

Notice of Privacy Policies and Your Rights under HIPPA

HIPPA RELEASE

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

Disclosures for Treatment, Payment, and Health Care Operations

I Dr. Brooke A. Foster, PsyD have a legal duty to safeguard your protected health information. I may use or disclose your protected health information (PHI), for certain treatment, payment, and health care operations. The Federal Health Insurance Portability and Accountability Act (HIPAA) requires mental health professionals to issue this official Notice of Privacy Practices. This notice describes how information about you is protected, in situations, in which your protected health information may be used or disclosed and how you may gain access to this information. Information regarding your health care; including payment for health care, is protected by two federal laws: The Health Insurance Portability Act of 1996 (HIPAA), 42 U.S.C. § 1320d et seq., 54 C.F.R. Parts 160 & 164 and the Confidentiality Law, 42 U.S.C. § 290dd-2, 42 C.F.R. Part 2. Under these laws, I Brooke A. Foster PsyD may not say to any person that you receive treatment and will not disclose any information identifying you as a treatment recipient, or disclose any other protected information except as permitted by federal law.

How I Dr. Brooke A Foster, PsyD may use and Disclose Your PHI

I may use and disclose your PHI for several different reasons. For some of these uses or disclosures, I will need your prior authorization and for others however I will not need your consent. For example, uses and disclosures relating to treatment, payment or health care operations do not require your prior written consent. For example, I can disclose your PHI to physicians, psychiatrists, and other licensed health care providers who provide you with health care and/or involved in your care. I can use and disclose your PHI to bill and collect payment for the treatment and services provided from me to you. I can send your PHI to your insurance company or health plan to get paid. I can also provide your PHI to my business associates, such as billing companies, claims processing companies and others that process my health care claims. I can use your PHI as necessary to operate and manage business and to help manage your healthcare coverage.

Uses and Disclosures with Neither Consent nor Authorization

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

When disclosure is required by Federal State or Local Law; Judicial or Administrative Proceedings, or Law Enforcement. If you are involved in a court proceeding and a request is made about the professional services that I have provided you, I must not release your information without:

- Your written authorization or the authorization of your attorney or personal representative
- A court order
- A subpoena duces tecum (a subpoena to produce records)
- The privilege does not apply when you are being evaluated for a third party or where the evaluation is court-ordered.

In my professional capacity, I have knowledge of or observe a child I know or reasonably suspect, has been a victim of child abuse or neglect. I must immediately report such to the police and appropriate agencies.

In my professional capacity, I have knowledge of or observe an Elder and Dependent Adult Abuse I know or reasonably suspect, If I have reasonable cause to believe that a disabled adult or elder person is being abused or neglected, I must report the incident immediately to the appropriate authorities.

Serious Threat to Health or Safety: If you or your family member 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. Pursuant to the Tarasoff Law of California.

If I believe that you are in danger of harming yourself, I may release relevant information as necessary to prevent the threatened danger.

Health Oversight: If a complaint is filed against me with the California Board of Psychology, the Board have the authority to subpoena confidential mental health information from me relevant to that complaint.

Pursuant to an agreement with a qualified service organization/business associate;

To medical personnel in a medical emergency;

Clients Rights and Psychologist Duties

- 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 Received Confidential Communications by Alternative Means and at Alternative Locations- You have the right to request in writing that we communicate with you by alternative means or at an alternative location. We will accommodate such requests that are reasonable and will not request an explanation from you. (For example, you may not want a family member to know that you are seeing me. Upon your request, I will send your bills to another address.)

- Right to inspect and copy- Under HIPAA, you also have the right to inspect and obtain a copy your own health information maintained by I Brooke A. Foster PsyD, except to the extent that the information contains psychotherapy notes or information compiled for use in a civil, criminal or administrative proceeding or in other limited circumstances. Your request must be in writing. I may deny your access to PHI under certain circumstances, but in some cases, you may have this decision reviewed. Your therapist may also deny access to your 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. I may deny your request. On your request, I will discuss with you the details of the amendment process. Your request must be made in writing.
- Right to an Accounting- You generally have the right to receive an account of disclosures of PHI for which you have neither provided consent nor authorization. You have the right to get a list of instances in which I have disclosed your PHI.
- Right to Prohibit Sale of PHI
- Right to Paper Copy

I DR. BROOKE A. FOSTER PSYD DUTIES

I am required by law to maintain the privacy of your health information and to provide you with notice of my legal duties and privacy practices with respect to you and your health information. I am required by law to abide by the terms of this notice. I Brooke A. Foster, PsyD reserve the right to change the terms of this Notice and my privacy policies at any time. I will promptly change this Notice and post a new copy to my website. You can request a copy of this Notice.

EFFECTIVE DATE:

This notice will go into effect on 3/02/2021.

COMPLAINTS AND REPORTING VIOLATIONS

1. If you have questions about his notice, disagree with a decision I make about access to your records, or have others concerns about your privacy rights, you may contact Dr. Brooke A. Foster PsyD at (559) 702-3922 and/or the Secretary of the United States Department of Health and Human Services if you believe that your privacy rights have been violated under HIPAA.
2. You will not be retaliated against for filling such a complaint.
3. A violation for the Confidentiality Law by a program or counselor is a crime. Suspected violations for the Confidentiality Law may be reported to the United States Attorney's Office, Central District of California at 312 North Spring Street, Suite 1200, Los Angeles, California

90012, or by phone at (213) 894-2400, or on the internet at <http://www.justice.gov/usao/cac/contact.html>.

4. File a complaint with the Board of Psychology or Report unethical and/or illegal behavior by your therapist by contacting California's Department of Consumer Affairs: On the internet at www.psychology.ca.gov, by e-mailing bopmail@dca.ca.gov, calling 1-866-503-3221 or writing to the following address 1625 North Market Blvd., Suite N 112, Sacramento, CA 95834

Patient's Consent

By signing this form, you acknowledge that you have received I Brooke A. Foster, PsyD Notice of Privacy Practices and the I can use and disclose your protected health information (PHI) in accordance with HIPAA.