

# Abundant Mind Therapy HIPAA Notice of Privacy Practices

Abundant Mind Therapy

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## NOTICE OF PRIVACY PRACTICES

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

### **I. MY PLEDGE REGARDING HEALTH INFORMATION:**

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information (PHI). HIPAA is a federal law that provides privacy protections and patient rights with regard to the use and disclosure of your PHI. I am required by law to ensure that PHI that identifies you is kept private. I am also required by law to provide you with a notice of privacy practices for use and disclosure of PHI, and to obtain your signature acknowledging that I have provided you with this information.

I understand that health information about you and your health care is personal. I am committed to protecting health information about you. I create a record of the care and services you receive from me, referred to as the Clinical Record. I need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by this mental health care practice. This notice will tell you about the ways in which I may use and disclose health information about you. I also describe your rights to the health information I keep about you, and describe certain obligations I have regarding the use and disclosure of your health information.

### **II. HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:**

I may use or disclose your PHI, for certain treatment, 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 me a written request that includes certain promises regarding protecting the confidentiality of your PHI.

1. **For Treatment:** Treatment is when I provide or another health care provider diagnoses or treats you. An example of treatment would be when I consult with another health care provider, such as your family physician or another psychologist, regarding your treatment.
2. **For Payment:** 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.
3. **For Health Care Operations:** 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.

### III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:

1. **For purposes outside of treatment, payment, and health care operations.** In these instances, I may use or disclose PHI when your appropriate authorization is obtained. In addition to the Clinical Record, some providers keep optional notes called Psychotherapy Notes, which document specific content or analyses of therapy conversations. Psychotherapy Notes are kept separately from your Clinical Record in order to maximize privacy and security, and similarly require your authorization to be released. You may revoke or modify all such authorizations (of PHI or Psychotherapy Notes) at any time.
2. **Marketing purposes.** As a psychologist, I will not use or disclose your PHI for marketing purposes.
3. **Sale of PHI.** As a psychologist, I will not sell your PHI in the regular course of my business.

### IV. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR CONSENT OR AUTHORIZATION.

Subject to certain limitations in the law, I can use and disclose your PHI without your Consent or Authorization for the following reasons:

1. **When disclosure is required by state or federal law,** and the use or disclosure complies with and is limited to the relevant requirements of such law.
2. **For public health activities,** including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone's health or safety.
3. **For health oversight activities,** including audits and investigations.
4. **For judicial and administrative proceedings,** including responding to a court or administrative order, although my preference is to obtain an Authorization from you before doing so.
5. **For law enforcement purposes,** including reporting crimes occurring on my premises.
6. **To coroners or medical examiners,** when such individuals are performing duties authorized by law.

7. **Specialized government functions**, including ensuring the proper execution of military missions, as well as conducting intelligence, counterintelligence, and other national security operations authorized by law.
8. **For workers' compensation purposes**. Although my preference is to obtain an Authorization from you, I may provide your PHI in order to comply with workers' compensation laws.
9. **Appointment reminders and health related benefits or services**. I may use and disclose your PHI to contact you to remind you that you have an appointment with me. I may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that I offer.

#### V. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT.

1. **Disclosures to family, friends, or others**. I may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

#### VI. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI:

1. **Right to Request Restrictions**. You have the 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.
2. **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 prefer that I contact your cell phone instead of your home phone).
3. **Right to Inspect and Copy**. You have the right to inspect or obtain a copy (or both) of PHI 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.
4. **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.
5. **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 IV of this Notice). On your request, I will discuss with you the details of the accounting process.
6. **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.

#### VII. COMPLAINTS

If you have questions about this notice, disagree with a decision I made about access to your records, or have other concerns about your privacy rights, you may contact me via email or phone.

If you believe that your privacy rights have been violated and wish to file a complaint, you may send your written complaint to me. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services at 200 Independence Avenue S.W., Washington, D.C. 20201. You have specific rights under the Privacy Rule. I will not retaliate against you for exercising your right to file a complaint.

### **VIII. EFFECTIVE DATE, RESTRICTIONS, AND CHANGES TO PRIVACY POLICY**

This notice will go into effect on December 1st, 2022.

I reserve the right to change the terms of this Notice, and such changes will apply to all information I have about you. The new Notice will be available upon request, in your client portal, and on my website.

### **Acknowledgement of Receipt of Privacy Notice**

**BY SIGNING BELOW I AM ACKNOWLEDGING THAT I HAVE RECEIVED A COPY OF HIPAA NOTICE OF PRIVACY PRACTICES, AS WELL AS AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.**