

Privacy Policy Notice, Effective April 29, 2014

*PHI means "protected health information," i.e. information in your healthcare records that could identify you.

Privacy Practices:

Laws require providers to maintain the privacy and confidentiality of your PHI. Paper copies of the current policy are available upon request. The current policy is adhered to. The policy may be changed at any time, effective for all PHI being kept. PHI may be used or disclosed for treatment, payment, or healthcare operations. PHI may be disclosed without your consent in limited circumstances: when required by law; to a public health authority when required (e.g., reporting a communicable disease); if there is any reason to believe that a child has been abused or is in conditions that would reasonably result in abuse (including sexual or physical abuse or neglect); if there is any reason to believe that a vulnerable adult (an adult with mental or physical impairment substantially affecting his/her ability to provide personal protection, provide necessities or healthcare, obtain necessary services, carry out activities of daily living, manage his/her own resources, or comprehend the nature and consequences of remaining in an abusive situation; or an elderly adult) is being abused (including neglect, abandonment, exploitation, or domestic violence); to a health oversight agency; to law enforcement officials, coroners, medical examiners, or government agencies when necessary; to researchers who have established protocols to maintain privacy; and, if you file a worker's compensation claim, to your employer and other involved parties. There is a legal duty to disclose PHI without consent in order to protect the rights and safety of clients or others, i.e. if you communicate a threat to seriously injure or kill a reasonably identifiable person or yourself, and you have a history of physical violence or apparent intent and ability to carry out the threat, PHI must be disclosed appropriately. Disclosing PHI for the purposes of court proceedings requires consent by yourself or your legal representative unless there is a court order. This does not apply if you are being evaluated for a third party or if the evaluation is court ordered.

Your Rights:

You may request restrictions on how your PHI is shared/used. Requests will be considered but may or may not be accommodated. Restrictions that are agreed upon will not be violated except in case of emergency. You may request use of a specific phone number or address to contact you. This will be accommodated if it is reasonable and it continues to permit receipt of payment for services, or if you indicate that doing otherwise could endanger you. You may request to inspect your PHI or to receive a copy of it. Fees may apply. In some circumstances, access to a portion of your PHI may be denied, and if so, you may request a review of the denial by another licensed professional. You may request corrections or additions to your PHI. This may be denied, but if so, you may submit a statement to be added to your chart. You may request an accounting of certain disclosures made of your PHI, not including disclosures for treatment, payment, or healthcare operations; disclosures authorized by you; and some other disclosures. Your request must state the period of time desired for the accounting, which must be within six years of the request. Fees may apply. If you have authorized disclosure of PHI you have the right to revoke the authorization unless it was a condition of your insurance coverage under applicable law. This will prevent disclosures after the date it is received, but it cannot reverse any disclosures prior to receipt. All of the above requests must be made in writing. You may receive fundraising communications from a healthcare entity. You have the right to opt out of these communications. If the confidentiality of your PHI is breached, you will be notified. You may file a complaint with HHS if you believe your rights have been violated. Please contact Ariel Gonzales at the above contact information with any questions about your privacy rights or this document, or if you are concerned that your rights have been violated, or if you believe your rights have been violated and you would like to file a complaint with this office.

Email and Texting Policy:

Unencrypted email communication can be misaddressed or intercepted and it is not considered HIPAA secure. Emailing the provider with an unencrypted question/request is considered to be requesting a reply by unencrypted email unless you state otherwise in your email to the provider. If you request to receive certain information by email, and you have signed the email communication release on the Client Information Sheet, this will be considered consent for a response by email, including consent to email you PHI. PHI would not be included in the subject line of the email unless your subject line in the email to the provider contained PHI, in which case it may be quoted in the subject line of the return email. Text messages can be misaddressed and may be able to be intercepted. Text messaging the provider with a question/request is considered to be requesting a reply by text message unless you state otherwise in your text message to the provider. If you request to receive certain information by text message, and you have signed the text message release on the Client Information Sheet, this will be considered consent for a response by text message, including consent to text message you PHI.