



Better Being

Psychological Services, Inc.

1151 Dove Street, Suite 105, Newport Beach, CA 92660
Office: 949-706-4889; website: www.betterbeingspsych.com

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.

This form, Notice of Privacy Practices (hereafter referred to as Notice), describes confidentiality as it pertains to your medical record, how the information in your medical record is used, your rights, and how you may obtain this information. Information in your medical record that can identify you, including identifying information, information about your physical/mental health, and payment for your health care, is referred to as Protected Health Information (PHI).

Confidentiality and Use of Information

State and federal laws require PHI be kept private and confidential. We are required to follow the privacy practices outlined in this Notice, though we reserve the right to change this Notice at any time. If this Notice is changed in any way, a notice will be posted in our office.

Under most circumstances, PHI can only be released with the written authorization of the client or the client's legal guardian. If you would like to release your PHI to a third party, you will be required to sign Better Being Psychological Services, Inc.'s Authorization for Release of Medical Records ("Authorization"). Except in specific circumstances, we limit the use and/or disclosure of PHI to the minimum amount necessary to accomplish the purpose of that use/disclosure. Confidentiality is an integral part of a successful therapeutic relationship; therefore, your privacy is of the utmost importance to Better Being Psychological Services, Inc. and will be maintained unless otherwise required by law (please see "Limits to Confidentiality").

In accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and its HIPAA Privacy Rules (Rule), your PHI may be used and/or disclosed for a variety of reasons. The Rule permits us to make certain specified uses and/or disclosures of your PHI without your authorization. Your PHI may be used by Better Being Psychological Services, Inc. for purposes of:

- *Treatment* - Treatment is defined as providing, managing, or coordinating your health care and any related services.
- *Payment* - Payment is defined as obtaining compensation for the provision of these health care services. Payment can include disclosure of PHI to a health insurer to determine

eligibility/obtain compensation (including clinical reviews to determine medical necessity and appropriateness of care), from you personally, or for collection activities.

- *Health Care Operations* - Health Care Operations are defined as activities relevant to the operation and performance of Better Being Psychological Services, Inc.
- *Appointment Reminders* - Unless otherwise requested by you, the Rule permits us to contact you regarding appointment reminders and other similar materials.

Generally, the Rule does not grant permission for use and/or disclosure of PHI outside of what has been described above without your expressed permission provided by filling out and signing an Authorization, with the exception of specific circumstances listed below in “Limits to Confidentiality.” Additionally, you may revoke your Authorization at any time except to the extent that we have already undertaken an action in reliance upon your Authorization.

Limits to Confidentiality

Under certain circumstances, the Rule requires your psychotherapist disclose your PHI without your consent or authorization. Those circumstances include:

- *Abuse or neglect of vulnerable persons*, such as children, elderly, or disabled individuals - If your psychotherapist has reasonable cause to suspect abuse or neglect of any vulnerable person, s/he must report this suspicion to the appropriate authorities as required by law.
- *Serious threat to health or safety* - If you communicate to your psychotherapist a threat of serious bodily harm against a reasonably identifiable third person and you have the apparent intent and ability to carry out that threat in the foreseeable future, your psychotherapist may disclose relevant PHI and take the reasonable steps permitted by law to prevent the threatened harm from occurring. These actions may include notifying the potential victim, contacting the police, and/or seeking hospitalization for you. If your psychotherapist believes that there is an imminent risk that you will inflict serious physical harm on yourself, your psychotherapist may disclose information in order to protect you, generally in the form of seeking hospitalization for you.
- *Health Oversight Activities* - In the event that a psychotherapist receives a subpoena or other lawful request from the California Board of Psychology, California Board of Behavioral Science Examiners, or other oversight agency if necessary for a proceeding before these boards (including audits, civil, administrative, or criminal investigations, inspections, licensure or disciplinary actions, or civil, administrative, or criminal proceedings or actions), your relevant PHI may be disclosed.
- *Public Safety* - PHI may be released for the public interest and safety for public health activities, judicial and administrative proceedings, law enforcement purposes, serious threats to public safety, essential government functions, military, and when complying with worker’s compensation laws.

- *Judicial and Administrative Proceeding* - While it is Better Being Psychological Services, Inc.'s policy to first assert your privilege (or right to private communications), this may be superseded by a court order issued by a judge. We may use and/or disclose your PHI in response to an order of administrative tribunal, a warrant, subpoena duces tecum, discovery request, or other lawful process. Privilege does not apply when you are being evaluated for a third party or where the evaluation is court-ordered.
- *Relating to Decedents* - We may use and/or disclose your PHI if compelled or permitted, in the event of your death, to the coroner or medical examiner.
- *Research* - Under certain circumstances, and under the supervision of the Internal Review Board, we may disclose your PHI to assist in medical/psychiatric research.
- *Emergencies* - We may disclose your PHI to notify or assist in notifying a family member, relative, or another person responsible for your care about your psychological or medical condition or in the event of an emergency or your death.
- *U.S. Secretary of Health and Human Services* - We may disclose your PHI to the U.S. Secretary of Health and Human Services or the Office of Civil Rights if compelled to participate in an investigation or determination of our compliance with privacy, security, and transaction requirements under federal regulations.
- *For Specific Government Functions* - We may disclose your PHI for military, national security, prisoner, and government benefits purposes.
- *When Required by Law* - We may use and/or disclose your PHI in other circumstances not described above when specifically required by law.

