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CALIFORNIA NOTICE FORM

Notice of Psychologists' Policies and Practices to Protect the Privacy of Your Health Information

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

Original Effective Date: April 14, 2003. Final Rules regarding HIPAA Privacy Regulations Effective Date: September 23, 2013. Last Revised Date: August 25, 2022.

II. Psychologist's Duties

- I am required by law to maintain and safeguard the privacy of your Protected Health Information (PHI) and to provide you with a notice of my legal duties and privacy practices with respect to PHI.
- As permitted by the HIPAA Privacy Rule, I reserve the right to change the terms in this notice and my privacy policies and practices at any time. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect.
- If and when this notice is changed, I will provide you with a revised notice via the secure client portal or mail, unless you request an alternate means. Any changes will apply to your PHI already on file with me.

III. How I will use and disclose your PHI.

I will use and disclose your PHI for many different reasons. To help clarify these terms, here are some definitions: "*PHI*" refers to information in your health record that could 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; "*Use*" of PHI means when I share, apply, employ, utilize, examine, or analyze information within my practice; "*Disclosure*" is when I release, transfer, or provide access to your PHI to a third party outside of my practice.

Some of the uses or disclosures will require your prior written authorization; others, however, will not. When using, disclosing or requesting PHI, I make reasonable efforts to limit PHI to the minimum necessary to accomplish the intended purpose of the use, disclosure or request. I recognize that the requirement also applies to covered entities that request my patients' records and require that such entities meet the standard, as required by law.

The minimum necessary requirement does not apply to disclosures for treatment purposes or when I share information with a patient. The requirement does not apply for uses and disclosures when patient authorization is given. It does not apply for uses and disclosures as required by law or to uses and disclosures that are required for compliance with the Privacy Rule. I am legally required to follow the privacy practices described in this notice. Below you will find the different categories of my uses and disclosures, with some examples. Please note that the examples do not list every type of use or disclosure that may fall under each category.

A. Uses and Disclosures to carry out Treatment, Payment, or Health Care Operations Do Not Require Your Prior Written Consent

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

1. For treatment: I can use your PHI within my practice to provide you with treatment, including discussing or sharing your PHI with interns for training purposes, or other health care providers involved in your care or to seek mental health consultation to coordinate your care. *Please note:* when seeking consultation, I do not disclose identifying information and disclose information only to the extent necessary to achieve the purpose of the consultation. All health care professionals are legally bound by the Privacy Rule to keep the information discussed confidential. However, I am required to obtain your signed “authorization” to disclose your PHI to a third party specified by you, or for purposes outside of treatment, payment and health care operations.

2. For health care operations: I may disclose your PHI to facilitate the efficient and correct operation of my practice. Examples: quality assessment and improvement activities, business-related matters such as audits, administrative services, health care compliance and formal business associates with whom I have a formal business associate contract that binds them to abide by the Privacy Rule.

3. To obtain payment for treatment: I may use and disclose your PHI to bill and collect payment for the treatment and services I provided you, including business associates, such as billing companies, claims processing companies, and others that process health care claims for my office.

4. Other disclosures: I may disclose your PHI, in the event that you are incapacitated and in need of emergency treatment, and I am unable to obtain your consent and your PHI is needed in order to provide you with emergency treatment, provided that I attempt to get your consent after treatment is rendered.

B. Certain Other Uses and Disclosures Do Not Require Your Consent

I 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: I may make a disclosure to the appropriate officials when a law requires me 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 Public Health Law of California or to corresponding federal statutes of regulations, such as the privacy rule that requires this notice.

5. To avoid serious threat to health or safety. I 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). I may disclose your PHI to protect you, others or the property of others from serious threat of harm by you, if such disclosure is necessary to prevent the threatened harm.

6. If disclosure is mandated by the California Child Abuse and Neglect Law. For example, if you give me information which leads me to have reasonable cause to suspect child abuse, neglect, or death due to maltreatment, I must file a report with the county Child Protective Services agency or CA Department of Child and Family Services and/or law enforcement.

