

Notice of Privacy Practices

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Your Information.

Your Rights.

Our Responsibilities.

This notice describes how your health information may be used and disclosed and how you can get access to this information.

Please review it carefully.

Our Pledge

We understand that information about your health and your health care is personal and we are committed to protecting your privacy. We create a record of the care and services you receive in order to provide you with highest quality of care possible and to comply with certain legal requirements. **We will not use or share your information other than as described below unless you explicitly tell us we may do so in writing. If you give us permission to do so, you may change your mind at any time (i.e., revoke your authorization).** Let us know (in writing) if you change your mind.

The records we create and all of the information about your health and health care that we obtain in the course of providing care is called “protected health information” or “PHI” below.

This notice applies to all of the records of your care generated by us. It will:

- tell you about the ways in which we may use and disclose your PHI
- describe your rights to the information and records we keep about you
- describe the obligations we have regarding the use and disclosure of your information

We are required by law to:

- maintain the privacy and security of your protected health information (we will let you know promptly if a breach occurs that may have compromised the privacy or security of your information)
- adhere to the privacy practices described in this notice and provide you with a copy of it

Marketing Purposes

As psychotherapists, we will not use or disclose your PHI for marketing purposes

Sales Purposes

As psychotherapists, we will not sell your PHI.

SMS Privacy

No mobile information will be shared with third parties/affiliates for marketing/promotional purposes. All other categories exclude text messaging originator opt-in data and consent; this information will not be shared with any third parties. Data, including mobile phone number, will not be sold or shared with third parties for any reason.

Changes to the Terms of this Notice

We reserve the right to change the terms of this notice at any time. Any such changes will apply to all information we have about you. If we do change the terms of this notice, we will provide you with a copy of the revised version. The current version of this notice is available at any time by request.

This notice went into effect on May 5, 2021.

How We May Use and Disclose Your PHI

The following categories describe the different ways in which we may use and disclose your protected health information. Not every kind of use or disclosure will be listed, however, all of the ways in which we are permitted to use and disclose your information will fall into one of the categories listed.

For Treatment, Payment, or Health Care Operations

Federal privacy rules and regulations allow health care providers who have a direct treatment relationship with a patient to use or disclose the patient's personal health information (without that patient's written authorization) in order to carry out the health care provider's treatment, payment or health care operations. This includes using and sharing your PHI:

- in consultations with other health care providers (treatment)
- when referring a patient out to another health care provider (treatment)
- to bill and get payment from health insurance plans or other entities (payment)
- to run our practice, improve your care, and/or contact you (operations)

Please note that disclosures for **treatment** purposes are not limited to the minimum necessary standard because therapists and other health care providers need access to the full record and/or full and complete information in order to provide quality care.

EXAMPLE: *If we were to consult with another licensed health care provider (e.g., your psychiatrist) about your condition, we would be permitted to use and disclose your PHI in order to facilitate the diagnosis and treatment of your mental health condition.*

For Judicial and Administrative Disputes

If you are involved in a legal proceeding, we may be required to disclose your PHI (and/or information about your child/children) in response to a court or administrative order (e.g., a subpoena, discovery request, or other lawful process).

EXAMPLE: *If you are involved in a custody dispute and the other person (or persons) involved in the dispute secures a court order, we will be forced to comply and disclose certain information. In this scenario, we will strive to fully discuss the matter with you first and collaboratively develop a plan for protecting your information to the greatest degree possible.*

Uses and Disclosures That Do NOT Require Your Authorization

In some situations, we are either allowed or required to share your PHI *without your authorization*. In each case, our preference is to obtain authorization from you prior to disclosing your information.

- **When required by state or federal law** and the use or disclosure complies with and is limited to the relevant requirements of such law.
- **For public health and safety issues.** For example, we can share your information for the purpose(s) of preventing disease, reporting adverse reactions to medications, reporting suspected child, elder, or dependent adult abuse, neglect, or domestic violence, or preventing or reducing a serious threat to anyone's health or safety.
- **For judicial and administrative proceedings.** This includes responding to court and administrative orders as well as matters where we must defend ourselves against formal complaints or other legal proceedings initiated by you. This does not include court ordered evaluations of you by us (e.g., custody and forensic evaluations or assessments).
- **For law enforcement purposes.** This includes reporting crimes committed on our premises and sharing information for law enforcement purposes or with law enforcement officials.
- **When an individual dies.** This includes supplying information to a coroner, medical examiner, or funeral director to aid them in carrying out their duties.
- **For health oversight activities.** This includes audits and investigations by government agencies such as HIPAA compliance investigations by the Department of Health and Human Services and licensee complaint investigations by to California Board of Psychology.
- **For research purposes.** For example, studying and comparing the mental health of patients who received one form of therapy for a condition versus another form of therapy for the same condition.
- **For specialized government functions.** This includes military, national security, and presidential protective functions.
- **For workers' compensation claim purposes.** If we are providing treatment related to a claim, we must submit treatment reports to the appropriate parties when such reports are requested. This may include your employer, your insurance company, or an authorized and qualified rehabilitation provider. Please note that we may be required to disclose your information in order to comply with workers' compensation laws.
- **For appointment reminders and health related benefits or services.** This includes contacting you to remind you of an upcoming appointment and/or to tell you about treatment alternatives/other health care services or benefits that we offer.

