

## Notice of Privacy Practices for Adult Clients

I am legally and ethically obligated to maintain a treatment record of care and services provided to clients. The following is written in accordance with Health Insurance Portability and Accountability Act (HIPAA) federal law in conjunction with the United States Constitution, California state law, and the American Psychological Association ethical guidelines. This form explains how your protected health information (PHI) can be utilized or disclosed. ("Protected health information" refers to information pertaining to a client's mental health condition, provision of services, and payments.) This form also includes information about how to access your PHI. Please review the following carefully.

### Client Privacy-Related Rights

- **Right of Notice**  
You are to be provided with a written and electronic copy of this form ("Notice of Privacy Practices"). Should you like another copy at any point in the future, please inform me and I will provide one accordingly.
- **Right to Request Restrictions**  
You have the right to request restrictions to the use and disclosure of PHI. I am obligated to meet these requests when considered reasonable.
- **Right to Receive Confidential Communications**  
You have the right to request that bills be mailed to an address other than your home address. You may also request that I not contact your home phone.
- **Right to Access Records**  
California law requires that treatment records be maintained over the entire extent of active treatment in addition to at least seven years from the date of last service delivered. Per California law, you have the right to inspect treatment records within five days after I receive a written request from you. I must provide you with copies of treatment records within fifteen days after I have received a written request from you according to California law. Records cannot be withheld due to unpaid bills per California law. I charge \$0.20 per page when providing copies. HIPAA denotes that clients do **not** have the right to inspect or obtain copies of psychotherapy notes. California law permits me to offer you a treatment summary, which is to be completed within ten days of the offer being accepted by you. Should extenuating circumstances exist, you will be informed and the summary will be delivered within thirty days. **Access to records can be denied if disclosure endangers the life or physical safety of you or others per HIPAA.** If a court order mandates the release of records, or you provide written consent to authorize the release of records to the California Board of Psychology, I will provide records within fifteen days.

- **Right of Amendment**  
You have the right to request amendments to PHI. This request can be denied if I determine that the alteration would make the PHI less accurate. Regardless, a record can never be expunged.
- **Right of Accounting**  
You have the right to receive a list of all PHI disclosures within the past six years. This list must include information pertaining to the date of disclosure, whom the information was disclosed to, and a description of what information was disclosed as well as the rationale. Your written authorization may be utilized instead of such accounting procedure.
- **Right to Revoke Written Authorizations**  
You have the right to revoke written authorizations at anytime. The authorization will cease to be effective on the date of notification except to the extent action has already been taken in reliance upon it. The revocation will be honored unless contact with a third party is considered an exception to privacy or privilege (such as child abuse, danger to self or other, etc.).
- **Right to Hold Privilege**  
"Privilege" refers to a client's right to maintain confidential communications from being disclosed in a legal proceeding. A client is typically the holder of privilege, and may therefore, claim privilege during legal proceedings. However, if a client lacks legal capacity, the guardian or conservator is the holder of privilege. In the event that a client dies, the client's personal representative is the holder of privilege. Regardless of who may be the holder of privilege, he/she has the right to authorize any person to similarly claim privilege.
- **Right to File a Complaint**  
You have the right to contact the California Board of Psychology at anytime to ask questions or file grievances.

Board of Psychology  
1625 North Market Boulevard, Suite N-215  
Sacramento, CA 95834  
866) 503-3221  
www.psychboard.ca.gov  
bopmail@dca.ca.gov

## **Privacy Policy**

You are entitled to privacy in seeking psychotherapeutic services per the United States Constitution, California Constitution, and California Civil Code. This means that by law, I cannot divulge information regarding your treatment (including your role as my client) without your written consent.

However, there are circumstances in which I can use and disclose PHI without your authorization. Such exceptions include:

- **Child, Elder, or Dependent Adult Abuse or Neglect**  
I am a mandated reporter and am therefore, required by law, to report child abuse or neglect to a county welfare department (like Orange County Child Protective Services) or a peace officer. I am similarly mandated to report elder or dependent adult abuse or neglect to a county welfare department (like Orange County Adult Protective Services), law enforcement, a local ombudsman, or a state investigator depending on the adult's place of residency. I am ethically obligated to keep your privacy a priority even when filing a report; this means that when filing a report, I only disclose information **directly relevant and limited** to the abuse or neglect and completion of the report. Should I need to file a report, I will attempt to involve you in the process when possible.
- **Danger to Self or Others**  
I am a mandated reporter and am therefore, required by law, to report to a peace officer, mobile crisis team member, or county-designated professional when a client is considered a danger to his/her self or others. I am ethically obligated to keep your privacy a priority even when filing a report; this means that when filing a report, I only disclose information **directly relevant and limited** to your eminent danger to self or others, and completion of the report. Should I need to file a report, I will attempt to involve you in the process when possible.
- **Grave Disability**  
I am a mandated reporter and am therefore, required by law, to report to a peace officer, mobile crisis team member, or county-designated professional when a client is considered gravely disabled. "Gravely disabled" refers to the inability to adequately provide food, clothing, or shelter for oneself as a result of a mental health disorder. Grave disability does not apply to individuals who have these needs met by family, friends, or others as specified in writing. I am ethically obligated to keep your privacy a priority even when filing a report; this means that when filing a report, I only disclose information **directly relevant and limited** to grave disability and completion of the report. Should I need to file a report, I will attempt to involve you in the process when possible.
- **Treatment Emergency**  
If you are involved in a situation that puts you at risk of immediate physical harm and I am contacted by your treating health care provider, I am obligated to disclose information in order to ensure your safety. For instance, if you are hospitalized for psychiatric reasons and I am contacted by a hospital staff member, I will only disclose information **directly relevant and limited** to your immediate care (such as my role as your therapist, session attendance consistency, etc.). I am ethically obligated to keep your privacy a priority even when coordinating care. When possible, I will inform you of this coordination of care and involve you in the process.

