

**Department of Alcohol & Other Drug Services
University of San Diego
HIPAA Notice of Privacy Practices**

Before beginning treatment or assessment, therapists MUST present this form to every client. Clients' acknowledgement of receipt of this Notice is required.

HIPAA NOTICE OF PRIVACY PRACTICES

I. 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.

II. IT IS YOUR THERAPIST'S LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI).

By law, your therapist is required to insure that your PHI is kept private. The PHI constitutes information created or noted by your therapist that can be used to identify you. It contains data about your past, present, or future health or condition, the provision of health care services to you. The Department of Alcohol & Other Drug Services (AODS) is required to provide you with this Notice about our privacy procedures. PHI is disclosed when your therapist releases, transfers, gives, or otherwise reveals it to a third party outside of AODS. With some exceptions, your therapist may not use or disclose more of your PHI than is necessary to accomplish the purpose for which the use or disclosure is made; however, your therapist is always legally required to follow the privacy practices described in this Notice.

Please note that AODS reserves the right to change the terms of this Notice and our privacy policies at any time. Any changes will apply to PHI already on file with AODS. Before your therapist makes any important changes to our policies, AODS will immediately change this Notice and post a new copy of it in our office and on our website. You may also request a copy of this Notice from your therapist.

III. HOW I WILL USE AND DISCLOSE YOUR PHI.

Your therapist will use and disclose your PHI for many different reasons. Some of the uses or disclosures will require your prior written authorization; others, however, will not. Below you will find the different categories of your therapist's uses and disclosures with some examples.

A. Uses and disclosures related to treatment or health care operations do not require your prior written consent.

1. **For treatment.** Your therapist may disclose your PHI to physicians, psychiatrists, psychologists, and other licensed health care providers who provide you with health care services or are otherwise involved in your care. *Example: If a psychiatrist is treating you, your therapist may disclose your PHI to her/him in order to coordinate your care.*

2. **For health care operations.** Your therapist may disclose your PHI to facilitate the efficient and correct operation of our Center. *Examples: Quality control – Your therapist might use your PHI in the evaluation of the quality of health care services that you have received or to evaluate the performance of the health care professionals who provided you with these services.*

3. **Other disclosures.** *Examples: Your consent isn't required if you need emergency treatment provided that your therapist attempt to get your consent after treatment is rendered. In the event that your therapist tries to get your consent but you are unable to communicate with him/her (for example, if you are unconscious or in severe pain) but your therapist thinks that you would consent to such treatment if you could, he/she may disclose your PHI.*

B. Certain other uses and disclosures do not require your consent. Your therapist may use and/or disclose your PHI without your consent or authorization for the following reasons:
(Note to therapists: The following list is a compilation of federal and California laws.)

1. When disclosure is required by federal, state, or local law; judicial, board, or administrative proceedings; or, law enforcement. *Example: Your therapist may make a disclosure to the appropriate officials when a law requires him/her to report information to government agencies, law enforcement personnel and/or in an administrative proceeding.*

2. If disclosure is compelled by a party to a proceeding before a court of an administrative agency pursuant to its lawful authority.

3. If disclosure is required by a search warrant lawfully issued to a governmental law enforcement agency.

4. If disclosure is compelled by the client or the client's representative pursuant to California Health and Safety Codes or to corresponding federal statutes of regulations, such as the Privacy Rule that requires this Notice.
5. To avoid harm. Your therapist may provide PHI to law enforcement personnel or persons able to prevent or mitigate a serious threat to the health or safety of person or the public.
6. If disclosure is compelled or permitted by the fact that you are in such mental or emotional condition as to be dangerous to yourself or the person or property of others, and if your therapist determines that disclosure is necessary to prevent the threatened danger.
7. If disclosure is mandated by the California Child Abuse and Neglect Reporting law. For example, if your therapist has a reasonable suspicion of child abuse or neglect.
8. If disclosure is mandated by the California Elder/Dependent Adult Abuse Reporting law. For example, if your therapist have a reasonable suspicion of elder abuse or dependent adult abuse.
9. If disclosure is compelled or permitted by the fact that you tell your therapist of a serious/imminent threat of physical violence by you against a reasonably identifiable victim or victims.
10. For public health activities. *Example: In the event of your death, if a disclosure is permitted or compelled, your therapist may need to give the county coroner information about you.*
11. For specific government functions. *Examples: When requested, your therapist may disclose PHI in the interests of national security.*
12. If an arbitrator or arbitration panel compels disclosure, when arbitration is lawfully requested by either party, pursuant to a subpoena for mental health records or any other provision authorizing disclosure in a proceeding before an arbitrator or arbitration panel.
13. The therapist is permitted to contact you, without your prior authorization, to provide appointment reminders or information about alternative or other health-related benefits and services that may be of interest to you.
14. If disclosure is required or permitted to a health oversight agency for oversight activities authorized by law. *Example: When compelled by U.S. Secretary of Health and Human Services to investigate or assess my compliance with HIPAA regulations.*
15. If disclosure is otherwise specifically required by law.

