NOTICE OF POLICIES AND PRIVACY PRACTICES

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

Your clinician is required, by law, to maintain the privacy and confidentiality of your protected health information (PHI) and to provide clients with notice of our legal duties and privacy practices with respect to your protected health information, including notifying you of a breach of your PHI is required to follow the terms of this notice that is currently in effect.

Disclosure of Your Health Care Information

Treatment

Your clinician will access your record and use your mental health information to assist in the continuity of your treatment and services. We may use and disclose PHI for your treatment and to provide you with treatment-related health care services. For example, we may disclose Health Information to doctors, nurses, clinicians, technicians, or other personnel, including people outside our office, who are involved in your medical care and need the information to provide you with medical care. This information will be shared with other health professional or outside agencies unless you specifically request it not to be, in writing and sign a consent form to that effect, or for reasons in which there are limitations to PHI according to professional ethics or California law. (See limits to PHI below).

Payment

Your clinician can use and disclose your PHI to bill and collect payment for the treatment and services provided to you. We may use and disclose Health Information so that we or others may bill and receive payment from you, an insurance company or a third party for the treatment and services you received. For example, we may give your health plan information about you so that they will pay for your treatment.

Individuals Who May be Involved in Your Care or Payment for Your Care.

When appropriate, your clinician may share Health Information with a person who is involved in your medical care or payment for your care, such as your family or a caregiver. We also may notify your family or your caregiver about your location or general condition or disclose such information to an entity assisting in a disaster relief effort.

For Health Care Operations
Your clinician may share basic identifying information with agency personnel to assist in Health Care Operating procedures. These uses and disclosures are necessary to make sure that all of our clients receive quality care and to operate and manage our office. For example, we may use and disclose information to make sure the health care you receive is of the highest quality. We also may share information with other entities that have a relationship with you (for example, your health plan) for their health care operation activities, such as performance improvement programs.

Health Oversight Activities.
Your clinician may disclose Health Information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Judicial and Administrative Proceedings
We may disclose your health information in the course of an administrative or judicial proceeding if one of the following applies:

1. We have your written permission to disclose the information.
2. A judge issues an administrative court order or orders us to release the information.

In the absence of either of these instances, and if you are receiving services from a social worker, marriage and family therapist, or psychologist, we will claim therapist-patient privilege on your behalf.

Lawsuits and Disputes.
If you are involved in a lawsuit or a dispute, we may disclose Health Information in response to a court or administrative order. We also may disclose 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.

If you file a lawsuit against your clinician, your PHI is no longer protected by Privacy Practice standards.

Law Enforcement.
Your clinician may release Health Information if asked by a law enforcement official if the information is: (1) in response to a court order, subpoena, warrant, summons or

similar process; (2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime even if, under certain very limited circumstances, we are unable to obtain the person's agreement; (4) about a death we believe may be the result of criminal conduct; (5) about criminal conduct on our premises; and (6) in an emergency to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners

We may release Health Information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.

National Security and Intelligence Activities.

Your clinician may release Health Information to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law.

Protective Services for the President and Others.

We may disclose Health Information to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or to conduct special investigations.

Appointment Reminders, Treatment Alternatives and Health Related Benefits and Services.

Your clinician may use and disclose Health Information to contact you to remind you that you have an appointment with us. We also may use and disclose Health Information to tell you about treatment alternatives or health-related benefits and services that may be of interest to you as part of our case management and referral.

Limits to PHI

We may disclose your health information for purposes such that professional ethics or California law requires, specifically if it will prevent or lessen a serious and imminent threat to the health or safety of another person or the general public. These instances include, but are not limited to: if you are assessed to be a danger to yourself, others or gravely disabled; there is known or suspected child, elder, or dependent adult abuse; to prevent a crime or damage to property; or to comply with a court order issued by a judge. We will talk with you about our need to release information in each instance and will limit information to only that necessary to comply with the legal/ethical requirement.

Emergencies

Your clinician may also disclose your PHI to others without your consent if you are incapacitated or if an emergency exists.

Data Breach Notification Purposes.
Your clinician may use or disclose your Protected Health Information to provide legally required notices of unauthorized access to or disclosure of your health information.

Business Associates.
Your clinician may disclose Health Information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing or auditing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

Specialized Government Agencies
We may disclose your health information for military, national security, prisoner and government benefits purposes. For Example, we may disclose your health information to the Federal Government if you are applying for Social Security Disability benefits.

