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Notice of Therapists Policies and Practices to Protect the Privacy of Your Health Information.

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

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

I may use or disclose your protected health information (PHI) for treatment, payment, and health care operation purposes with your consent. To help clarify these terms, here are some definitions:

- a. *“PHI”* refers to information in your health record that could identify you.
- b. *“Treatment, Payment, and Health Care Operations”*
 - i. *Treatment* is when I provide, coordinate or manage your health care and other services related to your health care. An example of treatment would be when I consult with another health care provider, such as your family physician or another therapist.
 - ii. *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 health care or to determine eligibility or coverage.
 - iii. *Health Care Operations* are activities that relate to the performance and operation of my practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
- c. *“Use”* applies only to activities within my Office/practice, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- d. *“Disclosure”* applies to activities outside of my office, such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

I may use or disclose PHI for purposes outside of treatment, payment and health care operations when your appropriate authorization is obtained. An “authorization” is written permission above and beyond the general consent that permits only specific disclosures. In those instances, when I am asked for information for purposes outside of treatment, 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 conversation during a private, group, joint or family counseling session and are afforded a greater degree of privacy.

You may revoke all such authorizations (of PHI or psychotherapy notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) I have relied on that

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authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

III. Uses and Disclosures with Neither Consent nor Authorization

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

- I. **Child abuse:** If I have cause to believe that a child has been, or may be abused, neglected or sexually abused, I must make a report of such within 48 hours to the California Department of Child Protective Services, or to any local or state law enforcement agency.
- II. **Adult and Domestic Violence:** If I have cause to believe that an elderly or disabled person is in a state of abuse, neglect or exploitation, I must immediately report such to the Department of Adult Protective services. I am not always legally mandated to report domestic violence except where there is a “duty to warn”.
- III. **Health Oversight:** If a complaint is filed against me with the California Board of Behavioral Sciences, they have the authority to subpoena confidential mental health information from me relevant to that complaint.
- IV. **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment and the records thereof, such information is privileged under state law, and I will not release information without written authorization from you or your personal or legally appointed representative, or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.
- V. **Serious Threat to Health or Safety:** If I determine that there is a probability of imminent serious injury by you to yourself or others, or there is a probability of immediate mental or emotional injury to you, I may disclose relevant confidential mental health information to medical or law enforcement personnel.
- VI. **Workers Compensation:** If you file a worker’s compensation claim, I may disclose records relating to your diagnosis and treatment to your employer’s insurance carrier.

IV. Patients’ Rights and Therapists Duties

Patients’ Rights:

- *Right to Request Restrictions:* You have a right to request restrictions on certain uses and disclosures of protected health information about you. However, I am not required to agree to a restriction you request.
- *Right to Receive Confidential Communications by Alternative Means and at Alternative Locations:* You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know you are seeing me. Upon your request, I will send correspondence to another address.)

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- *Right to Inspect and Copy:* You have the right to inspect or obtain a copy (or both) of PHI and psychotherapy notes in my mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. I may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. On your request, I will discuss with you the details of the request and denial process.
- *Right to Amend:* You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. I may deny your request. On your request, I will discuss with you the details of the amendment process.
- *Right to an Accounting:* You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in Section III of this notice). On your request, I will discuss with you the details of the accounting process.
- *Right to a Paper Copy:* You have the right to obtain a paper copy of the notice from me upon request, even if you have agreed to receive the notice electronically.

Therapist's Duties:

- As the Privacy Officer of this practice, I have a duty to develop, implement and adopt clear privacy policies and procedures for my practice. I am required by law to provide you with a notice of my legal duties and privacy practices with respect to PHI. Patient records are kept secured so that they are not readily available to those who do not need them.
- 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 written copy during your office visit.

V. Complaints

If you are concerned that I have violated your privacy rights, or you disagree with a decision I made about access to your records, you may speak with me directly.

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. I can provide you with the appropriate address upon request.

VI. Effective date, Restrictions and Changes to privacy Policy

This notice is revised as of 1/1/2020 as follows: Email and texting is not a secure and private form of communication, and I do not use those forms of communication in my clinical practice other than for initial contacts with new clients and scheduling/re-scheduling appointments. I will not share any clinical or therapeutic information via those methods, and ask that my clients do not do so either, unless by prior agreement.

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