

Mudita A Bahadur, Ph.D.

Licensed Clinical Psychologist (PSY#16617)

1137 2nd Street, Suite 204

Santa Monica, CA 90403

NOTICE OF PRIVACY PRACTICES

(Revised: 12.1.2020)

Your Information. Your Rights. My Responsibilities.

Pursuant to the Health Insurance Portability and Accountability Act (HIPAA, Title II), this notice describes how psychological and medical information about you may be used and disclosed, as well as how you can get access to this information. Please review it carefully.

Your Rights – You have the right to:

- ☑ Get a copy of your paper or electronic medical record
- ☑ Correct your paper or electronic medical record
- ☑ Request confidential communication
- ☑ Ask me to limit the information I share
- ☑ Get a list of those with whom I've shared your information
- ☑ Get a copy of this privacy notice
- ☑ Choose someone to act for you
- ☑ File a complaint if you believe your privacy rights have been violated

Your Choices – You have some choices in the way that I use and share information as I:

- ☑ Share information about your treatment, based on your request
- ☑ Provide disaster relief
- ☑ Provide mental health care

My Uses and Disclosures – I may use and share your information as I:

- ☑ Treat you
- ☑ Run my organization
- ☑ Bill for your services
- ☑ Help with public health and safety issues
- ☑ Do research
- ☑ Comply with the law
- ☑ Respond to organ and tissue donation requests
- ☑ Work with a medical examiner or funeral director
- ☑ Address workers' compensation, law enforcement, and other government requests
- ☑ Respond to lawsuits and legal actions

Uses and Disclosures for Treatment, Payment, and Health Care Operations

I may use or disclose your Protected Health Information (PHI), for treatment, payment, and health care operations purposes with your consent. To help clarify these terms, here are some definitions:

- 🔊 *PHI* refers to information in your health record that could identify you.
- 🔊 *Treatment* is when I provide, coordinate, or manage your health care and other services related to your health care. An example of treatment would be when I consult with another health care provider, such as your family physician or another psychologist.
- 🔊 *Payment* is when I obtain reimbursement for your healthcare. Examples of payment are when I disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
- 🔊 *Health Care Operations* are activities that relate to the performance and operation of our practices. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, as well as case management and care coordination.
- 🔊 *Use* applies only to activities within my office, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- 🔊 *Disclosure* applies to activities outside of my office, such as releasing, transferring, or providing access to information about you to other parties.

Uses and Disclosures Requiring Authorization

I may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. An *authorization* is written permission above and beyond the general consent that permits only specific disclosures. In those instances when I am asked for information for purposes outside of treatment, payment and health care operations, I will obtain an authorization from you before releasing this information.

I will also need to obtain an authorization before releasing your psychotherapy notes. *Psychotherapy notes* are notes I have made about our conversation during a private, group, joint, or family counseling session, and which I have kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI. I will also obtain an authorization from you before using or disclosing PHI in a way not described in this notice.

You may revoke all such authorizations (of PHI or psychotherapy notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) I have relied on that authorization; or, (2) the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

Uses and Disclosures without Consent or Authorization

I may use or disclose PHI without your consent or authorization in the following circumstances:

- 🔊 **Child Abuse:** If I have reasonable cause to believe that a child has been abused or neglected, I must report this and relevant information, within 24 hours, to the Department of Child and Family Services, the county agency which provides child welfare services, or a law enforcement agency.
- 🔊 **Adult and Domestic Abuse:** If I have reasonable cause to believe that an elderly or disabled person has been abused, neglected, exploited or isolated, I must make a report to the local office of the Department of Child and Family Services, the police department or sheriff's office, or other appropriate agency within 24 hours after becoming aware of this information.

- 🕒 **Health Oversight:** If I receive a request from the California Board of Psychological Examiners with respect to an inquiry or complaint about my professional conduct, I must make available any record relevant to such inquiry.
- 🕒 **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment and the records thereof, such information is privileged under state law, and I will not release this information without written authorization from you or your legally-appointed representative, by court order, or subpoena. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court-ordered. You will be informed in advance if this is the case.
- 🕒 **Serious Threat to Health or Safety:** I may disclose confidential information from your records if I believe such disclosure is necessary to protect you or another person from a clear and substantial risk of imminent, serious harm. I may only disclose such information and to such persons as are consistent with the standards of my profession in addressing such problems.
- 🕒 **Compliance with the Law:** I will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that I am complying with federal privacy law.

There are additional disclosures of PHI that I am required or permitted by law to make without your consent or authorization, such as sharing your information for health research. However, the disclosures listed above are the most common. Uncommon disclosures that do not require your authorization also include matters more relevant to physicians and hospitals, like responding to organ/tissue donation requests, and working with a coroner, medical examiner or funeral director when an individual dies.

Patient's Rights

- 🕒 **Right to Request Restrictions:** You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, I am not required to agree to a restriction you request.
- 🕒 **Right to Receive Confidential Communications 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. For example, you may not want a family member to know that you are working with me. Upon your request, I will send your bills and receipts to another address of your choice.
- 🕒 **Right to Inspect and Copy:** You have the right to inspect or obtain a copy (or both) of PHI in my mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. I may deny your access to PHI under certain circumstances, but in some cases, you may have this decision reviewed. Upon your request, I will discuss with you the details of the request and denial process.
- 🕒 **Right to Amend:** You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. I may deny your request. Upon your request, I will discuss with you the details of the amendment process.
- 🕒 **Right to an Accounting:** You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in Section II of this Notice). Upon your request, I will discuss with you the details of the accounting process.
- 🕒 **Right to a Paper Copy:** You have the right to obtain a paper copy of the notice from my office upon request, even if you have agreed to receive the notice electronically.
- 🕒 **Right to Restrict Disclosures When you Have Paid for Your Care Out-Of-Pocket:** You have the right to restrict certain disclosures of PHI to a health plan when you pay out-of-pocket in full for services.

- ④ Right to Be Notified if There is a Breach of Your Unsecured PHI: You have a right to be notified if: (a) there is a breach (a use of disclosure of your PHI in violation of the HIPAA Privacy Rule) involving your PHI; (b) that PHI has not been encrypted to government standards; and, (c) my risk assessment fails to determine that there is a low probability that your PHI has been compromised.

Psychologist's Responsibilities

- ④ I am required by law to maintain the privacy of PHI, and to provide you with a notice of my legal duties and privacy practices with respect to PHI.
- ④ I will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- ④ I reserve the right to change the privacy policies and practices described in this notice. However, unless I notify you of such changes, I am required to abide by the terms currently in effect.
- ④ If I revise my policies and procedures, I will notify you either in person (if you are an active patient) or by mail.
- ④ I will not use or share your information other than as described here unless you tell me I can in writing. If you tell me I can, you may change your mind at any time. Let me know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Questions and Complaints

If you believe that your privacy rights have been violated, and wish to file a complaint, you may send your written complaint to the California Board of Psychology, 1625 North Market Blvd, Suite N-215. The Board may be reached by telephone at (916)574-7720, or <https://www.psychology.ca.gov>

You may also send a written complaint to the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775.

You have specific rights under the HIPAA Privacy Rule. I will not retaliate against you for exercising your right to file a complaint.

Effective Date, Restrictions, and Changes to Privacy Policy

This notice will go into effect on December 1, 2020. I can change the terms of this notice, and the changes will apply to all information I have about you. The new notice will be available upon request, in my office, and on my web site at <http://muditabahadur.com>

By Signing below, I acknowledge that I have received this Notice of Privacy Practices