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**HIPAA 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. IT IS THE LEGAL DUTY OF STRATTON COUNSELING SERVICES TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI).

By law, Stratton Counseling Services (SCS) is required to assure that your PHI is kept private. PHI constitutes information created by SCS that can be used to identify you. It contains data about your past, present, or future health or condition, the provision of health care services to you, or the payment for such health care. SCS is required to provide you with this Notice about SCS's privacy procedures and practices. This Notice must explain when, why, and how SCS would use and/or disclose your PHI. Use of PHI means when SCS shares, applies, utilizes, examines, or analyzes information within SCS's practice; PHI is disclosed when SCS releases, transfers, gives, or otherwise reveals it to a third party outside SCS. With some exceptions, SCS may not use or disclose more of your PHI than is necessary to accomplish the purpose for which the use or disclosure is made; however, SCS is always legally required to follow the privacy practices described in this Notice.

Please note that SCS reserves the right to change the terms of this Notice and SCS's privacy policies at any time as permitted by law. Any changes will apply to PHI already on file with SCS. Before important changes are made to the policies, SCS will immediately change this Notice and post a new copy of it in SCS's office and/or on the SCS website). You may also request a copy of this Notice.

III. HOW STRATTON COUNSELING SERVICES WILL USE AND DISCLOSE YOUR PHI.

SCS will use and disclose your PHI for many different reasons. Some of the uses or disclosures will require your prior written authorization; others, however, will not. Below you will find the different categories of SCS's uses and disclosures, with some examples.

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

1. For treatment. SCS can use your PHI within SCS's practice to provide you with mental health treatment, including discussing or sharing your PHI with SCS's trainees and interns.

SCS may disclose your PHI to physicians, psychiatrists, psychologists, and other licensed health care providers who provide you with health care services or are otherwise involved in your care. Example: If a psychiatrist is treating you, SCS may disclose your PHI to her/him in order to coordinate your care.

2. For health care operations. SCS may disclose your PHI to facilitate the efficient and correct operation of the SCS's practice. Example: Quality control. SCS might use your PHI in the evaluation of the quality of health care services that you have received or to evaluate the performance of the health care professionals who provided you with these services. SCS may also provide your PHI to our attorneys, accountants, consultants, and others to make sure that we are in compliance with applicable laws.

3. To obtain payment for treatment. SCS may use and disclose your PHI to bill, and collect payment for, the treatment and services that we provided you. Example: The SCS might send your PHI to your insurance company or health plan in order to get payment for the health care services that we have provided to you. SCS could also provide your PHI to business associates, such as billing companies, claims processing companies, and others that process health care claims for SCS's office.



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4. Other disclosures. Examples: Your consent is not required if you need emergency treatment provided that SCS attempts to get your consent after treatment is rendered. In the event that SCS tries to get your consent but you are unable to communicate (for example, if you are unconscious or in severe pain), and SCS staff believe that you would consent to such treatment if you could, SCS staff may disclose your PHI.

**B. Certain Other Uses and Disclosures Do Not Require Your Consent.** SCS may use and/or disclose your PHI without your consent or authorization for any of the following reasons:

1. When disclosure is required by federal, state, or local law; judicial, board, or administrative proceedings; or, law enforcement. Example: We may make a disclosure to the appropriate officials when a law requires SCS to report information to government agencies, law enforcement personnel, and/or in an administrative proceeding.
2. If disclosure is compelled by a party to a proceeding before a court of an administrative agency pursuant to its lawful authority.
3. If disclosure is required by a search warrant lawfully issued to a governmental law enforcement agency.
4. If disclosure is compelled by the patient or the patient's representative pursuant to California Health and Safety Codes or to corresponding federal statutes of regulations, such as the Privacy Rule that requires this Notice.
5. To avoid harm. We may provide PHI to law enforcement personnel or persons able to prevent or mitigate a serious threat to the health or safety of a person or the public (e.g., an adverse reaction to medications).
6. If disclosure is compelled or permitted by the fact that you are in such a mental or emotional condition as to be dangerous to yourself, or another person, or property of others, and if SCS can determine that disclosure is necessary to prevent the threatened danger.
7. If disclosure is mandated by the California Child Abuse and Neglect Reporting law. For example, if SCS has a reasonable suspicion of child abuse or neglect.
8. If disclosure is mandated by the California Elder/Dependent Adult Abuse Reporting law. For example, if SCS has a reasonable suspicion of elder abuse or dependent adult abuse.
9. If disclosure is compelled or permitted by the fact that you make a serious/imminent threat of physical violence by you against a reasonably identifiable victim or victims.
10. For public health activities. Example: In the event of your death, if a disclosure is permitted or compelled, SCS may need to give the county coroner information about you.
11. For health oversight activities. Example: SCS may be required to provide information to assist the government in the course of an investigation or inspection of a health care organization or provider.
12. For Workers' Compensation purposes. SCS may provide PHI in order to comply with Workers' Compensation laws.
13. Appointment reminders and health related benefits or services. Examples: SCS may use PHI to provide appointment reminders. SCS may use PHI to give you information about alternative treatment options, or other health care services or benefits that SCS offers.
14. If an arbitrator or arbitration panel compels disclosure. When arbitration is lawfully requested by either party, pursuant to subpoena *duces tecum* (e.g., a subpoena for mental health records) or any other provision authorizing disclosure in a proceeding before an arbitrator or arbitration panel.
15. If disclosure is required or permitted to a health oversight agency for oversight activities authorized by law. Example: When compelled by the U.S. Secretary of Health and Human Services to investigate or assess SCS's compliance with HIPAA regulations.
16. If disclosure is otherwise specifically required by law.



