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NOTICE OF PRIVACY PRACTICES

This notice describes how your medical information may be used and disclosed as well as how you can access such information. Please review it carefully.

What is Protected Health Information (PHI)?

Protected Health Information (PHI), synonymous with “medical information”, is any information about health status, provision of health care, or payment for health care that is created or collected by a "Covered Entity" (or a Business Associate of a Covered Entity), and can be linked to a specific individual. Further, as defined by HIPAA (Health Insurance Portability and Accountability Act), it means any information, including genetic information, whether oral or recorded in any form or medium, that: (1) Is created or received by a health care provider (me), health plan, public health authority, employer, life insurer, school or university, or health care clearinghouse; and (2) Relates to the past, present, or future physical or mental health or condition of an individual (you); the provision of health care to an individual (you); or the past, present, or future payment for the provision of health care to an individual (you).

I am a Licensed Marriage and Family Therapist licensed by the State of California through the Board of Behavioral Sciences. I am mandated to create and maintain treatment records that contain individually identifiable health information about you. These records are generally referred to as “medical records”, “mental health records”, or “psychotherapy files”, and this notice concerns the privacy and confidentiality of those records and the information contained therein. I must abide by the terms of this Notice, and I must notify you if an unauthorized breach of your PHI occurs. I can change the terms of this Notice, and such changes will apply to all information I have about you. Upon revision, the new Notice will be available upon request, in my office, and on my website.

Uses and Disclosures Without Direct Authorization – For Treatment, Payment, or Health Care Operations

Federal privacy regulations allow health care providers (me) who have a direct treatment with the patient (you) to use or disclose the patient’s protected health information (PHI) without the patient’s written authorization, to carry out the health care providers’ own treatment, payment, or health care operations. I may also disclose your protected health information for the treatment activities of any health care provider. This too can be done without your written authorization.

An example of use or disclosure for treatment purposes: If your treatment course indicates a necessity to consult with another licensed health care provider about your condition I would be permitted to use and disclose your personal health information, which is otherwise confidential, in order to assist me in the diagnosis or treatment of your mental health condition.

Disclosures for treatment purposes are not limited to the minimum necessary standard because physicals and other health care providers need access to the full record and/or full and complete information in order to provide quality care. The word “treatment” includes, among other things, the coordination and management of health care among health care providers or by a health care provider with a third party, consultations between health care providers, and referrals of a patient for health care from one health care provider to another.

An example of use or disclosure for payment purposes: If your health plan requests a copy of your health records, or a portion thereof in order to determine whether or not payment is warranted under the terms of your policy or contract, I am permitted to use and disclose your personal health information.

An example of use or disclosure for health care operations purposes: If your health plan decides to audit my practice in order to review my competence and my performance or to detect possible fraud or abuse, your mental health records may be used or disclosed for those purposes.

PLEASE NOTE: I, or someone in my practice acting with my authority, may contact you to provide appointment reminders, information about treatment alternatives, or other health-related benefits and services that may be of interest to you. Your prior written authorization is not required for such contact.

Other Uses and Disclosures Without Your Authorization

I may be required or permitted to disclose your personal health information (i.e. your mental health records or pertinent treatment information) without your written authorization. The following circumstances are examples of when such disclosures may or will be made:

- 1) If disclosure is compelled by a court pursuant to an order of that court
- 2) If disclosure is compelled by a board, commission, or administrative agency for purposes of adjudication pursuant to its lawful authority
- 3) If disclosure is compelled by a party to a proceeding before a court or administrative agency pursuant to a subpoena, subpoena duces tecum, notice to appear, or any provision authorizing discovery in a proceeding before a court or administrative agency.
- 4) If disclosure is compelled by a board, commission, or administrative agency pursuant to an investigative subpoena issued pursuant to its lawful authority
- 5) If disclosure is compelled by an arbitrator or arbitration panel, when arbitration is lawfully requested by either party, pursuant to a subpoena duces tenum, or any other provision authorizing discovery in a proceeding before an arbitrator or arbitration panel
- 6) If disclosure is compelled by a search warrant lawfully issued to a governmental law enforcement agency

