



THE CENTER FOR

Enriching Relationships

HIPAA Notice of Privacy Practices

The purpose of this notice is to describe how information about your mental health is used and disclosed and how you may obtain access to this information. Please review it carefully. I have a legal duty to safeguard your Protected Health Information (PHI).

How I may use and disclose your PHI.

Uses and disclosures related to treatment, payment or health-care operations do not require written consent.

TREATMENT: I can use your PHI to provide you with mental health treatment, including discussing or sharing your PHI with my interns or psychological assistants. I can disclose your PHI to other licensed healthcare providers who provide you with healthcare services or are involved in your care. For example, if a psychiatrist is treating you, I can disclose your PHI to your psychiatrist to coordinate your care.

PAYMENT: I can use and disclose your PHI to bill and collect payment for the treatment and services provided by me to you. If CER bills your insurance company, information will be exchanged with the insurance company regarding your diagnosis. I may also provide your PHI to the billing company that processes my healthcare claims.

EMERGENCY: I may disclose your PHI to others without your consent if you are incapacitated or if an emergency exists.

SPECIAL CIRCUMSTANCES: I will disclose information when required to do so by international, federal, state, or local law, to ensure your safety and health. For example, if you are suicidal or if I determine that you are a serious threat to yourself or others, or when reporting, including but not limited to child and elder abuse, this office is required by law to report these situations. If requests are made by law enforcement officers in response to a court order, subpoena, warrant, summons, or similar process, limited information may be given.

What rights do you have regarding your PHI?

You have these rights with respect to your PHI:

TO REQUEST LIMITS ON MY DISCLOSURES:

You have the right to request restrictions or limits on my uses and disclosures of your PHI. You may request that I limit disclosure of your PHI to family members or friends or others involved in your care or who are financially responsible for your care. Please submit such requests to me in writing. I will consider the requests but am not legally bound to accept them. If I accept your requests, I will put them in writing and I will abide by them except in emergency situations.

Be advised that you may not limit the uses and disclosures that I am legally required to make.

TO CHOOSE HOW I SEND PHI TO YOU:

You have the right to request that I send confidential information to you at an alternate address or by alternate means. I must agree to your request as long as it is reasonable and you specify how or where you wish to be contacted.

TO INSPECT & COPY YOUR PHI:

You have the right to inspect and copy the PHI that I have on you but this request must be submitted in writing. In certain situations, I may deny your request. If I do, I will tell you, in writing, my reasons for denial and explain your right to have my denial reviewed.

If you request copies of your PHI, I will charge you no more than \$.50 for each page. I may provide you with a summary or explanation of the PHI as long as you agree to that and to the cost in advance.

TO AMEND YOUR PHI:

If you believe there is a mistake in your PHI or that some important information is missing, you have the right to request that I correct the existing information or add the missing information. You must provide your request and the reason in writing. I may deny your request in writing and my denial will state the reasons for the denial and explain your right to file a written statement of disagreement with the denial.

How to complain about our privacy practices.

If you think I have violated your privacy rights, or you disagree with a decision I made about access to your PHI, you may file a complaint with the person listed in the paragraph below. You may also send a written complaint to the Secretary of the Department of Health and Human Services at 200 Independence Avenue, S.W., Washington D.C., 20201. I will take no retaliatory action against you if you file a complaint.

If you have questions about this notice or any complaints about my 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: Donald Welch, Ph.D., LMFT, Executive Director, Center for Enriching Relationships: 4025 Camino Del Rio South Ste. 250, San Diego, CA 92108 – 619-858-3105.

Effective Date of this Notice

This notice went into effect on December 1, 2016.

I acknowledge receipt of this notice:

Client Name: _____ Date _____ Signature _____
Printed Name

Client Name: _____ Date _____ Signature _____
Printed Name

Therapist Name: _____ Date _____ Signature _____
Printed Name