

Inscape Psychological Services

Dr. Alen Yaghoubi, Psychologist (PSY27481)

NOTICE OF PRIVACY PRACTICES

(Health Insurance Portability and Accountability Act provisions)

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

I am required by law to maintain the privacy of Protected Health Information and to provide you with a notice of my legal duties and privacy practices with respect to this information. A copy of this Notice is posted in my office, and all new clients receive a paper copy during their first session. Please do not hesitate to raise any questions or concerns about confidentiality that you may have after reading this Notice.

Who Is Required To Follow This Notice?

Your psychologist, any secretary/receptionist who may have limited access to your identifying information, and any billing agency or collection agency that handles information about you.

Understanding Your Health Record and Information

- Protected Health Information (PHI) refers to information in your health record that identifies you.
- Understanding what is in your record and how this information is used helps you to ensure accuracy of information and to make informed decisions when authorizing the disclosure of your information.
- Each time you have an appointment, a record of your visit is made. Records typically contain information about your history and current functioning, as well as any plans for future care and treatment. This information is used for purposes of assessment and treatment planning, communicating with other health professionals, a legal document describing your care, a means by which a third-party payer can verify services, and possibly for research.

Use and Disclosure of Your Health Information

Dr. Yaghoubi will not use or disclose your PHI without your authorization, except as described in this notice, or as otherwise explained to you. You have the opportunity to agree or object to the use or disclosure of part or all of your PHI.

- ***Disclosures for Treatment, Payment, and Health Care Operations***
 - o I may use PHI to provide treatment or services. For example, information obtained will be recorded and used to help determine the course of treatment. This information will not be shared with anyone else without your written permission.
 - o I may use and disclose health information about you in order to obtain reimbursement for your treatment/services.
 - o I may disclose health information for the purposes of health care operations, for example, an administrative assistant may have access to your PHI, though this

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would not typically include any contents of your psychological record. Another example would be for case management to coordinate treatment, though this would require your explicit permission.

- ***Disclosures Requiring Your Consent and Authorization***
 - *Third Party Request:* I may disclose PHI at your request, or with your permission, to a third party, such as another health care provider or a lawyer.
 - *Collateral Contacts:* I may, for the purpose of assessment or treatment, request permission to contact individuals who know you in your day to day life. I disclose limited information to these contacts, as they are used to collect information about yourself; however, basic knowledge of the purpose of my call and the fact that you are my client will be disclosed.
 - *Research:* I may disclose information to researchers who have had research proposals passed through an ethics committee and approved by myself. This information would never be published in such a way as to allow any personal identification.

- ***Limits of Confidentiality / Disclosures That Do NOT Require Your Consent or Authorization***
 - *Child Abuse:* Whenever I, in my professional capacity, have knowledge of or observe a child I know or reasonably suspect, has been the victim of physical child abuse or neglect, I must immediately report such abuse. Also, if I have knowledge of or reasonably suspect that mental suffering has been inflicted upon a child or that his or her emotional well-being is endangered in any other way, I may report such abuse.
 - *Elder and Dependent Adult Abuse:* If I, in my professional capacity, have observed or have knowledge of an incident that reasonably appears to be physical abuse, abandonment, abduction, isolation, financial abuse or neglect of an elder or dependent adult, or if I am told by an elder or dependent adult that he or she has experienced these or if I reasonably suspect such, I must report the known or suspected abuse immediately to the adult protective services agency or the local law enforcement agency (with some exceptions, as will be notified upon request).
 - *Serious Physical Threat to Self or Others:* If you or one of your family members communicate to me that you pose a serious threat of physical violence against an identifiable victim, I must make reasonable efforts to communicate that information to the potential victim and the police. If I have reasonable cause to believe that you are in such a condition as to be dangerous to yourself, I must release relevant information as necessary to prevent the threatened danger (for example, suicide).
 - *Law Enforcement Purposes:* I may disclose information for law enforcement purposes as required by federal, state, or local law or in response to a valid subpoena. I must not release your information without your written authorization or the authorization of your attorney or personal representative or a court order. The privilege does not apply when you are being evaluated for a third party or

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where the evaluation is court-ordered. I will inform you in advance if this is the case.

- *Health Oversight:* I may disclose information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include the California Board of Psychology.

Your Rights Regarding Your Protected Health Information

- ***Right to Inspect and Obtain Copies of your PHI***
 - You have the right to view (and receive a copy of) your PHI. In order to do so, you must make a request. Your request to inspect may be denied in certain limited circumstances, but you may request that the denial be reviewed. A nominal fee will be charged to cover any copying of your file that is requested.
- ***Right to Restrictions***
 - You may ask Dr. Yaghoubi not to use or disclose any part of your PHI for the purposes of treatment, payment, or operations. Your request must be made in writing. Dr. Yaghoubi may or may not be legally able to comply with your request. An important exception is your right to request non-disclosure to your health plan for services for which you pay out-of-pocket, unless the disclosure is for treatment purposes or required by law.
- ***Right to Amend***
 - If you believe that health information in your record is incorrect or if you believe that important information is missing, you may request that Dr. Yaghoubi correct the existing information or add the missing information. Such requests must be made in writing and must provide a reason to support the change.
- ***Right to Accounting of Disclosures***
 - You have the right to know about any disclosures of information that have been made, with the exception of disclosures that may have been made with your specific authorization, as you will already be aware of such disclosures. The right to receive this information is subject to certain exceptions, restrictions, and limitations.
- ***Right to Request Confidential Communications***
 - You have the right to request that I communicate with you about medical matters in a certain way or at a certain location (e.g., by home phone, but not work phone). Your preferences for such communication are indicated by the information provided on your intake form, and can be changed at any time by providing new or amended requests in writing.
- ***Right to Revoke an Authorization***
 - You have the right to revoke an authorization made to use or disclose PHI, except to the extent that action has already been taken. Requests to revoke authorization must be made in writing to Dr. Yaghoubi.
- ***Right to Prohibit Sale of your PHI***
 - An absence of written permission means that you do not permit the sale of your PHI for marketing purposes.

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- ***Right to a Paper Copy of this Notice***
 - You have the right to a paper copy of this notice upon request at any time.
- ***Right to File a Complaint***
 - If you believe that your privacy rights have been violated, you may file a complaint. These complaints must be filed in writing and addressed to Dr. Yaghoubi.

Changes to This Notice:

Please note that this privacy notice may be revised from time to time. You will be notified of changes in the laws concerning privacy or your rights as I become aware of them and will be provided with revisions of this document at your request.

Your signature below indicates that you have read and understand the information in this document and agree to abide by its terms.