USES AND DISCLOSURES THAT REQUIRE US TO GIVE YOU AN OPPORTUNITY TO AGREE OR OBJECT

Individuals Involved in Your Care or Payment for Your Care. Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your Protected Health Information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

Disaster Relief. We may disclose your Protected Health Information to disaster relief organizations that seek your Protected Health Information to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever it is practicable to do so.

Other uses and disclosures of Protected Health Information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you do

give us an authorization, you may revoke it at any time by submitting a written revocation to your clinician and we will no longer disclose Protected Health Information under the authorization. But disclosure that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

Your Health Information Rights

You have the right to request restrictions on certain uses and disclosures of your health information. Please be advised, however, that your clinician is not required to agree to the restriction that you requested.

You have the right to have your health information received or communicated through an alternative method or sent to an alternative location other than the usual method of communication or delivery, upon your request.

You have the right to inspect and copy your health information except in some instances. A written release of information is required and you must make the request through the clinician from which you are receiving services. To inspect and copy this Health Information, you must make your request, in writing. We have up to 30 days to make your Protected Health Information available to you and we may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state of federal needs-based benefit program. We may deny your request in certain limited circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review.

Right to an Electronic Copy of Electronic Medical Records. If your Protected Health Information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your Protected Health Information in the form or format you request, if it is readily producible in such form or format. If the Protected Health Information is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

You have a right to request that your clinician amend your protected health information. Please be advised, however, that your clinician is not required to agree to amend your

protected health information. If your request to amend your health information has been denied, you will be provided with an explanation of our denial reason(s) and information about how you can disagree with the denial.

You have a right to receive an accounting of disclosures of your protected health information made by your clinician. To request an accounting of disclosures, you must make your request, in writing.

Right to Request Restrictions. You have the right to request a restriction or limitation on the Health Information we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the Health Information we disclose to someone involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not share information about a particular diagnosis or treatment with your spouse. To request a restriction, you must make your request in writing. We are not required to agree to your request unless you are asking us to restrict the use and disclosure of your Protected Health Information to a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you have paid us "out-of-pocket" in full. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

Right to Get Notice of a Breach. You have the right to be notified upon a breach of any of your unsecured Protected Health Information.

Out-of-Pocket-Payments. If you paid out-of-pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your Protected Health Information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you by mail or at work. To request confidential communications, you must make your request, in writing. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests. Health plans may request additional information in order to accommodate your request. You have a right to a paper copy of this Notice of Privacy Practices at any time upon request.

Change to this Notice of Privacy Practices

Your clinician reserves the right to amend this Notice of Privacy at any time in the future, and will make the new provisions effective for all information that it maintains. Until such amendment is made, your clinician is required by law to comply with this Notice.

Your clinician is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information.

Complaints

Complaints about your Privacy rights can be addressed with your clinician or

If you are not satisfied with the manner in which your clinician handles your complaints, you may submit a formal complaint to:

The Board of Behavioral Sciences of the State of California
1625 North Market Blvd., Suite S200, Sacramento, CA 95834
Telephone: (916) 574-7830
www.bbs.ca.gov

*****IMPORTANT*****

IF YOU ARE IN RECEIPT TO MEDICAL SERVICES FROM ANOTHER PPROVIDER OTHER THAN YOUR CLINICIAN, AS DETAILED IN YOUR INFORMED CONSENT, YOU MUST REQUEST A COPY OF YOUR RECORD DIRECTLY FROM THAT PROVIDER; YOUR CLINICIAN WILL ONLY PROVIDE COPIES OF RECORDS THEY HAVE SELF-GENERATED AND CANNOT PROVIDE COPIES OF OTHER PROVIDER'S RECORDS

Please retain this copy of our Notice of Policies and Privacy Practices for your records.

Please sign and return the following page to your clinician.

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF POLICIES AND PRIVACY PRACTICES

This notice is effective as of _____ .
(today's date)

I have read the Notice of Policies and Privacy Practices and understand my rights contained in the notice.

I have received a copy of the Notice of Policies and Privacy Practices.

By way of my signature, I provide StarVista with my authorization and consent to use and disclose my protected health care information for the purposes of treatment, payment and health care operations as described in the Notice of Policies and Privacy Practices.

_____	_____	_____
Client Name (print)	**Parent/Client Signature**	**Date**

_____	_____
Clinician	**Date**

Please sign and return this page to your clinician.

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