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

1. Disclosures to family, friends, or others. SCS may provide your PHI to a family member, or other individual who you indicate is involved in your care, or responsible for, the payment for your health care, unless you object in whole or in part. Retroactive consent may be obtained in emergency situations.

2. Other Uses and Disclosures Require Your Prior Written Authorization. In any other situation not described in Sections IIIA, IIIB, and IIIC above, SCS will request your written authorization before using or disclosing any of your PHI. Even if you have signed an authorization to disclose your PHI, you may later revoke that Authorization, in writing, to stop any future uses and disclosures (assuming that SCS has not taken any action subsequent to the original authorization) of your PHI by us.

**IV. WHAT RIGHTS YOU HAVE REGARDING YOUR PHI.**

These are your rights with respect to your PHI:

A. The Right to See and Get Copies of Your PHI. In general, you have the right to see your PHI that is in SCS's possession, or to get copies of it; however, you must request it in writing. If SCS does not have your PHI, but knows who does, SCS will advise you how you can get it. You will receive a response from SCS within 30 days of SCS's receiving your written request. Under certain circumstances, your request may be denied, but if SCS denies your request, you have the right to receive the reasons for the denial in writing. This letter of denial will also explain your right to have SCS's denial reviewed. If you ask for copies of your PHI, SCS will charge you no more than \$.25 per page. SCS may see fit to provide you with a summary or explanation of your PHI. In certain circumstances, SCS may deny your request, e.g. where it is felt that review of your PHI would cause you significant distress, psychological or emotional harm, or be clinically inappropriate.

B. The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask that SCS to limit use and disclosure of your PHI. While SCS will consider your request, SCS is not legally bound to agree. If SCS does agree to your request, then SCS will put those limits in writing and abide by them except in emergency situations. You do not have the right to limit the uses and disclosures that SCS is legally required or permitted to make.

C. The Right to Choose How to Send Your PHI to You. It is your right to ask that your PHI be sent to you at an alternate address (for example, sending information to your work address rather than your home address) or by an alternate method (for example, via email instead of regular mail). SCS is obliged to agree to your request, providing that SCS can give you your PHI, in the format you requested, without undue inconvenience. SCS may not require an explanation from you as to the basis of your request as a condition of providing communications on a confidential basis.

D. The Right to Get a List of the Disclosures that SCS Has Made. You are entitled to a list of disclosures of your PHI that SCS has made. The list will not include uses or disclosures to which you have already consented, e.g., those for treatment, payment, or health care operations, sent directly to you, or to your family; neither will the list include disclosures made for national security purposes, or to corrections or law enforcement personnel. Disclosure records will be maintained for six years. SCS will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list that SCS gives you will include disclosures made in the previous six years (the first six year period being 2011-2017) unless you indicate a shorter period. The list will include the dates of the disclosures, to whom PHI was disclosed (including their address, if known), a description of the information disclosed, and the reason for the disclosure. SCS will provide the list to you at no cost unless you make more than one request in the same year, in which case SCS will charge you a customary sum based on a set fee for each additional request.



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E. The Right to Amend Your PHI. If you believe that there is an error in your PHI or that important information has been omitted, it is your right to request that SCS correct the existing information or add the missing information. Your request including the reason for the request must be made in writing. You will receive a response within 60 days of SCS's receipt of your request. SCS may deny your request, in writing, if SCS finds that: the PHI is (a) correct and complete, (b) forbidden to be disclosed, (c) not part of SCS's records, or (d) written by *someone* other than SCS staff. SCS's denial must be in writing and must state the reasons for the denial. It must also explain your right to file a written statement objecting to the denial. If you do not file a written objection, you still have the right to ask that your request and the SCS's denial be attached to any future disclosures of your PHI. If SCS approves your request, SCS will make the change(s) to your PHI. Additionally, SCS will tell you that the changes have been made and will advise all others who need to know about the change(s) to your PHI.

F. The Right to Get This Notice by Email. You have the right to get this notice by email. You have the right to request a paper copy of it, as well.

V. HOW TO COMPLAIN ABOUT SCS'S PRIVACY PRACTICES

If, in *your* opinion, SCS may have violated your privacy rights, or if you object to a decision SCS made about access to your PHI, you are entitled to file a complaint with the person listed in *Section VI* below. *You may* also send a written complaint to the Secretary of the Department of Health and Human Services at 200 Independence Avenue SW, Washington, D.C. 20201. If you file a complaint about SCS's privacy practices, SCS will take no retaliatory action against you.

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

If you have any questions about this notice or any complaints about SCS's privacy practices, or would like to know how to file a complaint with the Secretary of the Department of Health and Human Services, please contact SCS Director at: STRATTON COUNSELING SERVICES, 707 Fair Ave, Santa Cruz, CA 95060, Tel (831) 216-8249.

VII. EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on September 1, 2011.

**I acknowledge receipt of this notice.**

_____ Client name (print)	_____ Date	_____ Signature
_____ Client name (print)	_____ Date	_____ Signature
_____ Legal Guardian if Client is a Minor (print)	_____ Date	_____ Signature
_____ Counselor	_____ Date	_____ Signature