- 7) If disclosure is compelled by the patient or the patient's representative pursuant to Chapter 1 (commencing with Section 123100) of Part 1 of Division 106 of the California Health and Safety Code or by corresponding federal statutes or regulations (i.e. the Federal "Privacy Rule" which requires this Notice)
- 8) If disclosure is compelled or by the California Child Abuse and Neglect Reporting Act (CANRA), (i.e. if I have reasonable suspicion of child physical/sexual/emotional abuse or neglect)
- 9) If disclosure is compelled or by the California Elder/Dependent Adult Abuse Reporting Law, (i.e. if I have reasonable suspicion of elder/dependent adult abuse or neglect)
- 10) If disclosure is compelled or permitted by the fact that you are in a mental or emotional condition as to be dangerous to yourself or to the person or property of others and if I determine that disclosure is necessary to prevent the threatened danger
- 11) If disclosure is compelled or permitted by the fact that you or a family member tell me of a serious imminent threat of physical violence to be committed by you against a reasonably identifiable victim or victims
- 12) If disclosure is compelled or permitted, in the event of your death, to the coroner in order to determine the cause of your death and whom is performing duties authorized by law
- 13) If disclosure is for law enforcement purposes, including reporting crimes occurring on my premises
- 14) As indicated above, I am permitted to contact you without your prior authorization to provide appointment reminders or information about alternatives or other mental health-related benefits and services that may be of interest to you. Be sure to let me know where and by what means (telephone, letter, email) you may be contacted
- 15) If disclosure is required or permitted to a health oversight agency for oversight activities authorized by law including but not limited to audits, criminal or civil investigations, or licensure or disciplinary actions. The California Board of Behavioral Sciences, who licenses marriage and family therapists, is an example of a health oversight agency
- 16) If disclosure is compelled by the U.S. Secretary of Health and Human Services to investigate or determine my compliance with privacy requirements under the federal regulations (the "Privacy Rule")
- 17) If you are involved in a court proceeding and a request is made about the professional services that I have provided you, I must not release your information without 1) your written authorization or the authorization of your attorney or personal representative; 2) a court order; or 3) a subpoena duces tecum (a subpoena to produce records) where the party seeking your records provides me with a showing that you or your attorney have been served with a copy of the subpoena, affidavit and the appropriate notice, and you have not notified me that you are bringing a motion in the court to quash (block) or modify the subpoena. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court-ordered
- 18) If disclosure is compelled to adhere to worker's compensation laws for a patient's worker's compensation claim
- 19) Should I require to defend myself in legal proceedings instituted by you
- 20) If disclosure is otherwise specifically required by law

PLEASE NOTE: The above list is not an exhaustive list but informs you of most circumstances when disclosures without your written authorization may be made. Other uses and disclosures will generally (but not always) be made only with your written authorization even though federal privacy regulations or state law may allow additional uses or disclosures without your written authorization. Uses or disclosures made with your written authorization will be limited in scope to the information specified in the authorization form which must identify the information “in a specific and meaningful fashion.” You may revoke your written authorization at any time provided that the revocation is in writing and except to the extent that I have taken action in reliance on your written authorization. Your right to revoke an authorization is also limited if the authorization was obtained as a condition of obtaining insurance coverage for you. If California law protects your confidentiality or privacy more than the federal “Privacy Rule” does, or if California law gives you greater rights than the federal rule does with respect to your records, I will abide by California law.

In general, uses or disclosures by me of your personal health information (without your authorization) will be limited to the minimum necessary to accomplish the intended purpose of the use or disclosure. Similarly, when I require your personal health information from another health care provider, health plan, or health care clearinghouse I will make an effort to limit the information requested to the minimum necessary to accomplish the intended purpose of the request. As mentioned above in the section dealing with uses or disclosures for treatment purposes the “minimum necessary” standard does not apply to disclosures or requests by a health care provider for treatment purposes because health care providers need complete access to information in order to provide quality care.

Your Rights Regarding Protected Health Information (PHI)

If you wish to exercise any of the following rights please do so in writing and allow five business days of providing a written request for viewing records. To receive a copy of records, allow fifteen business days from my receipt of your written request, except when it is for support of an appeal for a public benefit, for which the requirement is thirty days. In a situation where I deem that your access to your files would put you at a “substantial risk of significant adverse or detrimental consequences” then I will deny your request or provide a summary of records.

