operations. I also receive your PHI via the application and enrollment process, from healthcare providers and health plans, and by a variety of other activities. Accordingly, I am required to extend certain protections to you and your PHI, and to give you this Notice about my privacy practices that explains how, when and why I may use and/or disclose your PHI. **Except in specified circumstances, I am required to use and/or disclose only that minimum amount of your PHI necessary to accomplish the purpose of my use and/or disclosure.**

I am required to follow the privacy practices described in this Notice, although I reserve the right to change my privacy practices and the terms of this Notice at any time. In the event that I change my privacy practices, I will post my updated Notice in the office and my website at <http://www.donwallach.com>. In addition to viewing and printing out my online Notice, you may request a hard copy of my Notice by submitting a written request to Don Wallach at 222 Weller Street #205, Petaluma, CA 94952.

How I May Use and Disclose Your Protected Health Information:

In accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and its HIPAA Privacy Rule (Rule), I may use and/or disclose your PHI for a variety of reasons. **Generally, I am permitted to use and/or disclose your PHI for the purposes of treatment, the payment for services you receive, and for normal health care operations. I will, however, ask for your permission whenever appropriate except for the kind of situations mentioned below.** For most uses and/or disclosures of your PHI other than for treatment, payment or health care operations, you will be asked to grant your permission via a signed Authorization. The Rule provides that I am permitted to make certain other specified uses and/or disclosures of your PHI without your Authorization. The following information offers more descriptive examples of my potential use and/or disclosure of your PHI:

Uses and/or disclosures related to your treatment, the payment for services you receive, or my healthcare operations (TPO):

For treatment (T): I may use and/or disclose your PHI with psychologists, psychiatrists, physicians, nurses, and other health care personnel involved in providing health care services to you. For example, your PHI may be shared with your primary care physician, medical specialists, members of your treatment team, mental health service providers to whom you are referred, and other similarly situated health care personnel involved in your treatment. I will request your signed Authorization for these uses and/or disclosures whenever possible.

For payment (P): I may use and/or disclose your PHI for billing and collection activities and related data processing; for actions by a health plan or an insurer to obtain premiums or to determine or fulfill its responsibilities for coverage and the provision of benefits under its health plan insurance

agreement; to make determinations of eligibility or coverage, adjudication or the subrogation of health benefit claims; for medical necessity and appropriateness of care reviews, utilization review activities; and related payment activities so that individuals involved in delivering health services to you may be properly compensated for the services they have provided. I will ask you to sign an Authorization for using and/or disclosing your PHI for payment purposes.

For health care operations (O): I may use and/or disclose your PHI in the course of operating the various business functions of my office. For example, I may use and/or disclose your PHI to evaluate the quality of mental health services provided to you; develop clinical guidelines; contact you with information about treatment alternatives or communications in connection with your case management or care coordination; to review the qualifications and training of health care professionals; for medical review, legal services, and auditing functions; and for general administrative activities such as customer service and data analysis. Wherever possible I will not identify your PHI with your name for these health care operations.

Appointment reminders: Unless you request that I contact you by other means, the Rule permits me to contact you regarding appointment reminders and other similar materials. I will use discretion in these contacts.

Uses and/or disclosures requiring your Authorization:

Generally, my use and/or disclosure of your PHI for any purpose that falls outside of the definitions of treatment, payment and health care operations identified above will require your signed Authorization. The Rule does not grant me permission for certain specified uses and/or disclosures of your PHI that fall outside of the treatment, payment and health care operations definitions as itemized below. However, for all other uses and/or disclosures of your PHI by any other person or entity, you retain the power to grant your permission via your signed Authorization. Additionally, if you grant your permission for such use and/or disclosure of your PHI, you retain the right to revoke your Authorization at any time except to the extent that I have already undertaken an action in reliance upon your Authorization.

Use and/or disclosures not requiring your Authorization:

The Rule provides that I may use and/or disclose your PHI without your Authorization in the following circumstances:

When disclosure is required by federal, state, or local law; judicial, board, or administrative proceedings; or, law enforcement. Example: I may make a disclosure to the appropriate officials when a law requires me to report information to government agencies, law enforcement personnel and/or in an administrative proceeding.

If disclosure is compelled by a party to a proceeding before a court or an administrative agency pursuant to its lawful authority.

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

If disclosure is compelled by the patient or the patient's representative pursuant to California Health and Safety Codes or to corresponding federal statutes of regulations, such as the Privacy Rule that requires this Notice.

To avoid harm. I may provide PHI to law enforcement personnel or persons able to prevent or mitigate a serious threat to the health or safety of a person or the public (i.e., adverse reaction to medications).

