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NOTICE OF PRIVACY PRACTICES
PATIENTS' BILL OF RIGHTS/THERAPIST'S DUTIES

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION AS WELL AS OTHER PATIENTS' RIGHTS. PLEASE REVIEW IT CAREFULLY.

I. Disclosures for Payment and Health Care Operations

I may *use* or *disclose* your protected health information (PHI), for certain payment, and health care operations purposes without your authorization. In certain circumstances I can only do so when the person or business requesting your PHI gives us a written request that includes certain promises regarding protecting the confidentiality of your PHI. To help clarify these terms, here are some definitions:

- "*PHI*" refers to information in your health record that could identify you.
- "*Payment and Health Care Operations*"

Payment is when I obtain reimbursement for your healthcare. Examples of payment are when I disclose your PHI to your health insurer to obtain reimbursement for your healthcare or to determine eligibility or coverage.

--*Health Care Operations* is when I disclose your PHI to your health care service plan (for example your health insurer), or to your other health care providers contracting with your plan.

- "*Use*" applies only to activities within my office such as sharing, employing, applying, utilizing examining, and analyzing information that identifies you.

- “*Disclosure*” applies to activities outside of my office, such as releasing, transferring, or providing access to information about you to other parties.
- “*Authorization*” means written permission for specific uses or disclosures.

II. Uses and Disclosures Requiring Authorization

I may use or disclose PHI for purposes outside of payment, and health care operations when your appropriate authorization is obtained. In those instances when I am asked for information for purposes outside of payment and health care operations, I will obtain an authorization from you before releasing this information. I will also need to obtain an authorization before releasing your psychotherapy notes. “*Psychotherapy notes*” are notes I have made about our conversations during a private, group, joint, or family counseling session, which I have kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

You may revoke or modify all such authorizations (of PHI or psychotherapy notes) at any time; however, the revocation or modification is not effective until I receive it.

III. Uses and Disclosure with Neither Consent nor Authorization

I may use or disclose PHI without your consent or authorization in the following circumstances:

- **Child Abuse:** Whenever I, in my professional capacities, have knowledge of or observe a child that I know or reasonably suspect has been the victim of child abuse or neglect, I must immediately report such to a police department or sheriff’s department, county probation department, or county welfare department (Child Protective Services). Also, if I have knowledge or reasonably suspect that mental suffering has been inflicted upon a child or that his or her emotional well-being is endangered in any other way, I may report such to the above agencies.
- **Adult and Domestic Abuse:** If in my professional capacities, I have observed or have knowledge of an incident that reasonably appears to be physical abuse, abandonment, abduction, isolation, financial abuse or neglect of an elder or dependent adult, or if I am told by an elder or dependent adult that he or she has experienced these or if I reasonably suspect such, I must report the known or suspected abuse immediately to the local ombudsman or the local law enforcement agency.

I do not have to report such an incident if:

I have been told by an elder or dependent adult that he or she has experienced behavior constituting physical abuse, abandonment, abduction, isolation, financial abuse or neglect and:

1. I am not aware of any independent evidence that corroborates the statement that the abuse has occurred;
2. The elder or dependent adult has been diagnosed with a mental illness or dementia, or is the subject of a court-ordered conservatorship because of a mental illness or dementia; and
3. in the exercise of clinical judgment, I reasonably believe that the abuse did not occur.

- **Health Oversight:** If a complaint is filed against me with the California Board of Behavioral Sciences, the Board has the authority to subpoena confidential mental health information from me relevant to that complaint.
- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made about the professional services that I have provided you, I must not release your information without 1) your written authorization, 2) a court order; or 3) *a subpoena duces tecum* (a subpoena to produce records) where the party seeking your records provides me with a showing that you or your attorney have been served with a copy of the subpoena, affidavit and the appropriate notice, and you have not notified us that you are bringing a motion into the court to quash (block) or modify the subpoena. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. I will inform you in advance if this is the case.
- **Serious Threat to Health or Safety:** If you communicate to me a serious threat of physical violence against an identifiable victim, I must make reasonable efforts to communicate that information to the potential victim and the police. If I have reasonable cause to believe that you are in such a condition as to be dangerous to yourself or others, I may release relevant information as necessary to prevent the threatened danger.

IV. Patient's Rights and Therapist's Duties

Patients have the right to:

- Request and receive information about the therapist's professional capabilities, including licensure, education, training, experience, professional association, membership, specialization and limitations.
- Have written information about fees, payment methods, insurance reimbursement, number of sessions, substitutions (in cases of vacation and emergencies), and cancellation policies before beginning therapy.
- Receive respectful treatment that will be helpful.
- A safe environment, free from sexual, physical and emotional abuse.
- Ask questions about their therapy.
- Refuse to answer any question or disclose any information they choose not to reveal.
- Request and receive information from the therapist about their progress.
- Know the limits of confidentiality and the circumstances in which a therapist is legally required to disclose information to others.
- Know if there are supervisors, consultants, students, or others with whom your therapist will discuss your case.
- Refuse a particular type of treatment, or end treatment without obligation or harassment.
- Refuse electronic recording.
- Request and (in most cases) receive a summary of your file, including the diagnosis, your progress, and the type of treatment.
- Report unethical and illegal behavior by a therapist
- Receive a second opinion at any time about your therapy or therapist's methods.
- Have a copy of your file transferred to any therapist or agency you choose.

Therapists' Duties:

- I am required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI.
- I reserve the right to change the privacy policies and practices described in this notice. Unless I notify you of such changes however, I am required to abide by the terms currently in effect.
- If I revise my policies and procedures, I will provide you with a revised notice by mail or in person and in writing within 7 days of such change in notice, if at all possible.

V. Complaints

If you are concerned that I have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact the Board of Behavioral Sciences, 400 R. Street, #3150, Sacramento, CA 95814-6240.

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Washington, D.D. 20201, telephone: (202) 619-0257 or toll free: 1-877-696-6775.

VI. Effective Date, Restrictions, and Changes to Privacy Policy

Notice of any future restriction to this notice or of change will be posted promptly within 14 days of such change.

This notice goes into effect on September 18, 2009.