HIPAA PRIVACY NOTICE

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

What is this Notice and Why is it Important? As of April of 2003, a new federal law ("HIPAA") went into effect. This law requires that health care practitioners create a notice of privacy practices for you to read. This notice tells you how I, JONATHAN CARIAGA, LMFT, will protect your medical information, how I may use or disclose this information, and describes your rights. If you have any questions about this notice, please contact me at (562) 412-4264.

Understanding Your Health Information During each appointment, I record clinical information and store it in your chart. Typically, this record includes a description of your symptoms, your recent stressors, your medical problems, a mental status exam, any relevant lab test results, diagnoses, treatment, and a plan for future care. This information, often referred to as your medical record, serves as a:

- Basis for planning your care and treatment
- Means of communication among the health professionals who contribute to your care
- Legal document of the care you receive
- Means by which you or a third-party payer (ex. health insurance company) can verify that services you received were appropriately billed
- A tool with which I can assess and work to improve the care I provide

Your Health Information Rights You have the following rights related to your medical record:

- *Obtain a copy of this notice*.
  You can read this notice in the waiting room, and you can also obtain your own copy if you would like.
- *Authorization to use your health information*.
  Before I use or disclose your health information, other than as described below, I will obtain your written authorization, which you may revoke at any time to stop future use or disclosure.
- *Access to your health information*.
  You may request a copy of your medical record from me at any time.
- *Change your health information*.
  If you believe the information in your record is inaccurate or incomplete, you may request that I correct or add information.
- *Request confidential communications*.
  You may request that when I communicate with you about your health information, I do so in a specific way (ex. at a certain mail address or phone number). I will make every reasonable effort to agree to your request.
- *Accounting of disclosures*.
  You may request a list of disclosures of your health information that I have made for reasons other than treatment, payment or health care operations.

My Responsibilities

- I am required by law to protect the privacy of your health information, to provide this notice about my privacy practices, and to abide by the terms of this notice.
- I reserve the right to change my policies and procedures for protecting health information. When I make a significant change in how I use or disclose your health information, I will also change this notice.
- Except for the purposes related to your treatment, to collect payment for my services, to perform necessary business functions, or when otherwise permitted or required by law, I will not use or disclose your health information without your authorization. You have the right to revoke your authorization at any time.

When Can I Legally Disclose Your Health Information Without Your Specific Consent?

- In order to facilitate your medical treatment.

  For example: Your primary care physician or your psychotherapist might call me to discuss your treatment, and in that situation I would disclose information about your diagnosis, your medications, and so on.

- In order to collect payment for health care services that I provide.

  For example: In order to get paid for my services, I send a bill to you or your insurance company. If your insurance company is not managed care, then information released is usually limited to identifying information, diagnosis, dates of service, and types of service. If the insurance company is managed care, then information released can be more extensive—including symptoms, types of treatment interventions, treatment goals and plans, medications, functional status, progress, and prognosis. If you would not like your insurance company to know this information, you may choose to pay cash for my services instead of using your health insurance.

- *In order to protect people when patients are judged to be an imminent danger to themselves or others.*

  For example: If you are considered to be a significant risk to kill yourself or others, I may report information to the police or potential victims in order to reduce that risk.

Will I Disclose Your Health Information to Family and Friends? While the new law allows such disclosures without your specific consent (as long as it contributes to your treatment), my office policy is that I will *never* share your clinical information with your family without a signed authorization from you. The BIG EXCEPTION to this is if I believe you pose an immediate danger to yourself or someone else—in that case, I will do whatever is necessary, even if that means breaching confidentiality.

Less Common Situations in Which I Might Disclose Your Health Information

- Workers compensation: I may disclose your health information to comply with laws relating to worker's compensation or other similar programs.
- Law enforcement: I may disclose your health information for law enforcement purposes as required by law or in response to a valid subpoena, or court or administrative order. This includes any information requested by the Department of Social Services (DSS) related to cases of neglect or abuse of children or dependent adults.
- Food and Drug Administration (FDA): I may disclose to the FDA your health information relating to adverse events due to medications.

For More Information or to Report a Problem. If you have questions, would like additional information, or want to request an updated copy of this notice, you may contact me, JONATHAN CARIAGA, LMFT, (562) 412-4264. If you feel your privacy rights have been violated in any way, please let me know and I will take appropriate action.

You may also send a written complaint to:

Department of Health & Human Services, Office of Civil Rights,
Hubert H. Humphrey Building 200 Independence Avenue
S.W. Room 509 HHH Building
Washington, D.C. 20201

Signature Date

Print Name