



## **NOTICE OF PRIVACY PRACTICES**

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

This notice will tell you about how White Tulip employees and contractors handle information about you. It explains how we use information, how we share it with other professionals, and how you can see it. It is important for you to know all of this so that you can make the best decisions for you and your family. We are required to tell you about this because of the privacy regulations of a federal law, the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This law and the laws of California are complicated and we don't want to make you read a lot that may not apply to you, so we have simplified some sections. We are dedicated to maintaining the privacy of your health information. If you have any questions or desire additional information about anything in this Notice, please feel free to discuss your questions and concerns directly with any White Tulip clinician.

After you have read this NPP we will ask you to sign a Consent Form to let us use and share your information as described here. If you do not sign this consent form we cannot treat you.

**We have a legal duty to safeguard your protected health information, or PHI.**

Each time you visit our practice, or any doctor's office, hospital, clinic or other "health care provider", information is collected about you and your physical and mental health. It may be information about your past, present or future health conditions, or the treatment or services you received from me or from others, or about payment for healthcare. The information we collect from you is called, in the law, Protected Health Information, or PHI. Some of the PHI that is likely to go into your record here includes:

- Your name, date of birth, address and other contact information
- Your social, educational, family, and work related history
- Your reasons for seeking treatment at this time
- Your problems, symptoms, goals and needs



- Diagnoses. Diagnoses are the medical terms for problems and needs.
- A treatment plan
- Progress notes. After each session we record our observations and your report of how things are going
- Records we receive from others who have treated or evaluated you
- Psychological testing information, school records, etc.
- Information about medications you are currently taking or have taken in the past
- Legal matters
- Billing information

### **How your protected health information can be used and shared**

When your information is shared, utilized, examined, applied or analyzed by a health care provider, that is called, "use" in the law. If the information is shared with or sent to others outside this office, that is called, "disclosure" in the law. Except in some special circumstances, when we use your PHI here or disclose it to others we share only the minimum necessary PHI needed for the purpose. The following information is provided to meet the requirements of the law which gives you rights to know about your PHI, how it is used and your part in determining how it is disclosed.

We are legally required to follow the privacy practices described in this Notice. However, we reserve the right to change the terms of this Notice and the privacy practices at any time. Any changes will apply to PHI on file with White Tulip already. Prior to making any important changes to this Notice and our privacy policies, an updated copy will be posted in the waiting area.

We will use and disclose your PHI for many different reasons. For some of these uses or disclosures, we will need your prior authorization; for other uses and disclosures, however, we will not. Listed below are the different categories of the uses and disclosures along with some examples of each category.

### **Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations do not require your prior written consent. We can use and disclose your PHI without your consent for the following reasons:**

- **For treatment:** We are permitted by law to disclose your PHI to physicians, psychiatrists, psychologists, and other licensed health care providers who provide you with health care services or who are involved in your care. Although the law permits such disclosure, our policy is to seek and obtain written authorization from you before we disclose any information to other providers involved in your care. This information would include the fact that you are a client here. This is our policy because we believe that it is important that you are an active participant in the coordination of your care and because we aim to maintain your privacy. If you are being seen or have



been seen by another provider who we believe can provide information to aid in your evaluation or treatment here, we will ask you to sign an authorization that allows us to release and exchange information with that provider.

- **To obtain payment for treatment:** We may use your PHI to bill you. All bills and statements will include your name, a diagnosis code, the dates and types of services provided, clinician's name, license number and tax ID number, and the charges billed and received. We will mail it to you at the address you have provided. We do not bill insurance companies directly. Should you wish to seek reimbursement for seeing an out-of-network provider from your insurance company, we can provide you with monthly statements that you can then submit directly to your insurance company.

We may also provide your PHI to a future bookkeeper who may handle incoming payments and accounts. A bookkeeper would need to receive some of your PHI in order to do their job properly. This information is limited to your name, the amount you paid, the method of payment (cash or check) the date you paid, the type of services you received (individual or group therapy) and the name of the treating provider. To protect your privacy any bookkeeper would have to agree in their contract with me to safeguard your information.

- **For health care operations:** we may use or disclose your PHI in order to operate our practice. For example, we may use your PHI to see where we can make improvements in the care and services we provide. We may be required to supply information to some government health agencies so they can study disorders and treatment and make plans for services that are needed. If we do, your name and identity will be removed from what we send.
- **Other disclosures:** We may also disclose your PHI to others without your consent in certain situations. For example, your consent is not required if you need emergency treatment, as long as we try to obtain your consent after treatment is rendered, or if we try to get your consent but you are unable to communicate (for example, you are unconscious or in severe pain) and we believe that you would consent to such treatment were you able to do so.