8. If disclosure is mandated by the California Disabled/Elder/Dependent Adult Domestic Abuse, Neglect, and Exploitation Law. For example, if you give me information that leads me to have reasonable cause to suspect elder or dependent adult abuse, or that a disabled adult is in need of protective services from abuse, neglect, or exploitation, I must file a report with the county Adult Protective Services agency or local CA Long-Term Care Ombudsman or CA Department of Health Services and/or local law enforcement.

9. If disclosure is compelled or permitted to protect a foreseeable victim or victims from a serious/imminent threat of harm by you.

10. For public health activities. Example: In the event of your death, if a disclosure is permitted or compelled, I may need to give the county coroner information about you.

11. For health oversight activities. Example: I may be required to provide information to assist the government in the course of an investigation or inspection of a health care organization or provider.

12. For specific government functions. Examples: I may disclose PHI of military personnel and veterans under certain circumstances. Also, I may disclose PHI in the interests of national security, such as protecting the president of the United States or assisting with intelligence operations.

13. For research purposes. In certain circumstances, I may provide PHI in order to conduct medical research.

14. For Workers' Compensation purposes. I may provide PHI in order to comply with Workers' Compensation laws, state law and the Privacy Rule. If you file a workers' compensation claim, I am required by law to provide your mental health information relevant to the claim to your employer, worker's compensation insurers, the state administrator and other entities involved in worker's compensation systems.

15. Appointment reminders and health-related benefits or services. Examples: I may use PHI for appointment scheduling and reminders. I may use PHI to give you information about alternative treatment options or other health care services or benefits I offer.

16. 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.

17. 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 HHS to investigate or assess my compliance with HIPAA regulations.

18. If disclosure is otherwise specifically required by law.

19. When the use and disclosure without your consent or authorization is allowed under other sections of Section 164.512 of the Privacy Rule and the state's confidentiality law. This includes certain narrowly-defined disclosures to law enforcement agencies, to a health oversight agency (such as HHS or a state department of health), to a coroner or medical examiner, for public health purposes relating to disease or FDA-regulated products, or for specialized government functions such as fitness for military duties, eligibility for VA benefits, and national security and intelligence.

C. Certain Uses and Disclosures Require You to Have the Opportunity to Object

I 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. In such cases, I may discuss only the information the involved individual needs to know. 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 IIIA, IIIB, and IIIC above or in this notice, I will request your written authorization before using or disclosing any of your PHI. With few exceptions, I will also obtain prior authorization from you before using or disclosing “*Psychotherapy notes*”, unless otherwise permitted by law. “*Psychotherapy notes*” are notes I have taken during our private therapy session, which usually include my thoughts, feelings, observations, analysis, or hypothesis during our session, and are primarily for my personal use and kept separate from your health records. Psychotherapy notes are generally not disclosed to patients and are given a greater degree of protection than PHI, under HIPAA.

IV. The Rights you have regarding your PHI

A. The Right to See and Get Copies of Your PHI.

In general, you have the right to review and obtain copies of all your PHI, including your mental health and billing records, that is maintained in my possession; by making a request in writing. In order to take reasonable steps to verify your identity and clarify the details of your request, I may require that you complete and sign my release of information form. If I do not have your PHI, but I know who does, I will advise you how you can get it. All requests for records will be responded within 30 days of my receiving the written request. If I cannot comply with the request within 30 days, I will notify you within the 30 days window of the reason and that the response period will be extended an additional 30 days.

Under certain circumstances, I may feel I must deny access to your records, in whole or in part, but if I do, I will provide a denial in writing within 30 days (or 60 days if the time period is extended), describing the basis for the denial and informing you of the right to have the denial reviewed and submit a complaint to me or the HHS office for Civil Rights. I may provide you with a summary of the PHI requested, in lieu or providing access to the PHI, or an explanation of the PHI in addition to access to the PHI, if you request or agree to receive the summary or explanation and agree to the associated preparation fees, in advance. I may impose a reasonable cost-based fee for copying, supplies for creating copies of PHI (paper or electronic), postage for mailed requests, and summary or explanation of PHI preparation.