Uses and Disclosures That Do NOT Require Your Authorization (cont.)

Psychotherapy Notes

Federal privacy law affords special protections to “psychotherapy notes” (as defined in 45 CFR § 164.501). We keep notes of this kind when providing you with care. Any use or disclosure of such notes requires your authorization *unless* the use or disclosure is:

- For our use in treating you
- For our use in training or supervising students, trainees, or other mental health practitioners
- For our use in defending ourselves in legal actions or other proceedings brought by you
- Required by law (i.e., for health oversight activities including compliance investigations, the reporting of suspected/potential abuse, and/or to help avert a serious threat to the health and safety of any person)
- Permitted by law (i.e., to coroners and medical examiners performing duties authorized by law and to funeral directors in order to aid them in carrying out their duties with respect to the decedent)

Your Rights

Per federal and state privacy laws and regulations, **you have certain rights** regarding your protected health information. These rights include:

- **The right to request limits on uses and disclosures of your PHI.** You have the right to ask us not to use or disclose certain PHI for treatment, payment, or operational purposes. We are not required to agree to your request and may decline if we believe it will affect your care. If you pay for a service or health care item out-of-pocket and in full, you have the right to ask us not to share that information with your health insurance provider. We will agree unless a law requires us to share that information.
- **The right to confidential communication.** You have the right to ask us to contact you in a specific way (e.g., at home or at the office only) and/or to send mail to a different address. We will agree to all reasonable requests.

Your Rights (cont.)

- **The right to see/get a copy of your PHI.** You have the right to see or get an electronic or paper copy of your medical record and any other health information we have about you. Ask us how. We will provide you with either a copy or a summary of your record within 30 days of your request. We may charge a reasonable, cost-based fee for doing so. Note that this right does not include psychotherapy notes as they are not considered part of the medical record.
- **The right to a list of disclosures made.** You have the right to a list of all the times, over the last six years, that we shared your PHI, who we shared it with, and why we shared it. We will include all disclosures made except for those related to treatment, payment, and health care operations, as well as any authorized by you. We will provide one accounting per year for free but will charge a reasonable, cost-based fee for any additional requests in the same 12-month period.
- **The right to ask us to correct or update your PHI.** If you believe we have incorrect or incomplete information about you, you have the right to ask us to correct it. Ask us how. We may decline your request but will tell you why, in writing, within 60 days of your request if we do.
- **The right to a paper copy of this notice.** You have the right to a paper copy of this notice at any time, even if you have already agreed to receive the notice electronically. We will provide you with a paper copy promptly.
- **The right to choose someone to act for you.** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices regarding your PHI. We will make sure that person has the authority to act for you before we take any action.
- **The right to express a preference.** For certain uses and disclosures, you have the right to tell us what you want us to share. If you are not able to express your preference (e.g., you are unconscious), we may go ahead and share your information if we believe it is in your best interest to do so. We may also share your information if we believe it is necessary to lessen a serious and imminent threat to the health and/or safety of any person. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.
 - Sharing information with your family, close friends, or others involved in your care
 - Sharing information in a disaster relief situation
 - Including your information in a hospital directory

Complaints

If you have any questions or concerns about this notice, please let us know. If you disagree with a decision we have made about access to your records or believe that we have violated your privacy rights, we encourage you to address the matter with us directly. You can reach us via any of the methods listed on the first page of this notice.

If you believe that we have been unwilling to listen and/or have failed to respond appropriately and you do not feel comfortable discussing this with us in person, you have the right to file a complaint with the US Department of Health and Human Services Office for Civil Rights. This right is protected by law; we will not retaliate against you for filing a complaint.

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