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Office Address: 881 Fremont Avenue, Suite B8, Los Altos, CA 94024
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HIPAA Notice of Privacy Practices
(Health Insurance Portability and Accountability Act Provisions)

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED. IT ALSO DESCRIBES HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS DOCUMENT CAREFULLY.

Protecting Your Privacy...

Psychologists have always managed psychological records with great concern for privacy and confidentiality. Although Psychology Codes of Ethics as well as State and Federal laws have continuously addressed the security of psychological records, the rules have been strengthened and made more transparent by the provisions of the Health Insurance Portability and Accountability Act (HIPAA). The following information provides details about the provisions of HIPAA and your rights concerning privacy and your psychological records.

Who will observe these rules?

The following individuals are required by HIPAA to comply with the privacy rules:

- Your treating therapists;
- Any secretary or receptionist who may have limited access to your identifying information (e.g., name, address, telephone number);
- Any business associates that handle information about you (e.g., name and address, diagnostic codes, treatment codes, consultation dates, or fees).

How This Office May Use and Disclose Psychological Information About You

Use of Protected Health Information (PHI) means when Dr. Bronstein shares, applies, utilizes, examines, or analyzes information within her practice. PHI is **disclosed** when Dr. Bronstein releases, transfers, gives, or otherwise reveals it to a third party outside of her practice. Most uses and disclosures of psychotherapy notes, uses and disclosures of protected health information (PHI) for marketing purposes, and disclosures that constitute a sale of PHI require patient authorization. Other uses and disclosures not described in the Privacy Notices will be made only with authorization from you.

For Treatment

Dr. Bronstein will access your record and use psychological information about you to assist in the continuity of your treatment services. Protected Health Information (PHI) will not be shared with other health care professionals; unless, however, you specifically request it or agree to it, and sign a consent form to that effect. This information may be shared in either paper or electronic format, per your request. In cases of emergency obtaining consent might not be possible. In this event only information relevant to your care and treatment will be disclosed.

For Payment

Currently, Dr. Bronstein works with Medicare and the secondary insurance companies that these clients have. Psychologists sometimes use and disclose psychological information about you for billing purposes. They are required to restrict the disclosure of PHI about you if the law does not otherwise require the disclosure. Dr. Bronstein could also provide your PHI to business associates, such as billing companies, claims processing companies, and others that process health care claims. You have the

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right to restrict certain disclosures of PHI to health plans/insurance companies if you pay out of pocket in full for the health care service.

For Health Care Operations

Currently, Dr. Bronstein is a sole practitioner and does not have additional staff. Psychologists sometimes share basic identifying information with a secretary or other office staff to assist in scheduling and treatment procedures. This normally would not include the contents of your psychological record, however.

As Required by Law

Under most circumstances, all information about you, in written or verbal form, obtained in the therapy process (including your identity as a client) will be kept confidential. Information will not be disclosed to any outside person(s) or agency without your written permission except in certain situations, which include, but are not limited to:

- a. If you are determined to be in imminent danger of harming yourself, someone else, or someone else's property;
- b. If a family member notifies me that you have threatened to harm another person;
- c. If you disclose abuse or neglect of children, the elderly, or vulnerable adults;
- d. If you place your mental status at issue in litigation initiated by you, the defendant may have the right to obtain access to your records;
- e. Or where otherwise legally required or required by judicial, board, or administrative proceedings.

It is possible that the Department of Health and Human Services may review how this office complies with the regulations of HIPAA. In such a case, your personal health information could be revealed as part of providing evidence of compliance.

Business Associates

Sometimes psychologists contract with a billing agency or attorneys to attend to business issues on an as-needed basis. In this case, there will be a written contract in place with the agency requiring that it maintain the security of your information in compliance with the rules of HIPAA.

Research

This office is currently not participating in any research studies. However, if research is conducted through this office in the future, you would be informed of the nature of the research, have an opportunity to read and review an Informed Consent describing the research study thoroughly, and ultimately have the opportunity to accept or decline participation. You would never be obligated to participate in a research project and your choice to decline research involvement would not affect your treatment in any way.

Your Rights Regarding Psychological Information About You

As a client in Dr. Bronstein's practice, you have the following rights:

1. The Right to Inspect and Obtain a Copy of Your Psychological Record

Professional records constitute an important part of the therapy process and help with the continuity of care over time. According to the rules of HIPAA, your treatment and consultations with Dr. Bronstein are

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documented in *The Clinical Record*, which is a required record that includes the date of your therapy sessions, your reasons for seeking treatment, your diagnosis, therapeutic goals, treatment plan, progress, medical and social history, treatment history, functional status, any past records from other providers, as well as any reports to your insurance carrier. *Psychotherapy Notes* are optional notes that are kept by some providers to document specific content or analyses of therapy conversations, how they impact on the therapy, and notes of your therapist that may assist in treatment. When used, Psychotherapy Notes are kept separately from your Clinical Record in order to maximize privacy and security.

