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The Effective Date of This Notice is January 1, 2020.

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.

Notice of Privacy Practices - or NPP

When you visit a healthcare provider, the health information that you provide is private information, but there are circumstances when some portion of that information might be shared. These circumstances generally fall within three broad categories. The three broad categories fall under the headings of 1) treatment, 2) payment for services rendered, and 3) other health care information. Each category is explained below. Each of these categories also requires your consent. Since each of these categories is also necessary if you are to receive the treatment and/or services that you are seeking, there will be an accompanying consent form that you will be asked to sign. This consent form is a way of showing that you understand how your private health information can be used, and that you are consenting to have the healthcare provider(s) you are seeing, specifically Reina Remy, LCSW, use the information for these purposes.

For Treatment

The first of the three categories refers to matters related to your treatment and/or the services you are requesting.

- In order to provide you with the type of treatment or services you are requesting, a healthcare provider might feel that it's important to contact, with your consent, other professionals (physicians, therapists or others) who are providing services to you now, or who have provided services to you in the past.
- Sometimes, you will actually be the one initiating this contact. Let's say, for example, that you want your health care provider to communicate information with another doctor, facility or school. In those instances (you'll actually be asked to sign a written release of information allowing the provider to do so), the health care provider will usually communicate with the person or persons you wish.

For Payment

The second broad category refers to payment for services. These typically refer to instances where you are requesting that your health care provider determine whether your insurance will reimburse you for some portion of the treatment and/or services you are requesting.

- In these instances, the insurance company may ask the health care provider or the provider's representative information about the condition that you are being treated for. Typically, for example, they want to know your diagnosis, type(s) of service given (ex. family therapy, individual therapy, etc.) and dates of service. If you wish the insurance company to reimburse you or the healthcare provider for ongoing services, they may ask the provider for periodic updates about your progress, to determine whether they will be able to provide this reimbursement.

Other Health Care Information

The third broad category refers to other health care information. Generally, this covers things that a healthcare provider's office does to improve the level of care that's provided. The following examples could fall under this third broad category.

- Let's say your provider arranges for you to be called at home to remind you of an upcoming appointment. To do this, your therapist has access to your home telephone number, or other identifying information needed to contact you. Consenting to this healthcare provider's privacy practices shows that you agree to have Reina Remy, LCSW or, in her absence, another healthcare provider or clerical staff at the office, remind you of an upcoming appointment.
- There are times when a healthcare provider is away from the office and unavailable. On these occasions, the healthcare provider arranges for another healthcare provider to handle any emergencies that might arise. On these occasions, it therefore may become necessary for this other healthcare provider to have access to your private health care information. Your consent to these privacy practices shows that you understand the need for this, and that you also agree with this practice.
- Healthcare providers are also sometimes asked to assist with research projects related to conditions and/or services that they provide. We may at some point ask if you would like to volunteer for one of these projects. If you do, you will be fully informed beforehand about the project, the information that will be collected, and personal identities of volunteers will be protected. You will also be asked to sign a separate authorization indicating your agreement to participate in the project.
- Should the healthcare provider ever contract with an outside service to do things like provide billing services, someone other than the healthcare provider will see some of your private health information. Outside services like these are referred to as **Business Associates**. To protect your privacy, any outside service or

business associate is requested, as part of their contract, to agree to the healthcare provider's privacy policies.

As mentioned, the three categories just described fall under the headings of 1) treatment; 2) payment; and 3) other health care information. Their corresponding initials are TPO. In the future, when referring to private health information requiring your consent, you will simply see the initials TPO. When you do, know that they refer to the three broad categories described above.

Uses and Disclosures Requiring Your Authorization

In rare instances, there may come a time when a healthcare provider wishes to use private health information for reasons other than TPO. Should this ever arise, your written permission will be required. You will be asked to sign what's known as an authorization form.

In signing an authorization form, you are permitted to cancel the authorization at any time. If you cancel your authorization, no further information will be disclosed. There will be no way, however, to take back any information that you already agreed to disclose or that had already been used for the reasons you had previously agreed to.

