

Optimal Minds Neuropsychology
1399 Ygnacio Valley Rd. Suite 3
Walnut Creek, CA 94598
Phone: (925) 389-6723
Fax: (925) 320-7275

**Notice of Privacy Practice
Patient Acknowledgment**

Patient Name: _____

Date of Birth: _____

I have received this practice's **Notice of Privacy Practices** written in plain language. This Notice provides in detail the uses and disclosures of my protected health information that may be made by this practice, my individual rights, how I can exercise these rights, and the practice's legal duties with respect to my information.

I understand that this practice reserves the right to change the terms of its Notice of Privacy Practices, and to make changes regarding all protected health information resident at, or controlled by this practice.

Signature: _____

(Relationship to patient if signed by a patient's personal representative)

Date: _____

NOTICE OF PRIVACY PRACTICES

Effective September 2014

This Notice describes how health information about you may be used and disclosed and how you can get access to this information. This Notice provides you with information to protect the privacy of your confidential health care information, hereafter referred to as protected health information (PHI). The Notice also describes the privacy rights you have and how you can exercise those rights. Please review it carefully.

Notice of Privacy Practices

We care about our patient's privacy and strive to protect the confidentiality of your medical information. Federal legislation requires that we issue this official notice of your privacy practices. You have the right to the confidentiality of your medical information, and this practice is required by law to maintain the privacy of that information, abide by the terms of the Notice of Privacy Practices currently in effect, and provide notice of its legal duties and privacy practices with respect to protected information.

Who Will Follow This Notice

Any health care professional authorized to enter information into your medical record, and all personnel at this practice who may need access to your information must abide by this Notice. All subsidiaries, business associates (e.g. billing service), employees, and locations of this practice may share medical information with each other for treatment, payment purposes or health care operations described in this Notice. Except where treatment is involved, only the minimum necessary information needed to accomplish the task will be shared.

Changes to This Notice

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for medical information we already have about you as well as any information we receive in the future. Efforts will be made to make you aware of changes to this Notice.

How We May Use and Disclose Medical Information about You

The following categories describe different ways that this practice may use and disclose medical information without your specific consent or authorization. Examples are provided for each category but be advised that NOT all possible uses or disclosures are listed.

For Treatment. We may use medical information about you to provide you with medical treatment or services. We may disclose health information about you to doctors, nurses, staff, or other personnel who are involved in taking care of you and your health. Example: In treating you for a specific condition, we may need to know if you have allergies that could influence which medications should be prescribed for your treatment.

For Payment. We may use and disclose medical information about you so that the treatment and services you receive from us may be billed and payment may be collected from you, an insurance company or a third party. Example: We may need to send your protected health information, such as your name, address office visit date, and codes identifying your diagnosis and treatment to your insurance company for payment. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will pay for the treatment.

For Health Care Operations: We may use and disclose medical information about you for health care operations to assure that you receive quality care. Example: We may use medical information to review our treatment and services and evaluate the performance of our staff in caring for you. We may also share information with other entities that have a relationship with you (i.e., your health plan) for their health plan operation activities.

Appointment Reminders, Treatment Alternatives and Health Related Benefits and Services. We may use and disclose Health Information to contact you to remind you that you have an appointment with us. We may also use and disclose Health Information to tell you about treatment alternatives or health-related benefits and services that may be of interest to you.

Individuals Involved in Your Care or Payment of Your Care. When appropriate, we may share Health Information with a person who is involved in your medical care or payment for your care, such as your family or a close friend. We may disclose health information about you to your family members or friends if we obtain your verbal agreement to do so or if we give you an opportunity to object to such a disclosure and you do not raise an objection. We may also disclose health information to your family or friends if we can infer from the circumstances, based on professional judgment that you would not object. For example, we may assume you agree to our disclosure of your personal health information to your spouse when you bring your spouse with you into the appointment session. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

For Minors. Patients younger than the age of 18 are usually considered minors. Most of the time, the parents or legal guardians of minor patients make decisions about their children's medical care, control release of their children's medical information and have the privacy rights described in this Notice. However, there are times when minor patients may make decisions about their own care. In such situations the minor patient controls release of the medical information and has the rights described in this Notice. For example, by law, minors such as adolescents may seek care on their own for medical conditions such as mental health issues, sexually transmitted diseases, drug dependencies and pregnancy. In addition, some minors (for example, those who are married or have been pregnant) have the same rights as adults in making decisions about all their own medical care. When minor patients are allowed by law to make decisions about their own medical care, they control release of their medical information even to their parents/legal guardians and have the privacy rights described in this Notice

Other Uses or Disclosures That Can Be Made Without Your Consent or Authorization

We may use or disclose health information about you for the following purposes, subject to all applicable legal requirements and limitations:

- **To Avert a Serious Threat to Health or Safety.** We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or to ensure the safety of the public or another person.
- **Required By Law.** We will disclose health information about you when required to do so by federal, state, or local law such as in case of child abuse/neglect, elder abuse/neglect, domestic violence, and situations falling under the CANRA mandate (downloading, streaming or accessing through electronic or digital media material in which a child is engaged in an obscene or sexual act) and Welfare and Institutions Code-Section 8100 (prohibiting access to firearms to individuals who have communicated a threat of physical violence against a reasonably identifiable victim).

