

NOTICE OF PRIVACY PRACTICES

I. 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.

II. THIS OFFICE HAS A LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (“PHI”).

This office is legally required to protect the privacy of your PHI, which includes information that can be used to identify you that your doctor has created or received about your past, present, or future health or condition; the provision of health care to you; or the payment for this health care. This office must provide you with this Notice about its privacy practices, and such Notice must explain how, when, and why this office will “use” and “disclose” your PHI. A “use” of PHI occurs when this office shares, examines, utilizes, applies, or analyzes such information within its practice; PHI is “disclosed” when it is released, transferred, has been given to, or is otherwise divulged to a third party outside of this office. With some exceptions, this office may not use or disclose any more of your PHI than is necessary to accomplish the purpose for which the use or disclosure is made. And, this office is legally required to follow the privacy practices described in this Notice.

This office reserves the right to change the terms of this Notice and its privacy policies at any time. Any changes will apply to PHI already on file with this office. When this office makes any important changes to its policies, it will promptly change this Notice and post a new copy of it in their business premises.

III. HOW THIS OFFICE MAY USE AND DISCLOSE YOUR PHI.

This office will use and disclose your PHI for many different reasons. For some of these uses or disclosures this office will need your prior written authorization; for others it will not. Below are the different categories of uses and disclosures along with some example of each category.

A. Uses And Disclosures Relating To Treatment, Payment, Or Health Care Operations Which Do Not Require Your Prior Written Consent. This office can use and disclose your PHI without your consent for the following reasons:

1. For Treatment. This office can use your PHI within its practice to provide you with mental health treatment, including discussing or sharing your PHI with trainees and interns. This office can disclose your PHI to physicians, psychiatrists, psychologists, and other licensed health care providers who provide you with health care services or are involve in your care. For example, if a psychiatrist is treating you, this office can disclose your PHI to your psychiatrist to coordinate your care.

2. To Obtain Payment for Treatment. This office can use and disclose your PHI to bill and collect payment for the treatment and services provided by the doctors in this office to you. For example, this office might send your PHI to your insurance company or health plan in order to be paid for the health care services that our doctors have provided to you. This office may also provide your PHI to its business associates, such as billing companies, claims processing companies, and others that process its health care claims.

3. For Health Care Operations. This office may also disclose your PHI to operate its practice. For example, this office might use your PHI to evaluate the quality of health care services that you received or to evaluate the performance of the health care professionals who provided such services to you. This office may also provide your PHI to its accountant, attorney, consultants, or others to further its health care operations.

4. Patient Incapacitation or Emergency. This office can use and disclose your PHI to others without your consent if you are incapacitated or if an emergency exists. For example, your consent is not required if you need emergency treatment, as long as this office tries to get your consent after treatment is rendered, or if this office tries to get your consent but you are unable to communicate (for example, if you are unconscious or in severe pain) and the staff of this office believe that you would consent to such treatment if you were able to do so.

B. Certain Other Uses and Disclosures Also Do Not Require Your Consent or Authorization. This office can use and disclose your PHI without your consent or authorization for the following reasons:

1. When federal, state, or local laws require disclosure. For example, this office may have to make a disclosure to applicable governmental officials when a law requires it to report information to government agencies and law enforcement personnel about victims of abuse or neglect.

2. When judicial or administrative proceedings require disclosure. For example, if you are involved in a lawsuit or a claim for workers' compensation benefits, this office may have to use or disclose your PHI in response to a court or administrative order. This office may also have to use or disclose your PHI in response to a subpoena.

3. When law enforcement requires disclosure. For example, this office may have to use or disclose your PHI in response to a search warrant.

4. When public health activities require disclosure. For example, this office may have to use or disclose your PHI to report to a government official an adverse reaction that you have to a medication.

5. When health oversight activities require disclosure. For example, this office may have to provide information to assist the government in conducting an investigation or inspection of a health care provider or organization.

6. To avert a serious threat to health or safety. For example, this office may have to use or disclose your PHI to avert a serious threat to the health or safety of others. However, any such disclosures will only be made to someone able to prevent the threatened harm from occurring.

7. For specialized government functions. If you are in the military, this office may have to use or disclose your PHI for national security purposes, including protecting the President of the United States or conducting intelligence operations.

8. To remind you about appointments and to inform you of health-related benefits or services. For example, this office may have to use or disclose your PHI to remind you about your appointments, or to give you information about treatment alternatives, other health care services, or other health care benefits that this office offers that may be of interest to you.

C. Certain Uses and Disclosures Require You to Have the Opportunity to Object.

1. Disclosures to family, friends, or others. This office may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment of your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

D. Other Uses And Disclosures Require Your Prior Written Authorization. In any other situation not described in sections III A., B., and C. above, this office will need your written authorization before using

or disclosing your PHI. If you choose to sign an authorization to disclose your PHI, you can later revoke such authorization in writing to stop any future uses and disclosures (to the extent that this office has not taken any action in reliance on such authorization) of your PHI by this office.

