

ERIKA DEMERS, M.A.
Licensed Marriage Family Therapist #44463
1433 11th St. Unit F, Arcata CA 95521 (707) 496-4629

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.

LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION

I am legally required to protect the privacy of your health information. This includes information that can be used to identify you that I've created or received about your past, present, or future health or condition, the provision of health care to you, or the payment of this health care. I must provide you with this *Notice*, which contains a description of how your health information will be used and disclosed for purposes of treatment, payment, or other health practices. The "use" of this information applies to the sharing, examination, utilization, application, or analysis of this information within my practice. Your health information is "disclosed" when it is released, transferred, has been given to, or is otherwise divulged to a third party outside of my practice. With some exceptions, I may not use or disclose any more of your health information than is necessary to accomplish the purpose for which the use of disclosure is made. Additionally, I am legally required to follow the privacy practices described in this Notice.

As permitted by law, I reserve the right to change the terms of this Notice and my privacy policies at any time. Any changes will apply to health information on file with me already. Before I make any significant changes to my privacy practices, I will promptly change this *Notice* and make the new *Notice* available upon request at the telephone number and addresses located at the end of this *Notice*.

USE AND DISCLOSURE OF YOUR HEALTH INFORMATION

I will use and disclose your health information for the purposes of providing treatment, payment for services rendered, and healthcare operations. Some of these require your prior authorization and others do not. I can use and disclose your health information without your prior written consent for the following reasons:

Treatment: I can disclose your health information to physicians, psychiatrists, psychologists, and other licensed health care providers who provide you with health care services or are involved in your care. For example, if you're being treated by a psychiatrist, I can disclose your health information to your psychiatrist in order to coordinate your care.

Payment for treatment: I can use and disclose your health information to bill and collect payment for the treatment and services provided to you. This includes your insurance company, health plan, billing companies, claims processing companies, and others that process my health care claims.

Healthcare operations: I can use and disclose your healthcare information to operate my practice. For example, I might use your health information to evaluate the quality of health care services that you received or to evaluate the performance of the health care professionals who provided such services to you. I may also provide your health information to my accountant, attorney, consultants, and others to further my health care operation.

Emergency Situations: I may disclose your health information to others without your consent if you are incapacitated or if an emergency exists. For example, your consent isn't required if you need emergency treatment, as long as I try to get your consent after treatment is rendered, or if I try to get your consent but you are unable to communicate with me (for example, if you are unconscious or in severe pain) and I think that you would consent to such treatment if you were able to do so.

Federal, State, or Local Law: When disclosure is mandated by law I may make a disclosure to applicable officials to report information to government agencies and law enforcement personnel about victims of abuse or neglect; harm to self or others, when ordered in a judicial or administrative proceeding, in response to a subpoena and/or search warrant, or when required by government agencies such as a county coroner or workers' compensation.

Health oversight activities: I may have to provide information to assist the government when it conducts an investigation or inspection of a health care provider or organization.

To avoid harm: In order to avoid a serious threat to the health or safety of others, I use or disclose your health information to law enforcement personnel or persons able to prevent or lessen such harm from occurring.

Specialized government functions: I may have to disclose health information of military personnel and veterans for national security purposes, such as protecting the President of the United States or conducting intelligence operations.

Appointment reminders and other communications: I may use or disclose your health information to provide you with appointments reminders, appointment changes, or other office communications. This may include voicemail messages, letters or e-mails.

Certain Uses and Disclosures Require You to You Have the Opportunity to Object.

I may provide your health information to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

Other Uses and Disclosures Require Your Prior Written Authorization. In any other situations not described above, I will ask for your written authorization before using or disclosing any of your health information. If you choose to sign an authorization to disclose your health information, you can later revoke such authorization in writing to stop any future uses and disclosures (to the extent that I haven't taken any action in reliance on such authorization) of your health information by me.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

Requesting Limits on Uses and Disclosures of Your Health Information: You have the right to request restrictions or limitations on my uses or disclosures of your health information. I will consider your request, but I am not legally required to accept it. If I accept your request, I will put any limits in writing and abide by them except in emergency situations. The request may not interfere with the legally defined uses and disclosures of your health information.

Receiving Health Information: You may request that health information be sent to you at an alternative address (for example, sending information to your work address rather than your home address) or by alternate means (for example, e-mail instead of regular mail). I will attempt to comply as long as it is feasible.

Access to Your Health Information: You have the right to examine or obtain copies of your health information with some limited exceptions. I may choose to provide a synopsis or summary of your psychotherapy process notes rather than give you photocopies. You must make the request in writing, and I will respond within 30 days of receiving your written request. In certain situations, I may deny your request. If I do, I will tell you, in writing, my reasons for the denial and explain your right to initiate a review of the denial. If you request copies of your health information, I will charge you not more than \$2.00 for each page.

Accounting for Disclosures: You have the right to request and receive a list of disclosures made on your behalf in which I have disclosed your health information. The list will not include uses or disclosures that you already consented to, such as those made for treatment, payment, or health care operations, directly to you, or to your family. The list also won't include uses and disclosures made for national security purposes, to corrections or law enforcement personnel, or disclosures made before April 15, 2003.

I will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list I will give you will include disclosures made in the last six years unless you request a shorter time. The list will

include date of the disclosure, to whom health information was disclosed (including their address, if known), a description of the information disclosed, and the reason for the disclosure. I will provide the list to you at no charge, but if you make more than one request in the same year, I will charge you a reasonable cost-based fee for each additional request.

The Right to Amend your Health Information: If you believe that there is a mistake in your health information or that a piece of important information is missing, you have the right to request an amendment or correction to your health information. The request must be made in writing and a reason for the request must also be included. I must either grant your request or deny your request within 60 days of receiving the request. If the request is granted, the appropriate changes will be made, you will be informed of the changes made, and third parties needing to know about the changes will be notified.

I may deny your request in writing if the health information is (i) correct and complete, (ii) not created by me, (iii) not allowed to be disclosed, or (iv) not part of my records. My written denial will state the reasons for the denial and explain your right to file a written statement of disagreement with the denial. You also have the right to request that your original request and my denial be attached to all future disclosures of your health information.

The Right to Receive This Notice: You have the right to receive this *Notice* by e-mail or in written format. If e-mail is available and feasible, I will comply.

QUESTIONS

Should you require additional information, or have any questions about this *Notice*, please contact me at the number below.

COMPLAINT PROCEDURES

Should you believe that I may have violated your privacy rights, or you disagree with a decision made about access to your health information, you disagree with a response to your request to amend or restrict the use or disclosure of your health information, or disagree with my decision to contact you via a specific method or location, you may file a complaint with me at the address below. You may also send a written complaint to the Secretary of the Department of Health and Human Services, 200 Independence Avenue S.W., Washington, D.C. 20201. I will take no retaliatory action against you in any way should you choose to file a complaint.

Erika Demers
1433 11th St. Unit F
Arcata, CA 95521

***The effective date of this *Notice* is the first day you start therapy with me.**