**Certain Uses and Disclosures Do Not Require Your Consent. We can use and disclose your PHI without your consent or authorization for the following reasons:**

- **When disclosure is required by federal, state, or local law; judicial or administrative proceedings; or law enforcement.** For example, we may make a disclosure to applicable officials when a law requires us to report information to government agencies and law enforcement personnel about victims of abuse or neglect; or when ordered in a judicial or administrative proceeding. Specific situations that might arise include:
  - a. if a patient communicates to a therapist a serious threat to harm an identifiable person, the therapist must warn that person and the police
  - b. if the therapist suspects child abuse or neglect, or abuse of a helpless adult or of an elder, a report must be made to the designated agency
  - c. if a patient appears dangerous to self or others or is unable to care for him/herself, then hospitalization might be required.
- **For research purposes.** In certain circumstances, we may provide PHI to an outside entity in order to conduct medical research.
- **To avoid harm.** In order to avoid a serious threat to the health and safety of a person or the public, we may provide PHI to law enforcement personnel and persons able to prevent or lessen such harm.
- **For health oversight activities.** Information may need to be provided to assist the government when it conducts an investigation or inspection of a health care provider or organization.

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

We 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 care, unless you object in whole or in part. If you indicate to us that another person is involved in your care, we will require you to give your consent by signing a written authorization prior to our disclosing any information. Please note that the opportunity to consent may be obtained retroactively in emergency situations.



### **Other Uses and Disclosures Require Your Prior Written Authorization.**

In any other situation not described above, we will ask for your written authorization before using or disclosing any of your PHI. If you choose to sign an authorization to disclose your PHI, you can later revoke such authorization in writing to prevent any future uses and disclosures, to the extent that we have not taken any action in reliance on your initial authorization.

### **Your rights regarding your PHI**

You have the following rights with respect to your PHI:

- **The right to request limits on uses and disclosures of your PHI.** You have the right to ask that we limit how we use and disclose your PHI. We will consider your request seriously, but we are not legally required to accept it. If we accept your request, we will put any limitations in writing and abide by them except in emergency situations. You may not limit the uses and disclosures we are legally required or allowed to make, for example those involving harm to yourself or others.
- **The right to choose how your PHI is sent to you.** You have the right to ask that we send information to you at an alternate address or phone number (for example, contacting you at work rather than at home). We must agree to your request so long as we can easily provide the PHI to you in the requested format.
- **The right to see and obtain copies of your PHI.** In most cases, you have the right to look at or get copies of your PHI on file, but you must make the request in writing. If we do not have your PHI but we are aware who does, you will be informed about how to obtain it. We will respond within 5 working days of receiving your written request. If you request a copy of your record your request may be responded to within 15 working days. Charges for copying, mailing and other clerical costs up to \$16.00/hr may be incurred. It is also possible to request a summary of your records and such a request may be responded to within 10 working days. In certain situations, your request to see or obtain copies of your PHI may be denied. In those situations, you will be informed in writing as to the reasons for the denial and your rights to have the denial reviewed will be explained.
- **The right to obtain a list of disclosures that we make.** You have the right to obtain a list of instances where we have disclosed your PHI. The list will not include uses nor disclosures that you have already consented to, such as those made for treatment, payment, or health care operations, directly to you, or to your family. The list will also not include uses and disclosures made for national security purposes, to corrections or law enforcement personnel, or disclosures made before April 15, 2003 (date that legislation governing this area of law went into effect).



We will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list you receive will include disclosures made in the last six years unless you request a shorter time. Included in the list will be the date of disclosure, to whom PHI was disclosed (including their address, if known), a description of the information disclosed, and the reason for the disclosure. Such a list will be provided to you at no charge, however if you make more than one request in the same year, you will be charged a reasonable cost based fee for each additional request.

- **The right to correct or update your PHI.** If you believe that there is an error in your PHI or that an important piece of information is missing, you have the right to request that we correct the existing information or add the missing information. You must provide the request and your reason for the request in writing. We will respond within 60 days upon receipt of your request to correct or update your PHI. We may deny your request in writing if the PHI is (i) correct and complete, (ii) not created by us, (iii) not allowed to be disclosed, or (iv) not part of our records. The written denial will state the reasons for the denial and explain your right to file a written statement of disagreement with the denial. If you elect not to file a written statement of disagreement, you have the right to request that your request and our denial be attached to all future disclosures of your PHI. If your request is approved, you will be informed of the changes to your PHI and others that need to know will also be informed about the change(s) to your PHI.
- **The right to receive this Notice by email.** You have the right to obtain a copy of this Notice by e-mail. Even if you have agreed to receive a notice via email, you also have the right to request a paper copy of it.

**For more information or to file a complaint about privacy practices:**

If you think that we may have violated your privacy rights, or if you disagree with a particular decision we have made regarding access to your PHI, you may file a complaint with Dr Yana Peleg, the director of White Tulip at 400 S. Monroe St. San Jose, CA 95128. She can be reached by phone at (408) 431 0231. You may also send a written complaint to the Secretary of the Department of Health and Human Services at 200 Independence Ave, S.W., Washington D.C. 20201. We will take no retaliatory action against you should you file a complaint about our privacy practices.

**Effective Date of this Notice**

This federal legislation described in this notice went into effect on April 14, 2003. This Notice was revised on October 1, 2004