Uses and Disclosures of Private Health Information That Does Not Require Consent or Authorization

There are also instances where doctors, clinicians and other health care providers are required by law to share information that clients may have provided without requiring your consent or authorization. Following is a list of the categories of uses and disclosures permitted by HIPAA without an authorization. Applicable law and ethical standards permit us to disclose information about you without your authorization only in a limited number of situations.

- **Child Abuse or Neglect.** We may disclose your PHI to a state or local agency that is authorized by law to receive reports of child abuse or neglect.
- **Judicial and Administrative Proceedings.** We may disclose your PHI pursuant to a subpoena (with your written consent), court order, administrative order or similar process.
- **Deceased Patients.** We may disclose PHI regarding deceased patients as mandated by state law. A release of information regarding deceased patients may be limited to an executor or administrator of a deceased person's estate.
- **Medical Emergencies.** We may use or disclose your protected health information in a medical emergency situation to medical personnel only in order to prevent serious harm. Our staff will try to provide you a copy of this notice as soon as reasonably practicable after the resolution of the emergency.

- **Family Involvement in Care.** We may disclose information to close family members or friends directly involved in your treatment based on your consent or as necessary to prevent serious harm.
- **Health Oversight.** If required, we may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies and organizations that provide financial assistance to the program (such as third-party payors based on your prior consent) and peer review organizations performing utilization and quality control.
- **Law Enforcement.** We may disclose PHI to a law enforcement official as required by law, in compliance with a subpoena (with your written consent), court order, administrative order or similar document, for the purpose of identifying a suspect, material witness or missing person, in connection with the victim of a crime, in connection with a deceased person, in connection with the reporting of a crime in an emergency, or in connection with a crime on the premises.
- **Specialized Government Functions.** We may review requests from U.S. military command authorities if you have served as a member of the armed forces, authorized officials for national security and intelligence reasons and to the Department of State for medical suitability determinations, and disclose your PHI based on your written consent, mandatory disclosure laws and the need to prevent serious harm.
- **Public Health.** If required, we may use or disclose your PHI for mandatory public health activities to a public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, or if directed by a public health authority, to a government agency that is collaborating with that public health authority.
- **Public Safety.** We may disclose your PHI if necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. If information is disclosed to prevent or lessen a serious threat it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.
- **Research.** PHI may only be disclosed after a special approval process.
- **Verbal Permission.** We may also use or disclose your information to family members that are directly involved in your treatment with your verbal permission.
- **With Authorization.** Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked.

Uses and Disclosures Requiring You to Have an Opportunity to Object

If it is an emergency – such that your health care provider has no way to know whether you agree or disagree – the provider can share information if the provider believes that it is what you would have wanted, and if the provider believes that sharing the information can help you. You will learn of the information that was shared as soon as

possible. If you don't approve, no further information will be shared. The exception to this though, is if sharing the information is required by law.

An Accounting of Disclosures

When a health care provider discloses private health care information, there is a record kept of the disclosure. You can speak to your health care provider or his/her representative about these disclosures.

What is Meant by Protected Health Information

Any person who has ever visited a doctor has provided that doctor with protected health information. In its broadest sense, protected health information (or PHI) refers to information that you provide to a doctor, therapist or other health care provider that relates in any way to the treatment or services that you seek. Typically, this information goes into a client record or into a file. Usually, this record or file includes things like the following:

- Your history, including childhood history, school history, marital history and personal history.
- Reasons that brought you to the provider. These include things like the symptoms you are experiencing, or the goals that you wish to achieve.
- Diagnoses – both past and present.
- Information pertaining to any medications you are taking now or have taken in the past.
- Ongoing information related to your treatment or the services you are receiving, if they are ongoing.
- Information provided to us by previous providers at your request.

This information is kept in a provider's file in a secure file cabinet.

A healthcare provider uses the medical, historical, diagnostic and other information collected above for different purposes. They include:

- To plan the care and services you requested.
- To see how well treatment or services are progressing.
- To coordinate with other healthcare providers, at your request, who also are involved in your care.
- To improve our services by measuring the results of our efforts.
- For research purposes, with your prior consent.
- For teaching and training of other professionals.

