

HIPAA Notice of Privacy Practices

Discovery Counseling Center (DCC) is required by Federal law to provide to you the following notice. This notice is in compliance both with California law and with the Federal Health Insurance Portability and Accountability Act (HIPAA) providing privacy protection and patient rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment and health care operations.

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

I. DCC HAS A LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI)

DCC is legally required to protect the privacy of your PHI, which includes information that can be used to identify you that I've created or received about your past, present, or future health or condition, the provision of health care to you, or the payment of this health care. PHI is "used" information about you is shared, examined, utilized, applied, or analyzed within DCC. PHI is "disclosed" when it is released, transferred, has been given to, or is otherwise divulged to a third party outside of our practice. With some exceptions, your PHI may not be used or disclose any more than is necessary to accomplish the purpose for which the use or disclosure is made. However we are legally required to follow the privacy practices described in this Notice.

DCC reserves the right to change the terms of this Notice and my privacy policies at any time. Any changes will apply to PHI on file. Before any changes are made to our policies, we will promptly change this Notice and post a new copy of it in our office and on our website. You can view a copy of it in our office or at our website, which is located at www.MyDiscoveryCC.com

II. HOW DCC MAY USE AND DISCLOSE YOUR PHI.

I will use and disclose your PHI for many different reasons. For some of these uses or disclosures, I will need your prior written authorization; for others, however, I do not. Listed below are the different categories of my uses and disclosures along with some examples of each category.

A. Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations Do Not Require Your Prior Written Consent. DCC can use and disclose your PHI without your consent for the following reasons:

- 1. For Treatment.** Your PHI may be used within our practice to provide you with mental health treatment, including discussing or sharing your PHI with other Discovery therapists. Your PHI may be disclosed to physicians, psychiatrists, psychologists, and other licensed health care providers who provide you with health care services or are involved in your care.
- 2. To Obtain Payment for Treatment.**
- 3. For Health Care Operations.** Your PHI may be used and disclose to operate our practice.
- 4. Patient Incapacitation or Emergency.** Your PHI also be disclosed to others without your consent if you are incapacitated or if an emergency exists.
- 5. Certain Other Uses and Disclosures Also Do Not Require Your Consent or Authorization.** Your PHI may be used and disclosed without your consent or authorization for the following reasons:
 1. When federal, state, or local laws require disclosure.
 2. When judicial or administrative proceedings require disclosure.
 3. When law enforcement requires disclosure.
 4. When public health activities require disclosure.
 5. When health oversight activities require disclosure.
 6. To avert a serious threat to health or safety.
 7. If you are in the military, I 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.

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

- 1. Disclosures to Family, Friends, or Others.** Your PHI may be disclosed to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part.

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

disclosing any of 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 DCC hasn't taken any action in reliance on such authorization) of your PHI.

III. WHAT RIGHTS YOU HAVE REGARDING YOUR PHI

- A. **The Right to Request Restrictions on Uses and Disclosures.** You have the right to request restrictions or limitations on my uses or disclosures of your PHI to carry out treatment, payment, or health care operations. You also have the right to request that DCC restricts or limits disclosures of your PHI to family members or friends or others involved in your care or who are financially responsible for your care.
- B. **The Right to Choose How DCC Sends PHI to You.** You have the right to request that DCC send confidential information to you at an alternate address or by alternate means (e.g. e-mail).
- 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 the PHI, but you must make the request for such information in writing. DCC will respond to your request within 30 days of receiving your written request. In certain situations, DCC may deny your request in which case you will be notified, in writing, reasons for the denial and explanation of your right to have our denial reviewed.

Instead of providing the PHI you requested, DCC 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 DCC Has Made.** You have the right to receive a list of instances your PHI was disclosed. The list will not include disclosures made for my 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.

DCC will respond to your request for an Accounting of Disclosures within 60 days of receiving such request. The list you receive will include disclosures made in the last six years unless you request a shorter time. The list will include the date the disclosure was made, to whom the PHI was disclosed, a description of the information disclosed, and the reason for the disclosure. DCC will provide the list to you at no charge.

- 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 DCC correct the existing information or add the missing information. You must provide the request and your reason in writing. DCC will respond within 60 days of receiving your request. DCC may deny your request in writing if the PHI is (i) correct and complete, (ii) not created by DCC, (iii) not allowed to be disclosed, or (iv) not part of our records. Written denial will state the reasons for the denial and explain your right to file a written statement of disagreement with the denial. If you don't file one, you have the right to request that your request and our denial be attached to all future disclosures of your PHI. If your request is approved, DCC will make the change to your PHI, and tell others that need to know about the change.
- 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.

IV. HOW TO COMPLAIN ABOUT OUR PRIVACY PRACTICES

If you think that DCC may have violated your privacy rights, or you disagree with a decision made about access to your PHI, you may file a complaint with the Executive Director of DCC. 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. DCC will take no retaliatory action against you if you file a complaint about our privacy practices.

V. PERSON TO CONTACT FOR INFORMATION ABOUT THIS NOTICE OR TO COMPLAIN ABOUT MY PRIVACY PRACTICES

If you have any questions about this notice or any complaints about our privacy practices, or would like to know how to file a complaint with the Secretary of the Department of Health and Human Services, please visit us at 16275 Monterey Rd Suite C, Morgan Hill, Ca. or by phone at 408-778-5120 extension 12.

VI. EFFECTIVE DATE OF THIS NOTICE

This notice is effective on April 14, 2009.

Revised for the Web: September 22, 2011