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

If disclosure is mandated by the California Child Abuse and Neglect Reporting law. For example, if I have a reasonable suspicion of child abuse or neglect.

If disclosure is mandated by the California Elder/Dependent Adult Abuse Reporting law. For example, if I have a reasonable suspicion of elder abuse or dependent adult abuse.

If disclosure is compelled or permitted by the fact that you tell me of a serious/imminent threat of physical violence by you against a reasonably identifiable victim or victims.

For public health activities. Example: In the event of your death, if a disclosure is permitted or compelled, I may need to give the county coroner information about you.

For health oversight activities. Example: I may be required to provide information to assist the government in the course of an investigation or inspection of a health care organization or provider.

For specific government functions. Examples: I may disclose PHI of military personnel and veterans under certain circumstances. Also, I may disclose PHI in the interests of national security, such as protecting the President of the United States or assisting with intelligence operations.

For research purposes. In certain circumstances, I may provide PHI in order to conduct medical research.

For Workers' Compensation purposes. I may provide PHI in order to comply with Workers' Compensation laws.

Appointment reminders and health related benefits or services. Examples: I may use PHI to provide appointment reminders. I may use PHI to give you information about alternative treatment options, or other health care services or benefits I offer.

If an arbitrator or arbitration panel compels disclosure, when arbitration is lawfully requested by either party, pursuant to *subpoena duces tectum* (e.g., a subpoena for mental health records) or any other provision authorizing disclosure in a proceeding before an arbitrator or arbitration panel.

If disclosure is required or permitted to a health oversight agency for oversight activities authorized by law. Example: When compelled by U.S. Secretary of Health and Human Services to investigate or assess my compliance with HIPAA regulations.

If disclosure is otherwise specifically required by law.

Uses and/or disclosures requiring you to have an opportunity to object:

I may disclose your PHI in the following circumstances if I inform you about the disclosure in advance and you do not object. However, if there is an emergency situation and you cannot be given an opportunity to object, disclosure may be made if it is consistent with any prior expressed wishes and disclosures is determined to be in your best interests. You must be informed and given an opportunity to object to further disclosure as soon as you are able to do so.

To families, friends or others involved in your care: I may share your PHI with those people directly involved in your care, or payment for your care. I may also share your PHI with these people to notify them about your location, general condition, or death.

Your Rights Regarding Your Protected Health Information (PHI).

The HIPAA Privacy Rule grants you each of the following individual rights:

The right to view and obtain copies of Your PHI. In general, you have the right to view your PHI that is in my possession or to obtain copies of it. You must request it in writing. If I do not have your PHI, but I know who does, I will advise you how you can obtain it. You will receive a response from me within 5 days of my receiving your written request. Under certain circumstances, I may deny your request. If your request is denied, you will be given 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 not more than \$.25

per page. I may see fit to provide you with a summary or explanation of the PHI, but only if you agree in advance to it, as well as to the cost.

The right to request limits on uses and disclosures of your PHI. You have the right to ask that I limit how I use and disclose your PHI. While I will consider your request, 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. You do not have the right to limit the uses and disclosures that I am legally required or permitted to make.

The right to choose how I send your PHI to you. It is your right to ask that your PHI be sent to you at an alternate address or by an alternate method, e.g., email. I am obliged to agree to your request providing that I can give you the PHI in the format you requested, without undue inconvenience.

The right to get a list of the disclosures I have made. You are entitled to a list of disclosures of your PHI that I have made. The list will not include uses or disclosures sent directly to you or to your family; neither will the list include disclosures made for national security purposes, to corrections or law enforcement personnel. Disclosure records will be held for six years. I will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list I provide to you will include disclosures made in the previous six years 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.

The right to amend Your PHI. 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 and must state the reasons for the denial. 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.

The right to get this notice by email. You have the right to get this notice by email. You have the right to request a paper copy of it as well.

How To Complain about my Privacy Practices.

If you believe that I may have violated your individual privacy rights, or if you object to a decision I made about access to your PHI, you are entitled to file a complaint by submitting a written complaint to me, Don Wallach, MFT, at 222 Weller Street #205, Petaluma, CA 94952. Your written complaint must name the person or entity that is the subject of your complaint and describe the acts and/or omissions you believe to be in violation of the Rule or the provisions outlined in my Notice of Privacy Practices. If you prefer, you may file your written complaint with the Secretary of the U.S. Department of Health and Human Services (Secretary) at 200 Independence Avenue S.W., Washington, D.C., 20201. However, any complaint you file must be received by me, or filed with the Secretary, within 180 days of when you knew, or should have known, the act or omission occurred. I will take no retaliatory action against you if you make such complaints.

Effective Date: This Notice is effective January 1, 2007.