Separate from this information that is stored in the medical record or file, is the information that you provided to the health care provider allowing the provider to bill for services rendered. This is the information the health care provider's office uses to send you the statements that you receive in the mail. If you asked the provider to bill your

insurance, this also contains the information the insurance company needs in order to reimburse you or the health care provider for services rendered. This information is also necessary to show health insurance companies the actual dates that services were rendered.

Other Things to Keep In Mind about Your Protected Health Information or PHI

Although your health care record is the physical property of the healthcare provider, the information belongs to you. You have the following rights regarding PHI we maintain about you.

- **Right of Access to Inspect and Copy.** You have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI that is maintained in a “designated record set”. A designated record set contains mental health/medical and billing records and any other records that are used to make decisions about your care. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you. We may charge a reasonable, cost-based fee for copies. If your records are maintained electronically, you may also request an electronic copy of your PHI.
- **Right to Amend.** If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information although we are not required to agree to the amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us. We may prepare a rebuttal to your statement and will provide you with a copy. Please contact the Privacy Officer if you have any questions.
- **Right to an Accounting of Disclosures.** You have the right to request an accounting of certain of the disclosures that we make of your PHI. We may charge you a reasonable fee if you request more than one accounting in any 12-month period.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. We are not required to agree to your request unless the request is to restrict disclosure of PHI to a health plan for purposes of carrying out payment or health care operations, and the PHI pertains to a health care item or service that you paid for out of pocket. In that case, we are required to honor your request for a restriction.
- **Right to Request Confidential Communication.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location.
- **Breach Notification.** If there is a breach of unsecured protected health information concerning you, we may be required to notify you of this breach, including what happened and what you can do to protect yourself.
- **Right to a Copy of this Notice.** You have the right to a copy of this notice.

Notice of Privacy Practices and HIPAA

The HIPAA law requires healthcare providers to keep PHI private and to give clients or patients seeking their services a notice of the healthcare provider's privacy practices and legal duties. This notice is referred to as the **Notice of Privacy Practices** or **NPP**. The information provided in the pages above is this healthcare provider's **NPP**.

These privacy practices are in effect as of **April 14, 2003**. It's possible that new privacy practices will be adopted in the future. If any new privacy practices are adopted that apply to the treatment or services you are receiving, you will be notified of these changes.

If You Have Questions or Problems

In large medical centers or large group practices, there will be what's known as a Privacy Officer to answer any questions you might have regarding your private health information. But in small or solo practices, the health care provider will often serve as the Privacy Officer. So, if you need more information or have questions about the privacy practices described above, please speak to your health care provider, or to a person designated by the provider to answer these questions.

If you have a problem with how your private health information has been handled, or if you believe your rights have been violated, contact the health care provider or the person they designated to handle any problems that might arise. You have a right to file a complaint. The health care provider will try his/her best to resolve the matter as quickly as possible. You can also file a complaint with the Secretary of Health and Human Services at 200 Independence Avenue, S.W. Washington, D.C. 20201 or by calling (202) 619-0257. **We will not retaliate against you for filing a complaint.**

If you have any questions regarding this notice or the health care provider's privacy policies, please contact the provider(s): Reina Remy, LCSW. This provider can be reached at 619-384-1598.

Consent to Healthcare Providers Notice of Privacy Practice or NPP

This consent form is intended to show that you read and understand the privacy practices of the healthcare provider you are seeing, whose name is Reina Remy, LCSW consent also shows that you agree with these privacy practices.

Your healthcare provider needs your consent here in order to provide you or a member of your family with the services that you are requesting.

After you have signed this consent, you have the right to revoke it at any time. Simply write your healthcare provider a letter telling the provider of your wish to discontinue it.

Printed Name of Client: _____ Birth date of Client: _____

Signature of client

Date

Printed name of Parent/ Guardian

Date

Signature of Parent/ Guardian

Copy given to the client/parent/guardian _____