

Notice of Privacy Practices
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The State of California and HIPPA have confidentiality laws to ensure your right to keep your protected health information (PHI) private. In most cases, everything you share with me will remain private outside of you and me. If that is not the case, I will discuss with you with whom the information will be shared and obtain your written consent.

The State of California mandates that I give local authorities information about your situation if, during the course of our work together, it becomes clear that you are a potential danger to yourself or others. If I have a reasonable suspicion of child abuse or neglect or abuse of a dependent adult or a person over the age of 65, I must report this information to the appropriate agency. There are certain other, rare, circumstances that would require the release of your PHI without your consent which are listed on pages 2-3 of this form.

If you have any questions about this notice, please do not hesitate to ask. Then, sign and date below to verify that you have read and understood this information on these privacy practices. If there is an issue, please contact me at (650) 342-6980.

Opting Out

Please initial below if you would like to opt out of a particular form of communication:

_____ I want to opt out of any electronic communication

_____ I do not want voicemail messages left my

- ___ home phone
- ___ cell phone
- ___ work phone

Signature

Date

Print Name

I MAY USE AND DISCLOSE YOUR PHI WITHOUT YOUR CONSENT FOR THE FOLLOWING REASONS:

1. For treatment. I 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, I may disclose your PHI to her/him in order to coordinate your care.
2. For health care operations. I may disclose your PHI to facilitate the efficient and correct operation of my practice. Examples: Quality control - I 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. I may also provide your PHI to my attorneys, accountants, consultants, and others to make sure that I am in compliance with applicable laws.
3. To obtain payment for treatment. I may use and disclose your PHI to bill and collect payment for the treatment and services I provided you. Example: I might send your PHI to your insurance company or health plan in order to get payment for the health care services that I have provided to you. I could also provide your PHI to business associates, such as billing companies, claims processing companies, and others that process health care claims for my office.
4. Other disclosures. Examples: Your consent is not required if you need emergency treatment provided that I attempt to get your consent after treatment is rendered. In the event that I try to get your consent but you are unable to communicate with me (for example, if you are unconscious or in severe pain) but I think that you would consent to such treatment if you could, I may disclose your PHI.

B. CERTAIN OTHER USES AND DISCLOSURES DO NOT REQUIRE YOUR CONSENT.

I MAY USE AND/OR DISCLOSE YOUR PHI WITHOUT YOUR CONSENT OR AUTHORIZATION FOR THE FOLLOWING REASONS:

1. When disclosure is required by federal, state, or local law; judicial, board, or administrative proceedings; or, law enforcement. Example: I may make a disclosure to the appropriate officials when a law requires me 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 patient or the patient's representative pursuant to California health and safety codes or to corresponding federal statutes or regulations, such as the privacy rule that requires this Notice.
5. In order to avoid harm. I may provide PHI to law enforcement personnel or persons able to prevent or mitigate a serious threat to the health or safety of a 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 I determine 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 I have 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 I have a reasonable suspicion of elder abuse or dependent adult abuse.
9. If disclosure is compelled or permitted by the fact that you tell me 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, I may need to give the county coroner information about you.
11. For health oversight activities. Example: I may be required to provide information to assist the government in the course of an investigation or inspection of a health care organization or provider.
12. For Specific government functions. Examples: I may disclose PHI of military personnel and veterans under certain circumstances. Also, I may disclose PHI in the interests of national security, such as protecting the President of the United States or assisting with intelligence operations.
13. For research purposes. In certain circumstances, I may provide PHI in order to conduct medical research.
14. For Worker's Compensation purposes. I may provide PHI in order to comply with Worker's Compensation laws.
15. appointment reminders and health related benefits or services. Examples: I may use PHI to provide appointment reminders. I may use PHI to give you information about alternative treatment options, or other health care services or benefits I offer.
16. If an arbitrator or arbitration panel compels disclosure, when arbitration is lawfully requested by either party, pursuant to subpoena duces tectum (e.g., a subpoena for mental health records) or any other provision authorizing disclosure in a proceeding before an arbitrator or arbitration panel.
17. I am 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.
18. 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.
19. If disclosure is otherwise specifically required by law.