- 1) You have the right to request limits or restrictions on certain uses and disclosures of protected health information about you such as those necessary to carry our treatment, payment, or health care operations. I am not required to agree to your requested restriction. If I do agree I will maintain a written record of the agreed upon restriction.
- 2) You have the right to receive confidential communications of protected health information from me by alternative means or at alternative locations.
- 3) You have the right to inspect and copy protected health information about you by making a specific request to do so in writing. This right to inspect and copy is not absolute; I am permitted to deny access for specified reasons, such as access to psychotherapy notes. The term psychotherapy notes means notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling sessions and that are separated from the rest of the individual’s medical and mental health record. The term excludes medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date.
- 4) You have the right to amend protected health information in my records by making a request to do so in writing that provides a reason to support the requested amendment. This right to

amend is not absolute; I am permitted to deny the requested amendment for specified reasons. You also have the rights, subject to limitations, to provide me with a written addendum with respect to any item or statement in your records that you believe to be incorrect or incomplete and to have the addendum become a part of your record.

- 5) You have the right to receive an accounting from me of the disclosures of protected health information made by me in the six years prior to the date on which the accounting is requested. As with other rights, this right is not absolute. I am permitted to deny the request for specified reasons. For instance, I do not have to account for disclosures made in order to carry out my own treatment, payment, or health care operations. I also do not have to account for disclosures of protected health information that are made with your written authorization since you have a right to receive a copy of any such authorization that you might sign.
- 6) You have the right to obtain a paper copy of this notice from me upon request.

My Duties

I am required by law to maintain the privacy and confidentiality of your personal health information. This notice is intended to inform you of my legal duties, rights, and privacy practices with respect to such information. I am required to abide by the terms of the notice currently in effect. I reserve the right to change the terms of this notice and/or my privacy practices and to make the changes effective for all protected health information that I maintain, even if it was created or received prior to the effective date of the notice revision. If I make a revision to this notice I will make the notice available at my office upon request on or after the effective date of the revision and I will post the revised notice in a clear and conspicuous location.

As the Privacy Officer of this practice I have a duty to develop, implement, and adopt clear privacy policies and procedures for my practice and I have done so. I am the individual who is responsible for assuring that these privacy policies and procedures are followed not only by me but by any employees that work for me in the future. I have trained or will train any employees that may work for me so that they understand my privacy policies and procedures. In general, patient records and information about patients are treated as confidential and are released to no one without the written authorization of the patient, except as indicated in this notice or except as may otherwise be permitted by law. Patient records are kept secured so that they are not readily available to those not authorized to view them. Because I am the contact person of this practice you may complain to myself and/or to the Secretary of the U.S. Department of Health and Human Services if you believe your privacy rights may have been violated either by myself or by those who are employed by me. You may file a complaint with me by simply providing me with a written notice that specifies the manner in which you believe the violation occurred, the approximate date of such occurrence, and any details that you believe will be helpful to me. My telephone number is (661) 367-1006. I will not retaliate against you in any way for filing a complaint with myself or with the Secretary. A written complaint to the Secretary can be sent to U.S. Health and Human Services Department, 200 Independence Avenue SW, Room 509F, HHH Building, Washington DC, 20201. You may also visit www.hhs.gov/ocr/privacy/hipaa/complaints or call (800) 368-1019 or for more information.

If you need or desire further information related to this Notice or its contents, or if you have any questions about this Notice or its contents, please feel free to contact me. As the Contact Person for this practice I will do my best to answer your questions and to provide you with additional information.

This notice first became effective on October 5th 2016.

Acknowledgment of Receipt of Notice of Privacy Practices

By signing below, Patient acknowledges that he/she has reviewed and fully understands and acknowledges the preceding Notice of Privacy Practices. Patient has discussed his or her questions/concerns with Therapist and any questions have been answered to Patient's satisfaction. Patient acknowledges receipt of this form.

Patient Name (please print)

Signature of Patient (or authorized representative)

Date

Patient Name (please print)

Signature of Patient (or authorized representative)

Date