

Notice of Mental Health Policies and Practices to Protect the Privacy of Health Information

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

Clinicians at Mt. Diablo Psychological Services (MDPS) are required by law to maintain the privacy of your medical information and to provide you with notice of our legal and privacy duties. We are required to abide by the terms of the Notice of Privacy Practices currently in effect.

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

This notice describes MDPS's privacy practices. MDPS may share information with any staff hired for payment or administrative purposes.

MDPS may use or disclose your protected health information (PHI), for treatment, payment, and health care operations purposes with your written authorization. To help clarify these terms, here are some definitions:

- “PHI” refers to information in your health record that could identify you.
- “Treatment, Payment, and Health Care Operations”
Treatment is when a therapist provides, coordinates, or manages your health care and other services related to your health care. An example of treatment would be when your therapist consults with another health care provider, such as your family physician or another therapist. Payment is when a therapist obtains reimbursement for your healthcare. Examples are when a therapist discloses your PHI to your health insurer to obtain reimbursement or to determine eligibility or coverage. Health Care Operations are activities that relate to the performance and operation of MDPS. Examples are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
- “Use” applies only to activities within this practice, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
“Disclosure” applies to activities outside of this practice, such as releasing, transferring, or providing access to information about you to other parties.
“Authorization” is your written permission to disclose confidential mental health information. All authorizations to disclose must be on a specific legally required form.

II. OTHER USES AND DISCLOSURES REQUIRING AUTHORIZATION

Your therapist may use or disclose PHI for purposes outside of treatment, payment, or health care operations when your appropriate authorization is obtained. In those instances when your therapist is asked for information for purposes outside of treatment, payment, or health care operations, your therapist will obtain an authorization from you before releasing this information. Your therapist will also need to obtain an authorization before releasing your Psychotherapy Notes. "Psychotherapy Notes" are notes made about individual, group, joint, or family counseling session, which have been kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI. 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) Your therapist has relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, law provides the insurer the right to contest the claim under the policy.

III. Uses and Disclosures without Authorization

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

- Child Abuse – If your therapist has reason to believe that a child has been subjected to abuse or neglect, your therapist must, by law, report this belief to the appropriate authorities.
- Adult and Domestic Abuse – Your therapist may disclose protected health information regarding you if there is reasonable belief that you are a victim of abuse, neglect, self-neglect or exploitation.
- Health Oversight Activities – If your therapist or MDPS receive a subpoena from the California Board of Psychology or the California Board of Behavioral Sciences or any other licensing board because they are investigating the practice, we must disclose any PHI requested by the Board.
- Judicial and Administrative Proceedings – If you are involved in a court proceeding and a request is made for information about your treatment or the records thereof, such information is privileged under state law, and will not be released without your written authorization or a court order. The privilege does not apply when you are being evaluated for a third party or if court ordered. You will be informed in advance if this is the case.
- Serious Threat to Health or Safety – If you communicate to your therapist a specific threat of imminent harm against another individual, including the therapist, or if your therapist believes that there is clear, imminent risk of physical or mental injury being inflicted against another individual, your therapist may make disclosures believed necessary to protect that individual. If your therapist believes that you present an imminent, serious risk of physical or mental injury or death to yourself, your therapist may make disclosures considered necessary to protect you from harm. If your

therapist believes that you are a future risk to yourself or another person and has reason to believe that you may obtain a gun your therapist may take whatever steps are needed to block you from this action. Usually this involves notifying the police to have your name added to a Do Not Sell list.

- Professional Consultation, Team Meetings and Supervision. Part of a therapist's responsibility is to consult with other professionals and seek supervision when needed. DBT therapists participate in ongoing DBT treatment team meetings. Associates in this practice at times seek consultation from other members of MDPS and from Dr. Linda Dimeff (renowned DBT expert.) Whenever possible, identifying information such as names and clearly identifiable biographical information is not shared during these meetings. The purpose of these consultations and team meetings are to enhance your treatment. While effort will be made when possible to not disclose your identity, by participating in the services of MDPS you are agreeing that your therapist can disclose information and discuss your treatment at these meetings.

IV. Patient's Rights and Psychologist's/Therapist's Duties

Patient's Rights:

- Right to Request Restrictions – You have the right to request restrictions on certain uses and disclosures of PHI. However, your therapist is 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 being seen at MDPS. On your request, your bills will be handed to you or will be sent to another address provided you provide us with stamped and addressed envelopes.)
- Right to Inspect and Copy – You have the right to inspect &/or obtain a copy 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. Administrative and copying charges must be paid in full prior to receiving your records. Your therapist may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. You have the right to inspect &/or obtain a copy of Psychotherapy Notes unless your therapist believes the disclosure of the record will be injurious to your health. On your request, your therapist will discuss with you the details of the request and denial process for both PHI and Psychotherapy Notes.
- Right to Amend – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. Your therapist may deny your request. On your request, your therapist 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. On your request, your therapist 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 upon request.

Psychologist's/Therapist's Duties:

Your therapist is required by law to maintain the privacy of PHI and to provide you with a notice of their legal duties and privacy practices with respect to PHI. MDPS may reserve the right to change the privacy policies and practices described in this notice. We are required to abide by the terms currently in effect. When MDPS revises these policies and procedures, the revised policy will be available to you upon request.

V. Questions and Complaints

If you have questions about this notice, disagree with a decision your therapist makes about access to your records, or have other concerns about your privacy rights, you may discuss these with your therapist. If you believe that your privacy rights have been violated and wish to file a complaint, you may send your written complaint to MDPS or to your therapist at one of our service locations. All complaints must be in writing. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. You have specific rights under the Privacy Rule. Your therapist will not retaliate against you for exercising your right to file a complaint.

VI. Effective Date, Restrictions, and Changes to Privacy Policy

This notice went into effect on April 14, 2003.

We reserve the right to change these terms, and any changes made will be effective for all medical information maintained. A copy of a revised notice will be available on the website at mtdiablopsychologicalservices.com.