

Notice of Privacy Practices

THIS NOTICE OF PRIVACY PRACTICES DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

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

By law The Practice Counseling Services, Professional Corporation (“PCS”) is required to ensure that your PHI is kept private. The PHI constitutes information created or noted by PCS 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. PCS is required to provide you with this Notice about our privacy procedures. This Notice must explain when, why, and how PCS would use and/or disclose your PHI. Use of PHI means when PCS shares, applies, utilizes, examines, or analysis information within our PCS practice; PHI is disclosed when PCS releases, transfers, gives, or otherwise reveals it to a third party outside the PCS practice. With some exceptions, PCS 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, PCS will always be legally required to follow the privacy practices described in this Notice.

Please note that PCS reserves the right to change the terms of this Notice and our privacy policies at any time as permitted by law. Any changes will apply to PHI already on file with PCS. Before PCS makes any important changes to our policies, PCS will immediately change this Notice and post a new copy of it in our office and on the website. You may also request a copy of this Notice from PCS, or you can view a copy of it in our office or on the website, which is located at:

www.thepracticecs.com

I. HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

PCS may use or disclose your protected health information in certain situations without your permission.

A. USES AND DISCLOSURES RELATED TO TREATMENT, PAYMENT, OR HEALTH CARE OPERATIONS DO NOT REQUIRE YOUR PRIOR WRITTEN CONSENT.

PCS may use and disclose your PHI without your consent for the following reasons:

- 1. For Payment.** PCS may use or disclose your protected health information to determine your eligibility for PCS benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility under PCS, or to coordinate PCS coverage. For example, we may share your protected health information with health care provider in connection with the payment of health claims or to another health plan to coordinate benefit payments.
- 2. For Treatment.** PCS may use or disclose your protected health information to facilitate medical treatment or services by providers. We may disclose medical information about you to providers, including physicians, psychologist, and other licensed health care personnel who are involved in taking care of you. PCS may also provide your PHI to our attorneys, accountants, consultants, and others to make sure that PCS is in compliance with applicable laws.

The Practice Counseling Services, Licensed Clinical Social Worker, Prof. Corp.
1000 Texas St. Suite D
Fairfield, CA 94533
Clinicians@thepracticecs.com

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Isabel Ott, LCSW
Audrey Reyes, LCSW
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3. Health Care Operations. PCS may disclose your protected health information to a health oversight agency for activities authorized by law. These oversight activities might include audits, investigations,

4. inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws. Quality Control-PCS may use your PHI to evaluate the services that you have received or to evaluate the performance of the health care professional who provided you with these services.
5. **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, PCS may disclose your protected health information in response to a court or administrative order. PCS may also disclose your protected health information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
6. **As Required by Law.** We will disclose your protected health information when required to do so by federal, state or local law. For example, PCS may disclose your protected health information when required by national security laws or public health disclosure laws.

B. CERTAIN OTHER USES AND DISCLOSURES DO NOT REQUIRE YOUR CONSENT. PCS MAY USE AND/OR DISCLOSE YOUR PHI WITHOUT YOUR CONSENT OR AUTHORIZATION FOR THE FOLLOWING REASONS:

1. **When disclosure is required by federal, state, or local law; judicial, board, or administrative proceedings; or, law enforcement.** Example: PCS may make a disclosure to the appropriate officials when a law requires PCS 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.** PCS 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 (i.e., adverse reaction to meds).
6. **If disclosure is compelled or permitted by the fact that you are in such mental or emotional condition as to be dangerous to yourself or the person or property of others, and if your PCS clinician determines 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 PCS 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 PCS has a reasonable suspicion of elder abuse or dependent adult abuse.
9. **If disclosure is compelled or permitted by the fact that you tell your PCS clinician of 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, PCS may need to give the county coroner information about you.