C. Certain uses and disclosures require you to have the opportunity to object.

1. Disclosure to family, friends, or others. Your therapist may provide your PHI to a family member, friend, or other individual who you indicate is involved in your care, unless you object in whole or in part. Retroactive consent may be obtained in emergency situations.

D. Other uses and disclosures require your prior written authorization. In any other situation not described in Sections IIIA, IIIB and IIIC above, your therapist will request your written authorization before using or disclosing any of your PHI. Even if you have signed an authorization to disclose your PHI, you may later revoke that authorization, in writing, to stop any future uses and disclosures (assuming that your therapist hasn't taken any action subsequent to the original authorization) of your PHI by your therapist.

IV. WHAT RIGHTS YOU HAVE REGARDING YOUR PHI. These are your rights with respect to your PHI.

- A. **The right to see and get copies of your PHI.** In general, you have the right to see your PHI that is in your therapist's possession, or to get copies of it; however, you must request it in writing. If your therapist does not have your PHI, but he/she knows who does, the therapist will advise you how you can get it. You will receive a response from your therapist within 30 days of him/her receiving your written request. Under certain circumstances, your therapist may feel he/she must deny your request, but if he/she does, your therapist will give you, in writing, the reasons for denial. Your therapist will also explain your right to have the denial reviewed. If you ask for copies of your PHI, your therapist will charge you no more than \$.25 per page. Your therapist may see fit to provide you with a summary or explanation of the PHI, but only if you agree to it, as well as to the cost, in advance.
- B. **The right to request limits on uses and disclosures of your PHI.** You have the right to ask that your therapist limit how much he/she use and disclose your PHI. While your therapist will consider your request, he/she is not legally bound to agree. If your therapist does agree to your request, he/she will put those limits in writing and abide by them except in emergency situations. You do not have the right to limit the uses and disclosures that your therapist is legally required or permitted to make.

- C. **The right to choose how your therapist sends your PHI to you.** It is your right to ask that your PHI be sent to you at an alternate address (for example, sending information to your work address rather than your home address) or by an alternate method (for example, via email instead of by regular mail). Your therapist is obliged to agree to your request providing that he/she can give you the PHI, in the format you requested, without undue inconvenience.
- D. **The right to get a list of the disclosures therapist has made.** You are entitled to a list of disclosures of your PHI that your therapist has made. The list will not include uses or disclosures to which you have already consented, i.e., those for treatment, payment, or health care operations, sent directly to you, or to your family; neither will the list include disclosures made for national security purposes, to corrections or law enforcement personnel, or disclosures made before April 15, 2003. After April 15, 2003, disclosure records will be held for six years. Your therapist will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list your therapist gives you will include disclosures made in the previous six years (the first six year period being 2003-2009) unless you indicate a shorter period. The list will include the date of the disclosure, to whom PHI was disclosed (including their address, if known), a description of the information disclosed, and the reason for the disclosure. Your therapist will provide the list to you at no cost, unless you make more than one request in the same year, in which case the therapist may charge you a reasonable sum based on a set fee for each additional request.
- E. **The right to amend your PHI.** If you believe that there is some error in your PHI or that important information has been omitted, it is your right to request that the therapist corrects the existing information or add the missing information. Your request and the reason for the request must be made in writing. You will receive a response within 60 days of the therapist's receipt of your request. I may deny your request, in writing, if the therapist finds that: the PHI is (a) correct and complete, (b) forbidden to be disclosed, (c) not part of my records, or (d) written by someone other than me. The therapist's denial must be in writing and must state the reasons for the denial. It must also explain your right to file a written statement objecting to the denial. If you do not file a written objection, you still have the right to ask that your request and the therapist's denial be attached to any future disclosures of your PHI. If the therapist approves your request, he/she will make the change(s) to your PHI. Additionally, your therapist will tell you that the changes have been made, and he/she will advise all others who need to know about the change(s).
- F. **The right to get this notice by email.** You have the right to get this notice by email. You have the right to request a paper copy of it, as well.
- V. **HOW TO COMPLAIN ABOUT MY PRIVACY PRACTICES.** If in your opinion, your therapist has violated your privacy rights, or if you object to a decision your therapist made about access to your PHI, you are entitled to file a complaint with your AODS therapist, the AODS HIPAA Compliance Officer, Audrey Barrett, MSW, LCSW or 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. If you file a complaint about the therapist's privacy practices, he/she will take no retaliatory action against you.
- VI. **PERSON TO CONTACT FOR INFORMATION ABOUT THIS NOTICE OR TO COMPLAIN ABOUT MY PRIVACY PRACTICES.** If you have any questions about this notice or any complaints about your 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 your therapist, or the Privacy Officer, Audrey McNabb, MSW, 619.260.4618, 5998 Alcala Park, San Diego, CA 92110.
- VII. **EFFECTIVE DATE OF THIS NOTICE.** This notice went into effect on April 14, 2003.