- **Court Order**  
If ordered by a court to release records (as with a subpoena), I am legally obligated to respond. If I am required to appear in court, I will assert privilege on your behalf. However, should the judge determine that the requested information is an exception to privilege, I must comply with the court order and release the required information. In extreme circumstances, this may involve disclosure of your entire clinical record.
- **Civil or Criminal Wrongdoing**  
Privilege no longer exists should you seek psychotherapeutic services to assist with committing a crime, or avoiding detection or apprehension of an already committed crime. I am obligated to contact law enforcement in such situations.
- **Unpaid Services**  
If you have an unpaid balance for services rendered, I will first attempt to contact you to ideally, resolve the issue with you directly. However, if you are unresponsive to these efforts, I will utilize the services of a collection agency. I am ethically obligated to keep your privacy a priority when contacting a collection agency; this means that I only disclose information **directly relevant and limited** to unpaid services (such as your name, balance owed, etc.).
- **Electronic Communications**  
Please be aware that cell phone and telehealth communications can be intercepted and that confidentiality is therefore, not guaranteed. **I do not text message or email** given that both forms of communication can be easily hacked (and therefore, pose risks to your privacy). I similarly do not interact with clients via social media.
- **Electronic Payment Processing**  
If paying electronically, I utilize Ivy Pay, a Health Insurance Portability and Accountability Act (HIPAA)-compliant payment app. Charges will appear on the payer's card statement as "Ivy Session Payment" for services rendered by MDE Psychological Services, Inc.
- **Consultation and Supervision**  
I am ethically obligated to seek consultation and supervision as necessary per a client's treatment needs. I am also personally in the midst of a number of certifications that similarly require professional consultation and supervision. When consulting or seeking supervision, I only disclose information **directly relevant and limited** to the consultation or supervision needs.
- **Quality of Care Review**  
Per California law, confidential information can be disclosed without your consent for the purpose of quality of care review (such as audits or investigations). If a professional standards review organization requires a review of my competence, qualifications, or health care services, PHI may be disclosed according to the California Civil Code.

- **Crimes Involving a Hospitalized Patient**  
Per the Welfare and Institutions Code, I am obligated to report to law enforcement if you are hospitalized and have committed a serious crime (such as murder). I am similarly mandated to report to law enforcement if you are hospitalized and have been victim to a serious crime (such as rape). I only disclose information **directly relevant and limited** to the crime involvement and completion of the report.
- **Mental or Emotional Health-Related Legal Claims**  
If you claim mental or emotional suffering in a legal proceeding, privilege no longer exists.
- **Legal Dispute Involving a Deceased Person**  
Privilege does not exist if PHI is needed to settle a legal dispute involving a deceased client's interests, deed, or will.
- **Malpractice Suit**  
If you initiate a malpractice suit against me, privilege no longer exists. Legally, I have the right to utilize treatment records to defend myself.
- **Health Insurance**  
If you are paying via private health insurance, I may need to disclose treatment information (such as diagnosis, services rendered, etc.) in order to ensure coverage. I am ethically obligated to keep your privacy a priority even when coordinating care with an insurance panel; this means that when consulting, I only disclose information **directly relevant and limited** to the coverage issue at hand.

### **Written Authorization**

There may be times in which it is helpful for me to collaborate with individuals outside of our immediate relationship (for instance, a psychiatrist, physician, romantic partner, etc.). In these situations, I will consult with you about the appropriateness of such coordination of care, and with your agreement, gain written consent to involve outside individuals. If collaborating with a third party, I only disclose information **directly relevant and limited** to the rationale for coordination of care (which again, you and I determine together beforehand).

Should you consent to involve outside individuals in your care, you have the right to revoke the authorization at anytime. The release will cease to be effective on the date of notification except to the extent action has already been taken in reliance upon it. The revocation will be honored unless contact with a third party is considered an exception to privacy or privilege (such as child abuse, danger to self or other, etc.).

### **My Responsibilities**

I am obligated by state and federal law to maintain the privacy and security of your PHI. Information pertaining to my privacy policy is listed above. With regard to the security of PHI, I am required by HIPAA to lock physical treatment documents in an office filing cabinet, safeguard electronic records with passwords and firewalls, and encrypt emails

that involve PHI. In the event that a breach occurs that compromises the privacy or security of your PHI, I will immediately inform you and take necessary measures on my part to attempt to resolve the situation.

I will never use or disclose your PHI for marketing purposes. Similarly, it is illegal for me to sell your PHI in the regular course of business.

I am legally and ethically required to follow the terms of this notice that is currently in effect as of November 1st, 2021. Should the terms of this notice change in the future, the update will apply to all PHI in your record, and a revised notice will be provided to you.

For further information pertaining to the HIPAA Privacy Rule, please defer to:

United States Department of Health and Human Services: Office for Civil Rights  
200 Independence Avenue  
Washington, D.C. 20201  
800) 368-1019  
[www.hhs.gov](http://www.hhs.gov)  
[OCRMail@hhs.gov](mailto:OCRMail@hhs.gov)