- **By Military, Veterans, National Securities, and Intelligence.** If you are or were a member of the armed forces, or part of the national security or intelligence communities, we may be required by military command or other government authorities to release health information about you. We may also release information about foreign military personnel to the appropriate military authority.
- **Worker's Compensation.** We may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.
- **Public Health Risks.** We may disclose health information about you for public health reasons in order to prevent or control disease, injury, or disability; or report births, deaths, non-accidental physical injuries, reactions to medications or problems with products.
- **Health Oversight Activities.** We may disclose health information to a health oversight agency for audits, investigations, inspections, or licensing purposes. These disclosures may be necessary for certain state and federal agencies to monitor the health care system, government programs, and compliance with civil rights laws.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose personal health information about you in response to a court or administrative order. Subject to all applicable legal requirements, we may also disclose health information about you in response to a subpoena.
- **Law Enforcement.** We may release health information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons, or similar process, subject to all applicable legal requirements.
- **Business Associates.** We may disclose Health Information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing services 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 any information other than as specified in our contract.
- **Data Breach Notification Purposes.** We may use or disclose your Protected Health Information to provide legally required notices of unauthorized access to or disclosure of your health information.
- **Inmates or Individuals in Custody.** If you are in inmate of a correctional institution or under the custody of a law enforcement official, we may release Health Information to the correctional institution or law enforcement official. This release would be if necessary: 1) for the institution to provide you with health care; 2) to protect your health and safety or the health and safety of others; or 3) the safety and security of the correctional institution.
- **Disaster Relief.** We may disclose your Protected Health Information to disaster relief organizations that seek your Protected Health Information to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practically can do so.

Other Uses and Disclosures of Protected Health Information Requiring Your Written Authorization

The following uses and disclosures of your Protected Health Information will be made only with your written authorization:

- 1) Uses and disclosures of Personal Health Information for marketing purposes.
- 2) Disclosures that constitute a sale of your Protected Health Information.
- 3) Any disclosure of your psychotherapy notes, if applicable.

Other uses and disclosures of medical information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you give us authorization to use or disclose medical information about you, you may revoke that authorization in writing, at any time. If you revoke your authorization, we will thereafter no longer use or disclose medical information about you for the reasons covered by your written authorization; however, disclosure that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

Your Individual Rights Regarding Disclosures and Changes to Your Medical Information

Right to Request Restrictions. You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or healthcare operations or to someone who is involved in your care or the payment of your care. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment. To request restrictions, you must submit your request in writing to the Privacy Officer at this practice. In your request, you must tell us what information you want to limit.

Right to an Accounting of Non-Standard Disclosures. You have the right to request a list of the disclosures we made of medical information about you. To request this list, you must submit your request to the Privacy Officer at this practice. The request must state the time period for which you want to receive a list of disclosures that is no longer than six years, and may not include dates before April 14, 2003. Your request should indicate in what form you want this list (e.g on paper or electronically). The first list you request within a 12 month period will be free. For additional lists we reserve the right to charge you for the cost of providing the list.

Right to Amend. If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept. To request an amendment, your request must be made in writing and submitted to the Privacy Officer at this practice. In addition, you must provide a reason that supports your request. We 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, we may deny your request if the information was not created by us, is not part of the medical information kept at this practice, is not part of the information which you would be permitted to inspect and copy, or which we deem to be accurate and complete. If we deny your request for amendment, you have the right to file a statement of disagreement with us. We may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Statements of disagreement and any corresponding rebuttals will be kept on file and sent out with any future authorized requests for information pertaining to the appropriate portion of your record.

Right to Get Notice of a Breach. You have the right to be notified upon a breach of any of your unsecured Protected Health Information.

Your Access to Medical Information

Right to Inspect and Copy. You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually this includes medical and billing records but does not include psychotherapy notes, information compiled for use in a civil, criminal, or administrative action or proceeding, and protected health information to which access is prohibited by law. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the Privacy Officer at this practice. If you request a copy of the information, we reserve the right to charge a fee for the costs of copying, mailing, or other supplies associated with your requests. We may deny your request to inspect and copy in certain limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by this practice will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Right to an Electronic Copy of Electronic Medical Records. If your Protected Health Information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your Protected Health Information in the form or format you request, if it is readily producible in such form or format. If the Protected Health Information is not readily producible in the form or format you request, our record will be provided in a

readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

Right to Paper Copy of This Notice. You have the right to a paper copy of our current Notice of Privacy Practices at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy. To obtain a paper copy of the current Notice please request one in writing from the Privacy Officer at this practice.

Right to Request Confidential Communications. You have the right to request how we should send communication to you about medical matters, and where you like those communications sent. To request confidential communications, you must make your request to the Privacy Officer at this practice. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted. We reserve the right to deny a request if it possess an unreasonable burden on the practice.

Out of Pocket Payments. If you have paid out-of-pockets (or in other words, you have requested that we not bill your health plan) in full for a specific item of service, you have the right to ask that your Protected Health Information with respect to that item or service not be disclosed to a health plan for purposes of payment or healthcare operations, and we will honor that request.

Complaints. If you believe your privacy rights have been violated, you may file a complaint with the Privacy Officer at this practice or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. **You will not be penalized or discriminated against by this practice for making the complaint.**