



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

This notice describes how demographic, practical, and psychological information about you can be used and disclosed, and how you can get access to this information. It reflects HIPAA, which is a collection of policies that address reasonable and unreasonable disclosures of your information, the ways we secure and protect that information, and any potential limitations or exceptions to protecting that information.

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

As part of our therapy process, I may use or disclose your protected health information (PHI), for treatment, payment, and health care operations purposes. HIPAA uses very specific language to describe the ways we might use and protect health information. To help clarify these terms, here are some definitions:

- “PHI” or Patient Health Information refers to information in your health record that could identify you. This is separate from your medical and treatment records, and includes your name, location, and any other identifiable details.
- “Treatment, Payment and Health Care Operations” – Treatment is the therapy we engage in together, and additionally when I provide, coordinate or manage your therapy, 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 obtain reimbursement for your healthcare and use an outside source or platform. 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. It also includes PHI that may be transmitted when we process a payment using a credit card – 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 care management and coordination.
- “Use” applies only to activities within my office such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you, for example updating a payment or writing a letter for you.
- “Disclosure” applies to activities outside of my office such as releasing, transferring, or providing access to information about you to other parties, for example taking that letter I wrote and sharing it with your doctor or insurance panel.

II. Uses and Disclosures Requiring Authorization

I may use or disclose PHI for purposes outside of treatment, payment, or 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 I am asked for information for purposes outside of treatment, payment or health care 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. You may revoke all such authorizations (of PHI or Psychotherapy Notes) at any time, provided each revocation is in writing. You can revoke that authorization in writing at any time to stop any future uses and disclosures of your PHI by me. You may not revoke an authorization to the extent that (1) I have already relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, as the law provides the insurer the right to contest the claim under the policy.

Special Authorizations Certain categories of information have extra protections by law, and thus require special written authorizations for disclosures:

- **Psychotherapy Notes** – I will obtain a special 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 record. These notes are given a greater degree of protection than PHI.
- **HIV Information** – Special legal protections apply to HIV/AIDS related information. I will obtain a special written authorization from you before releasing information related to HIV/AIDS.
- **Alcohol and Drug Use Information** – Special legal protections apply to information related to alcohol and drug use and treatment. I will obtain a special written authorization from you before releasing information related to alcohol and/or drug use/treatment.

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

III. Uses and Disclosures with Neither Consent nor Authorization

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

- **Child Abuse** – I am required to report PHI to the appropriate authorities when I have reasonable grounds to believe that a minor is or has been the victim of neglect or physical and/or sexual abuse.
- **Adult and Domestic Abuse** – If I have the responsibility for the care of an incapacitated or vulnerable adult, I am required to disclose PHI when I have a reasonable basis to believe that abuse or neglect of the adult has occurred or that exploitation of the adult's property has occurred.
- **Health Oversight Activities** – If the California Board of Psychological Examiners is conducting an investigation, then I am required to disclose PHI upon receipt of a subpoena from the Board.

- **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, such information is privileged under state law, and I will not release information without the written authorization of you or your legally appointed representative 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** – If you communicate to me an explicit threat of imminent serious physical harm or death to a clearly identified or identifiable victim(s) and I believe you have the intent and ability to carry out such a threat, I have a duty to take reasonable precautions to prevent the harm from occurring, including disclosing information to the potential victim and the police and in order to initiate hospitalization procedures. If I believe there is an imminent risk that you will inflict serious harm on yourself, I may disclose information in order to protect you.
- **Public Health Activities** – I may disclose PHI to track public health and safety matters for contact tracing, or report to a governmental official an adverse reaction that you may have to a medication.
- **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, that provide benefits for work-related injuries or illness without regard to fault.
- **To remind you about appointments and inform you of health-related services** – I may disclose PHI to remind you about your appointments, provide information about treatment alternatives, or provide other services if communicating these things to you requires third party communication or transmission of information.

IV. Patient’s Rights and Psychologist’s Duties Patient’s Rights

At your request, I will discuss with you the details of these rights and assist you throughout the process.

- **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 seeing me. On your request, I will send your bills to another address, or use a particular email 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. I may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed.
- **Right to Amend** – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. I may deny your request.

- Right to an Accounting of Disclosures – You generally have the right to receive an accounting of disclosures of PHI.
- 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. They are unlikely to change unless I am instructed to do so by a change to HIPAA. 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 inform you and will post a revised version of these policies on my website.

V. Complaints

If you are concerned that I have violated your privacy rights, or you disagree with a decision I made about access to your records, you may contact me to discuss your concerns. You may also send a written complaint to the Secretary of the Department of Health and Human Services at 200 Independence Avenue S. W., Washington D. C. 20201

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

This notice goes into effect on November 1st, 2010.

VII. These policies include Rachel Robbins Psy.D., Divergent Worlds Psychotherapy and Consulting, and all associates related to Divergent Worlds.