IV. RIGHTS YOU HAVE REGARDING YOUR PHI

You have the following rights with respect to your PHI:

A. The Right to Request Restrictions on Uses and Disclosures by This Office. You have the right to request restrictions or limitations on uses or disclosures by this office of your PHI to carry out treatment, payment, or health care operations. You also have the right to request that this office restrict or limit disclosures of your PHI to family members or friends or others involved in your care or who are financially responsible for your care. Please submit such requests to this office in writing. This office will consider your request but is not legally required to accept it. If this office does accept your request, it will put the acceptance in writing and it will abide by your request, except in emergency situations. However, be advised that you may not limit the uses and disclosures that this office is legally required to make.

B. The Right to Choose How This Office Sends PHI to You. You have the right to request that this office send confidential information to you at an alternate address (for example, sending information to your work address rather than to your home address) or by alternate means (for example, e-mail instead of regular mail). This office must agree to your request so long as it is reasonable and you specify how or where you wish to be contacted, and, when appropriate, you provide this office with information as to how payment for such alternate communications will be handled. This office may not require an explanation from you as to the basis of your request as a condition of providing communications on a confidential basis.

C. The Right to Inspect and Receive a Copy of Your PHI. In most cases, you have the right to inspect and receive a copy of your PHI, but you must make the request to inspect and receive a copy of such information in writing. If this office does not have your PHI but a staff member knows who does, we will tell you how to get it. This office will respond to your request within 30 days of receiving your written request. In certain situations, this office may deny your request. If this office denies your request, you will receive, in writing, the reasons for the denial and an explanation of your right to have the denial reviewed.

If you request copies of your PHI, this office will charge you a reasonable, cost-based fee for each page. Instead of providing the PHI you requested, this office may provide you with a summary or explanation of the PHI as long as you agree to that and to the cost in advance.

D. The Right to Receive a List of the Disclosures This Office Has Made. You have the right to receive a list of instances, i.e., an Accounting of Disclosures, in which this office has disclosed your PHI. The list will not include disclosures made for this office's treatment, payment, or health care operations; disclosures made to you; disclosures you authorized; disclosures incident to a use or disclosure permitted or required by the federal privacy rule; disclosures made for national security or intelligence; disclosures made to correctional institutions or law enforcement personnel; or disclosures made before April 14, 2003.

This office will respond to your request for an Accounting of Disclosures within 60 days of receiving a written request. The list this office will give you will include disclosures made over the last six years unless you request a shorter time period. The list will include the date the disclosure was made, to whom the PHI was disclosed (including their address, if known), a description of the information disclosed, and the reason for the disclosure. This office will provide at least one accounting of disclosure per year to you at no charge. A cost-based fee may be charged for each additional request.

E. The Right to Amend Your PHI. If you believe that there is a mistake in your PHI or that a piece of important information is missing, you have the right to request that this office correct the existing information or add the missing information. You must provide the request and your reason for the request in writing. This office will respond within 60 days of receiving your request to correct or update your PHI. This office may deny your request in writing if the PHI is (i) correct and complete, (ii) not created by this office, (iii) not allowed to be disclosed, or (iv) not part of this office's records. A written denial from this office will state the reasons for the denial and explain your right to file a written statement of disagreement with the denial. If you do not file a written statement of disagreement, you have the right to request that your request and the denial by this office be attached to all future disclosures of your PHI. If this office approves your request, this office will make the change to your PHI, let you know that this office has done it, and inform others that need to know about the change to your PHI.

F. The Right to Receive a Paper Copy of This Notice. You have the right to receive a paper copy of this Notice even if you have agreed to receive it via e-mail.

V. HOW TO COMPLAIN ABOUT OUR PRIVACY PRACTICES

If you think that this office may have violated your privacy rights, or you disagree with a decision this office made about access to your PHI, you may file a complaint with the person listed in Section VI below. You also may 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. This office will take no retaliatory action against you if you file a complaint about its privacy practices.

VI. PERSON TO CONTACT FOR INFORMATION ABOUT THIS NOTICE OR TO COMPLAIN ABOUT THIS OFFICE'S PRIVACY PRACTICES.

If you have any questions about this notice, any complaints about the privacy practices of this office, or would like to know how to file a complaint with the Secretary of the Department of Health and Human Services, please contact:

Diana Olcese
Office Manager
149 Stony Circle, Suite 210
Santa Rosa, CA 95401

VII. EFFECTIVE DATE OF THIS NOTICE:

This notice went into effect on May 1, 2005.