You have the right to inspect and receive a copy of your Clinical Record or a summary of such record in paper or electronic format. This request must be made in writing. Viewing your record is best done during a professional consultation, however, rather than on your own, in order to clarify any questions that you may have at the time. You may be charged a nominal fee for accessing and printing the record. Psychotherapy Notes, however, if they are created, are never disclosed to third parties, HMOs, insurance companies, billing agencies, patients, or anyone else. They are for the use of a treating therapist in tracking the many details of consultations that are far too specific to be included in the Clinical Record. If your case manager or insurance company requests to see the Psychotherapy Notes, you have a choice about consenting (authorizing release of this information) or denying access to them. If you refuse, it will not affect your coverage or reimbursement in any way, and your insurance provider or HMO is obliged to provide payment as usual.

2. The Right to Request a Correction or Add an Addendum to Your Psychological Record

Correction: If you believe that there is an inaccuracy in your clinical record you may request a correction. If the information is accurate, however, or if it has been provided by a third party (e.g., previous therapist, primary care physician, etc.), it may remain unchanged, and the request denied. In this case you will receive an explanation in writing, with a full description of the rationale. If your request is approved, the change(s) to your PHI will be made, you will be informed of this action, and Dr. Bronstein will advise all others who need to know about the change(s) to your PHI.

Addendum: You also have the right to make an addition to your record, if you think it is incomplete.

3. The Right to an Accounting of Disclosures of Your Psychological Information to Third Parties

You have the right to know if, when, and to whom your psychological information has been disclosed (exclusive of treatment, payment, and health care operations). However, you likely would already be aware of this, as you would have signed consent forms allowing such disclosures (such as to other psychotherapists, primary care physicians, etc.). This accounting must extend back for a period of six years.

4. The Right to Request Restrictions on How Your Information is Used

You have the right to request restrictions on certain uses or disclosures of your psychological information. These requests must be in writing, and most likely will be honored, although in some cases they may be denied. This office does not use or release your protected health information for any purpose other than treatment, payment, healthcare operations, and other exceptions specified in this notice.

5. The Right to Request Confidential Communications

You have the right to request that your therapist communicate with you about your treatment in a certain way, or at a certain location. For example, you may prefer to be contacted at work instead of at home, or on a cell phone, in order to schedule or cancel an appointment. Or, you may wish to receive billing statements at a Post Office Box, or at some other address.

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6. The Right to a Copy of This Notice Upon Request

You have the right to have a paper and email copy of this Notice of Privacy Practices.

7. The Right to File a Complaint

You have the right to file a complaint if you believe your privacy rights have been violated. You must do so in writing, and may address it directly to Dr. Bronstein, P.O. Box 3763, Los Altos, CA 94024, or to the Office for Civil Rights Regional Manager (address: Office for Civil Rights, U.S. Department of Health and Human Services, 90 7th Street, Suite 4-100, San Francisco, CA 94103). Filing a complaint will not change the health care provided by this office in any way. If you have questions or concerns about this notice or your health information privacy, please do not hesitate to contact Dr. Bronstein at (650) 231-4835.

Notifications of Breaches

In the case of a breach, Dr. Bronstein is required to notify each affected individual whose unsecured PHI has been compromised. Even if a business associate caused such a breach, Dr. Bronstein is ultimately responsible for providing the notification directly or via the business associate. If the breach involves more than 500 persons, the Office for Civil Rights must be notified in accordance with instructions posted on its website. Dr. Bronstein bears the ultimate burden of proof to demonstrate that all notifications were given or that the impermissible use or disclosure of PHI did not constitute a breach and must maintain supporting documentation, including documentation pertaining to the risk assessment.

PHI After Death

Dr. Bronstein may disclose deceased individuals' PHI to non-family members, as well as family members, who were involved in the care or payment for healthcare of the decedent prior to death; however, the disclosure must be limited to PHI relevant to such care or payment and cannot be inconsistent with any prior expressed preference of the deceased individual.

Effective Date of this Notice

This notice went into effect in September 2013 and was modified in April 2017.

Changes to this Notice

Please note that this privacy notice may be revised from time to time. You will be notified of changes in the laws concerning privacy or your rights as we become aware of them. In the meanwhile, please do not hesitate to raise any questions or concerns about confidentiality with Dr. Bronstein.

The signature below indicates that I have received a copy of this Notice of Privacy Practices and have been given an opportunity to discuss the information herein.

Signature of client (or person acting for client)

Date

Printed name