



## HIPAA 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. If you have any questions about this notice, please contact Dr. Crystal Lee at (424) 272-6650. This notice describes the privacy practices at my office.

I understand that your medical/health information is personal and am committed to protecting this information. I am required by federal and state law to maintain the privacy of your health information. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) also requires that I give you this notice about my legal duties, my privacy practices, and your rights concerning your health information. I must follow the privacy practices that are described in this notice while it is in effect.

Individually identifiable information about your past, present, or future health/mental health condition, the provision of health/mental health care to you, or payment for the health/mental health care is considered "Protected Health Information (PHI)". Whenever possible, the PHI contained in your record remains private. In some circumstances, I will share only the minimum necessary PHI to accomplish the intended purpose of the use or disclosure.

I reserve the right to change this notice and to make changes in my privacy practices. Any changes will be effective for all PHI that I maintain, including mental health information created or received before I made the changes. I will post a copy of the current notice on my website, and you may request a copy of this notice from me. For more information about these privacy practices, please contact me at the number listed at the end of this notice.

The following describes different ways that I use and disclose your PHI. For each category, I explain what I mean and offer examples. In some instances, a written authorization signed by you is required in order for us to disclose PHI; in others, it is not. I tried to identify which instances do not require your signed authorization and which do.

I am required by law to:

1. Maintain the privacy of protected health information.
2. Give you this notice of our legal duties and privacy practices regarding your health information.
3. Follow the terms of the notice currently in effect.

### **Uses and Disclosures of PHI for which No Signed Authorization is Required**

#### *Treatment*

We may use and disclose your health information for your treatment and to provide you with treatment-related health care services. For example, we may disclose your health information to doctors, nurses, technicians, or other personnel, including people outside of this office, who are involved in your medical care and need the information to provide you with medical care. If a primary care doctor or psychiatrist is treating you, we may disclose your PHI in order to coordinate your care.

### *Health Care Operations*

We may use and disclose your health information to evaluate and improve our medical care and to operate and manage our office. For example, we may use and disclose information to a peer review organization that is evaluating our care. We may also share information with others that have a relationship with you for their health care operations.

### *Individuals Involved in Your Care or Payment for Your Care*

When appropriate, we may share your health information with a person involved in, or paying for, your care (such as your family or close friend). We may notify your family about your location or condition or disclose such information to an entity assisting in disaster relief. For example, if you are not present, or the opportunity to agree to or object to a use or disclosure cannot practically be provided, we may use our professional judgment to determine whether a disclosure is in your best interest. We would disclose only information that we believe is directly relevant to the person's involvement with your care.

### *As Required by Law*

We will disclose your health information when required to do so by international, federal, state or local law. For example, we may use/disclose your (or your child's) PHI when a law requires we report information about suspected child abuse, elder, or dependent abuse or neglect or in response to a court order. We must also disclose information to authorities that monitor compliance with these privacy requirements.

### *To Avert a Serious Threat to Health or Safety*

We may use and disclose your health information when necessary to prevent serious threat to the safety and health of you, another person, or the public. Disclosures will be made only to someone who can prevent the threat.

### *Business Associates*

We may disclose your health information to our business associates that perform functions on our behalf or provide us with services if necessary. For example, we may use another company to collect past-due payment on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose the information for any other purpose other than what is intended.

### *Health Oversight Activities*

We may disclose your health information to a health oversight agency for activities authorized by law. These may include audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights.

### *Lawsuits and Disputes*

If you are involved in a lawsuit or dispute, we may disclose your health information in response to a court order or administrative order. We may disclose your health information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or obtain an order protecting the requested information.

### *Law Enforcement*

We may release your health information in response to a request by a law enforcement official if

1. There is a court order, subpoena, warrant, summons, or similar process
2. The request is limited to information needed to identify or locate a suspect, fugitive, material witness, or missing person
3. The information is about the victim of a crime even if, under certain very limited circumstances, we are unable to obtain your agreement
4. The information is about a death that may be the result of criminal conduct
5. The information is relevant to criminal conduct on our premises
6. It is needed in an emergency to report a crime, the location of a crime or victims, or the identity, description, or location of the person who may have committed the crime.

### *National Security and Intelligence Activities*

We may disclose your health information to federal officials for intelligence and other national security activities authorized by law.

### **Uses and Disclosures of PHI for which Signed Authorization is Required**

For uses and disclosures of PHI beyond the areas noted above, I must obtain your written authorization.

Authorizations can be revoked at any time in writing to stop future uses/disclosures (except to the extent I have already acted upon your authorization).

### **Your Rights Regarding Your Health Information**

#### *Right to Inspect and Copy*

You have the right to inspect and copy your medical and billing records by written request to Dr. Lee. I will respond to your written request to inspect or copy the records. Fees for copying, mailing, and related expenses will apply. However, some mental health information may not be accessed for treatment reasons or for other reasons pertaining to California or federal law. If your request is denied, you may have the right to request to have this denial reviewed by a licensed health care professional who I designate to act as a reviewing official. The reviewing official will be an individual who did not participate in the determination to deny access. I will provide or deny access in accordance with the reviewing official.

#### *Right to Amend*

You have the right to request an amendment to your records by written request to Dr. Lee. If you believe there is a mistake or missing information in my record of your mental health, you may request, in writing, that I correct or add to the record. I will respond within 60 days of receiving your request. I may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, I may deny your request to amend information that: was not created by me, not part of my records, not part of information you would be permitted to inspect, or the copy is accurate or complete.

#### *Right to an Accounting of Disclosures*

You have a right to an accounting of certain disclosures by written request to Dr. Lee. You may receive a list of when, to whom, for what purpose, and what contact of your PHI has been disclosed. This applies to disclosures made for other than payment, treatment, or health care operations. Your request must be in writing and state a time period (which may not be longer than 6 years or date before April 14, 2003). I

will respond to your request within 60 days of receiving it. The first list you request within a 12 month period will be free. There may be a charge for additional requests. In such cases, I will notify you of the cost involved, and you may choose to change or withdraw the request before any costs are incurred.

*Right to Request Restrictions*

You have a right to the request restriction or limitation on your health information used for treatment, payment, or health care operations. You may request me to limit disclosure to someone involved in your care or in payment for your care (such as a spouse) by written request to Dr. Lee. I am not required to agree to your request, but I will try. In emergency situations, I may not be able to comply with this restriction.

*Right to Request Confidential Communication*

You have the right to request that I communicate with you about therapy, medical or related financial matters in a certain way or at a certain location. For example, you can ask that I contact you only by mail or only at work. I will accommodate reasonable requests that are made in writing.

*Change to This Notice*

We may change this notice and make it effective for medical information we already have about you as well as new information. This current notice will be posted and available at all times on my website. You have a right to request a paper copy of the current notice at any visit or by written request to Dr. Lee.

*Right to a Paper Copy of this Notice*

You have the right to a paper copy of this notice. You may ask me for a copy of this notice at any time.

*Complaints*

If you think your privacy rights have been violated, you may contact me and file a complaint with me, as the Privacy Officer for my practice. My phone number is (424) 272-6650.

You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services by sending a letter to the following address:

Office of Civil Rights  
90 7th Street, Suite 4-100  
San Francisco, CA 94103  
415-437-8310

You will not be penalized for filing a complaint.

Thank you for taking time to read this Notice of Privacy Practices,

Dr. Crystal Lee  
PSY26527  
(424) 272-6650  
DrCrystalLee@gmail.com  
www.LAConciergePsychologist.com