

CORY MCKINSEY, PSYD

CLINICAL PSYCHOLOGIST, PSY30615

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Notice of Privacy

I would like to provide this notice to describe how information about you may be used and disclosed and how you can get access to this information. Please review carefully, it outlines how the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) legislation affects how records are kept and managed.

The services you receive with me concern your psychological status, a most private and intimate component of your life, thus protecting your privacy is of utmost importance. This notice explains how, when and why I may use and/or disclose your records which are known under the HIPAA legislation as Protected Health Information (PHI). Except in specified circumstances, your PHI will not be released to anyone. When disclosure is necessary under the law, only the minimum amount of information necessary to accomplish the purpose of the use and/or disclosure will occur.

Safeguards Governing Your Protected Health Information

Individually identifiable information about your past, present, or future health or condition, the provision of health care to you, or payment for the health care is considered Protected Health Information (PHI).

Your PHI results from your treatment, your payment and other related health care operations. PHI may also be received from other sources (i.e. other health care providers, attorneys, etc.). You and your PHI receive certain protections under the law.

If you are receiving any type of psychological service, your PHI is typically limited to basic billing information placed in a file in my office. Only I have access to those files. Clinical notes taken after sessions are known as Psychotherapy Notes and are not part of your PHI. Except in unusual, emergency situations, such as child abuse, homicidal or suicidal intention, your PHI will only be released with your specific authorization.

How Your Protected Health Information May Be Used or Disclosed

In accordance with the HIPAA act and its Privacy Rule (Rule), your PHI may be used and disclosed for a variety of reasons. Again, however, every effort is made to prevent its dissemination. Your PHI may be used or disclosed for the purposes of treatment, to obtain payment for services you receive, and for normal health care operations. For most other uses and/or disclosures of your PHI, you will be asked to grant your permission via a signed

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Authorization which is a separate form. However, the Rule allows for certain specified uses and/or disclosures of your PHI. These consist of the following:

1. Uses and/or disclosures related to your treatment, the payment for services you receive, or for health care operations:
 - a. **For treatment:** Your PHI might conceivably be shared with psychologists, psychiatrists, physicians, nurses, and other health care personnel involved in providing health care services to you – but only with your specific Authorization. The only conceivable reason that a specific Authorization might not be obtained would be in the case of a medical emergency.
 - b. **For payment:** Your PHI may be used and/or disclosed for billing and collection activities without your specific Authorization
 - c. **For health care operations:** Your PHI may be used and/or disclosed in the course of operating the various business functions, i.e. during billing.
2. Uses and/or disclosures requiring your Authorization: Generally, the use and/or disclosure of your PHI for any purpose that falls outside of the definitions of treatment, payment and health care operations identified above will require your signed Authorization. If you grant your permission for such use and/or disclosure of your PHI, you retain the right to revoke your Authorization at any time except to the extent that a disclosure might already have been made.
3. Use and/or disclosures not requiring your Authorization: The Rule provides that your PHI may be used and/or disclosed without your Authorization in the following circumstances:
 - a. **When required by law:** I may use and/or disclose your PHI when existing law requires that information be reported, including in each of the following areas:
 - i. Reporting abuse, neglect or domestic violence: I may use and/or disclose your PHI in cases of suspected abuse, neglect, or domestic violence including reporting the information to social service agencies.
 - ii. Judicial and administrative proceedings: I may use and/or disclose your PHI in response to an order of a court or administrative tribunal, a warrant, subpoena, discovery request, or other lawful process.
 - iii. To avert a serious threat to health or safety: I may use and/or disclose your PHI in order to avert a serious threat to health or safety. For example, if I believed you were at imminent risk of harming a person or property, or of hurting yourself, I may disclose your PHI to prevent such an act from occurring.

Your Rights Regarding Your Protected Health Information (PHI)

1. In general, you have the right to view your PHI or to obtain copies of it. You must request it in writing. You will receive a response from me within 30 days of submission of your written request. Under certain circumstances, such as if the information may be considered harmful, I may deny your request. If your request is denied, you will be given in writing the reasons for the denial. You have a right to have the denial reviewed. If you

ask for copies of your PHI, you will be charged not more than \$0.25 per page. I may see fit to provide you with a summary or explanation of the PHI, but only if you agree in advance to it, as well as to the cost.

2. You have the right to ask that I limit how I use and disclose your PHI. While I will consider your request, I am not legally bound to agree. If I do agree to your request, it 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 I am legally required or permitted to make.
3. It is your right to ask that your PHI be sent to you at an alternate address or by an alternate method (i.e., email). I am obliged to agree to your request providing that it can give you the PHI in the format you requested without undue inconvenience.
4. You are entitled to a list of disclosures of your PHI that I have 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). I will respond to your request for an accounting of disclosures within 60 days of receiving your request. 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. This will be provided to you at no cost, unless you make more than one request in the same year, in which case you will be charged a reasonable sum based on a set fee for each additional request.
5. 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 I 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 my receipt of your request. Your request may be denied if it is determined that: the PHI is (a) correct and complete, (b) forbidden to be disclosed, (c) not part of my records, or (d) written by someone other than me. The 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 my denial be attached to any future disclosures of your PHI. If your request is approved, I will make the change(s) to your PHI. Additionally, it 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.
6. You have the right to get this notice by email. You have the right to request a paper copy of it as well.

How to Complain about These Privacy Practices

If you believe that I have violated your individual privacy rights, or if you object to a decision made about access to your PHI, you are entitled to file a complaint by submitting a written complaint to me. Your written complaint must name the person or entity that is the subject of

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your complaint and describe the acts and/or omissions you believe to be in violation of the Rule or the provisions outlined in our Notice of Privacy Practices. If you prefer, you may file your written complaint with the Secretary of the U.S. Department of Health and Human Services (Secretary) at 200 Independence Avenue S.W., Washington, D.C., 20201. However, any complaint you file must be received by me, or filed with the Secretary, within 180 days of when you knew, or should have known, the act or omission occurred. I will take no retaliatory action against you if you make such complaints.

ACKNOWLEDGING SIGNATURE

I acknowledge receipt of this notice.

Patient's Name (print)

Signature

Date

Parent or Guardian (print)

Signature

Date

Parent or Guardian (print)

Signature

Date