- 11. For health oversight activities.** Example: PCS may be required to provide information to assist the government in the course of an investigation or inspection of a healthcare organization or provider.
- 12. For research purposes.** PHI will not be disclosed for personal reasons. In certain circumstances, PCS may provide PHI in order to conduct medical research.
- 13. For Workers' Compensation purposes.** PCS may provide PHI in order to comply with Workers Compensation laws.
- 14. Appointment reminders and health related benefits or services.** Examples: PCS may use PHI to provide appointment reminders. PCS may use PHI to give you information about alternative treatment options, or other health care services or benefits PCS offer.
- 15. If an arbitrator or arbitration panel compels disclosure,** when arbitration is lawfully requested by either party, pursuant to subpoena *duces tectum* (e.g., a subpoena for mental health records) or any other provision authorizing disclosure in a proceeding before an arbitrator or arbitration panel.
- 16.** If disclosure is required or permitted to a health oversight agency for oversight activities authorized by law. Example: When compelled by U.S. Secretary of Health and Human Services to investigate or assess PCS compliance with HIPAA regulations.
- 17. If disclosure is otherwise specifically required by law.**

C. CERTAIN USES AND DISCLOSURES REQUIRE YOU HAVE THE OPPORTUNITY TO OBJECT.

- 1. Disclosures to family, friends, or others.** PCS may provide your PHI to a family member, friend, 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.

D. Other Uses and Disclosures Require Your Prior Written Authorization. In any other situation not described in Sections IA, IB, and IC above, PCS 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 PCS hasn't taken any action subsequent to the original authorization) of your PHI by PCS.

II. 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 the possession of PCS, or to get copies of it; however, you must request it in writing. If PCS does not have your PHI, but we know who does, PCS will advise you how you can get it. You will receive a response from your PCS clinician within 30 days of receiving your written request. Under certain circumstances, PCS may feel we must deny your request, but if PCS does, we will give you, in writing, the reasons for the denial. PCS will also explain your right to have the denial reviewed. If you ask for copies of your PHI, PCS will charge you no more than \$.25 per page. PCS may see fit to provide you with a summary or explanation of the PHI, but only if you agree to it, as well as to the cost, in advance.

B. The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask that PCS limit how we use and disclose your PHI. While PCS will consider your request, PCS is not legally bound to agree. If PCS does not agree to your request, PCS 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 PCS is legally required or permitted to make.

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C. The Right to Choose How I 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 by regular mail). PCS is obliged to agree to your request providing that PCS can give you the PHI, in the format you requested, without undue inconvenience. PCS 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 PCS Have Made. You are entitled to a list of disclosures of your PHI that PCS has made. The list will not include uses or disclosures to which you have already consented, i.e., those for treatment, payment, or health care operations, sent directly to you, or to your family; nor will the list include disclosures made for national security purposes, to corrections or law enforcement personnel. As of March 1, 2018, disclosure records will be held for seven years. PCS will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list given to you will include disclosures made in the previous seven years unless you indicate a shorter period. The list will include the date of the disclosure, to whom PHI was disclosed (including their address, if known), a description of the information disclosed, and the reason for the disclosure. PCS will provide the list to you at no cost, unless you make more than one request in the same year, in which case PCS will charge you a reasonable sum based on a set fee for each additional request.

E. The Right to Amend Your PHI. If you believe that there is some error in your PHI or that important information has been omitted, it is your right to request that PCS correct the existing information or add the missing information. Your request and the reason for the request must be made in writing. You will receive a response within 60 days of receipt of your request. PCS may deny your request, in writing, if PCS finds that: the PHI is (a) correct and complete, (b) forbidden to be closed, (c) not part of PCS's records, or (d) written by someone other than a PCS clinician. PCS'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 denial be attached to any future disclosures of your PHI. If approved, your request, PCS will make the change(s) to your PHI. Additionally, PCS will tell you that the changes have been made, and PCS 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.

III. HOW TO EXPRESS CONCERN ABOUT PCS PRIVACY PRACTICES

If, in your opinion, PCS may have violated your privacy rights, or if you object to a decision PCS 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 address below. If you file a complaint about PCS's privacy practices, PCS will take no retaliatory action against you.