B. The Right to Request Limits on Uses and Disclosures of Your PHI

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, I 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.

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 via electronic or paper copies, or at an alternate address (for example, to your work address rather than your home address) or by an alternate method (for example, via e-mail instead of regular mail). I am obliged to provide access in the manner you requested, to the extent the copy would be readily producible in the format you requested, without undue inconvenience or risk to the security of the PHI on my system. I 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 I Have Made

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, that is, those for treatment, payment, or health care operations, sent directly to you, or to your family; neither will the list include disclosures made for national security purposes, disclosures to corrections or law enforcement personnel. Disclosure records are held for 6 years.

I will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list of disclosures will include disclosures made in the previous 6 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 brief description of the protected health information disclosed, and the reason/basis for the disclosure. I will provide the first list of disclosures to you at no cost. However, if you make more than one request in a 12-month period, you may be charged you a reasonable cost-based fee for each additional request. I will inform you of the costs involved and provide you with the opportunity to withdraw or modify your request before any charges are incurred.

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, you have the right to request that I amend the existing information or add the missing information. The Privacy Rule allows you the right to request amendments to your records (but not deletions) if you feel that the information in your records is incorrect. 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. I may deny your request, in writing, if I find 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. My 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 I approve your request, I will make the change(s) to your PHI. Additionally, I will tell you that the changes have been made, and I will advise all others who need to know about the change(s) to your PHI.

F. The Right to Get This Notice by E-mail

You have the right to get this notice by e-mail or electronically. You also have the right to request a paper copy of it, even if you have already received an electronic copy. To do so, please submit a request to *Dr. Christiane Speed* by phone at 209 834 4302, fax at 209 225 2260 or at the following address: 806 Green Valley Rd, Suite 200, Greensboro, NC 27408.

G. Right to Restrict Disclosures When You Have Paid for Your Care Out-of-Pocket.

You have the right to restrict certain disclosures of PHI to a health plan when you pay out-of-pocket in full for my services.

H. Right to Be Notified if There is a Breach of Your Unsecured PHI.

You have a right to be notified if: (a) there is a breach (a use or disclosure of your PHI in violation of the HIPAA Privacy Rule) involving your PHI; (b) that PHI has not been encrypted to

government standards; and (c) my risk assessment fails to determine that there is a low probability that your PHI has been compromised.

V. Questions and Complaints

If you have any questions about this notice, or object to a decision I made about access to your records, or have concerns or believe your privacy rights have been violated, you may contact *Dr. Speed, Inc., Privacy Officer, Dr. Christiane Speed at 806 Green Valley Rd, Suite 200, Greensboro, NC 27408, or by phone at 209 834 4302, fax at 209 225 2260.*

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. For more information please visit: <https://www.hhs.gov/ocr>. For California, the contact information for the OCR Regional office is as follows:

Office for Civil Rights
U.S. Department of Health and Human Services
90 7th Street, Suite 4-100
San Francisco, CA 94103
Customer Response Center: (800) 368-1019
Fax: (202) 619-3818
TDD: (800) 537-7697
Email: ocrmail@hhs.gov

If you file a complaint about my privacy practices, I will not take any retaliatory action against you or change the quality of care that I provide you.

Acknowledgement of Receipt of Privacy Practice Notice

I acknowledge that I have received and reviewed a copy of *Dr. Speed, Inc. Notice of Privacy Practices*, which describes how Dr. Speed, Inc. and Dr. Speed will protect the privacy of my health information, in providing health services to me. I understand that Dr. Speed will answer any questions I have regarding the information in this notice.

My signature below shows that I understand and agree with all of the above statements.

Client First and Last Name	Signature	Date

Legal Guardian/Parent (if applicable)	Signature	Date