Client's Rights

- *Right to Request Restrictions* - You have the right to request restrictions on certain uses and disclosures of PHI; however, Better Being Psychological Services, Inc. is not required to agree to these requests.
- *Right to Inspect and Copy* - You have the right to inspect or copy your PHI in Better Being Psychological Services, Inc.'s records for as long as those records are maintained. However, under federal law you may not inspect or copy psychotherapy notes, information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and PHI that is subject to law that prohibits access to PHI. You must provide this request in writing and we will respond within 30 days. Your request may be denied under certain circumstances, in which circumstances the reason for denial will be provided in writing. In some cases, you may have the right to have this decision reviewed. If approved, you will be charged the fee as outlined in the *Client Service Agreement* (separate document). We may opt to provide a summary or explanation of PHI with associated report writing fee.

- *Right to a Paper Copy* - You have the right to a copy of all intake paperwork upon request. You must provide this request in writing.
- *Right to an Accounting* - You generally have the right to review any uses and/or disclosures of your PHI. This list will not include those to which you have already consented, those for treatment, payment, or health care operations, those sent directly to you/your family, or those made for law enforcement, corrections, or national security purposes. Disclosure records are maintained for six years. You must provide this request in writing and we will respond within 60 days of receipt of request. The disclosure we provide will include the previous six years, unless you specify a shorter time period. The list will include the date of disclosure, to whom PHI was disclosed, a description of the information disclosed, and the reason for the disclosure. We will provide this list once per year at no cost to you; for more than one request per year a reasonable charge will be assessed for each subsequent request.
- *Right to Amend* - You have the right to request an amendment to your PHI for as long as it is maintained in Better Being Psychological Services, Inc.'s records. If you believe there is an error in your PHI or that important information has been omitted, it is your right to request we correct the existing information or add the missing information. You must provide this request in writing. We will respond within 60 days of receipt of your request. We may deny your request if we find: the PHI is (1) correct and complete, (2) forbidden to be disclosed, (3) not part of our records, or (4) written by someone other than us. Our denial will be in writing and will state the reasons for denial, as well as 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 our denial be attached to any future disclosures of your PHI. If we approve your request, we will make the change(s) to your PHI. Additionally, we will inform you that the changes have been made and we will advise all others who need to know about the change(s) to your PHI. You may request the details of the amendment process be explained.
- *Right to Receive Confidential Communication 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. You must provide this request in writing.
- *Right to Restrict Disclosures* - You have the right to restrict certain disclosures of PHI to a health plan when you have paid out of pocket in full for our services.

Minors

All clients under the age of 18 years old are considered minors. Outpatient treatment for all minors 11 years old and younger require consent be provided by the minor's parents/guardians. In order for a parent/guardian to authorize treatment for the minor, the parent/guardian must have either sole or joint legal custody of the minor (documentation of custody maybe required). Except in extenuating circumstances, if parents are not in a committed relationship with each other the parent that did not attend the first session will be notified the minor is receiving mental health treatment.

Unemancipated minors 12 years old and older may consent to treatment, though generally with parent involvement, and may control access to information pertaining to their mental health treatment. The same limits to confidentiality, as described above, apply to minors.

Although laws may give parents/guardians the right to having knowledge of treatment content and access a minor's medical records, by signing this you are agreeing that your child's treatment and associated records are confidential, and you agree not to request your child's medical records. Please see Client Service Agreement for specific information regarding treatment of minors.

Questions or Complaints

If you have questions about this Notice, concerns that your psychotherapist has violated your privacy rights, or disagree with a decision s/he has made regarding access to your PHI, please bring your concerns to your psychotherapist's attention or you are entitled to file a complaint by submitting a written complaint to Better Being Psychological Services, Inc. at PO Box 15571, Newport Beach, CA 92659-5571. This complaint must include the name of the person/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 provisions outlined in our Notice of Privacy Practices. If the matter cannot be resolved satisfactorily, or you prefer, there are appropriate state and federal agencies that can provide assistance. You may submit complaints regarding any services provided by a representative of Better Being Psychological Services, Inc. to the following:

Secretary of U.S. Department of Health and Human Services (Secretary)
DHHS, Office of Civil Rights
200 Independence Ave S.W.
Washington, D.C. 20201

Any complaint you file must be received by us or filed with the Secretary within 180 days of when you know, or should have known, the suspected act or omission occurred. We will take no retaliatory action against you if you make such complaints.

Effective Date: This Notice is currently in effect and will remain in effect until further notice.

Consent and Authorization

HIPAA is a federal law that provides privacy protections and patient rights with regard to the use and disclosure of your PHI. HIPAA requires we provide you with our Notice of Privacy Practices and obtain your authorization and consent to use and disclose your PHI as described herein. In order to provide you with health care services, we need your consent to this Notice of Privacy Practices. You have the right to review our Notice of Privacy Practices before signing this consent. We reserve the right to revise our Notice of Privacy Practices at any time. If we revise our privacy practices, we will notify you by posting the revisions for your review in our office and reviewing them with you during your first appointment after the revision.

This consent is voluntary, and you may refuse to sign it; however, we are permitted to refuse to provide health care services if this consent is not signed and/or we may terminate health care services and refer you to another service provider if the consent is later revoked.

My signature on this document indicates that I have read and understand the limits to confidentiality, the privacy policies, and my rights as a client. I also understand that I have the right to discuss any questions that I have, as well as the right to terminate my consent, and therefore treatment, at any time.

Client’s Signature: _____ Date: _____

Client’s Printed Name: _____

Client’s Guardian’s Signature: _____ Date: _____

Client’s Guardian’s Printed Name: _____

Psychologist’s Signature: _____ Date: _____