*Secretary of the Department of Health and Human Services
200 Independence Avenue S.W. Washington, D.C. 20201.*

IV. PERSON TO CONTACT FOR INFORMATION ABOUT THIS NOTICE OR TO EXPRESS CONCERN ABOUT PCS PRIVACY PRACTICES

If you have any questions about this notice or any complaints about PCS'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 PCS at: The Practice Counseling Services, Professional Corporation at: 1000 Texas St. Suite D Fairfield, CA 94533. Phone: 707-639-9158

V. NOTIFICATIONS OF BREACHES

In the case of a breach, PCS is required to notify each affected individual whose unsecured PHI has been compromised. Even if such a breach was caused by a business associate, PCS is ultimately responsible for providing the notification directly or via the business associate. If the breach involves more than 500 persons, Office of Civil Rights (OCR) must be notified in accordance with instructions posted on its website. PCS bears the ultimate burden of proof to demonstrate that all notifications were given or that the impermissible use or disclosure of PHI did not constitute a breach and must maintain supporting documentation, including documentation pertaining to the risk assessment.

VI. PHI AFTER DEATH

Generally, PHI excludes any health information of a person who has been deceased for more than 50 years after the date of death. PCS may disclose deceased individuals' PHI to non-family members, as well as family members, who were involved in the care or payment for healthcare of the decedent prior to death; however, the disclosure must be limited to PHI relevant to such care or payment and cannot be inconsistent with any prior expressed preference of the deceased individual.

VII. INDIVIDUALS' RIGHT TO RESTRICT DISCLOSURES; RIGHT OF ACCESS

To implement the 2013 HITECH Act, the Privacy Rule is amended PCS is required to restrict the disclosure of PHI about you, the patient, to a health plan, upon request, if the disclosure is for the purpose of carrying out payment or healthcare operations and is not otherwise required by law. The PHI must pertain solely to a healthcare item or service for which you have paid the covered entity in full. (OCR clarifies that the adopted provisions do not require that covered healthcare providers create separate medical records or otherwise segregate PHI subject to a restrict healthcare item or service; rather, providers need to employ a method to flag or note restrictions of PHI to ensure that such PHI is not inadvertently sent or made accessible to a health plan.) The 2013 Amendments also adopt the proposal in the interim rule requiring PCS, to provide you, the patient, a copy of PHI to any individual patient requesting it in electronic form. The electronic format must be provided to you if it is readily producible. OCR clarifies that PCS must provide you only with an electronic copy of their PHI, not direct access to their electronic health record systems. The 2013 Amendments also give you the right to direct PCS to transmit an electronic copy of PHI to an entity or person designated by you. Furthermore, the amendments restrict the fees that PCS may charge you for handling and reproduction of PHI, which must be reasonable, cost-based and identify separately the labor for copying PHI (if any). Finally, the 2013 Amendments modify the timeliness requirement for right of access, from up to 90 days currently permitted to 30 days, with a one-time extension of 30 additional days.

VIII. Notice of Privacy Practices (NPP)

The Practice Counseling Services, Professional Corporation Notice of Privacy Practices (NPP) must contain a statement indicating that most uses and disclosures of psychotherapy notes, marketing disclosures and sale of PHI do require prior authorization by you, and you have the right to be notified in case of a breach of unsecured PHI.

IX. EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on March 8, 2018.

HIPAA Acknowledgement and Consent

I understand that, under the Health Insurance Portability & Accountability Act of 1996 (HIPAA), I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:

- Conduct, plan and direct my treatment and follow-up care among the multiple service providers who may be involved in that treatment directly or indirectly.
- Obtain payment from designated third-party payers.
- Conduct normal care procedures such as quality assessments or evaluations.

I have been informed by The Practice Counseling Services, Professional Corporation of their Notice of Privacy Practices containing a more complete description of the uses and disclosures of my health information. I have been given the right to review such Notice of Privacy Practices prior to signing this consent. I understand that I am entitled to a copy of this notice, if requested.

I understand that I may request in writing that this organization restrict how my private information is used or disclosed to carry out treatment, payment or health care operations. I also understand that The Practice Counseling Services, Professional Corporation is not required to agree to my requested restrictions, but if the organization does agree, then it is bound to abide by such restrictions.

I understand that I may revoke this consent in writing at any time, except to the extent that The Practice Counseling Services, Professional Corporation has taken action relying on this consent.

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Client Printed Name

Client Signature

Date