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## **NOTICE OF PRIVACY PRACTICES**

**This notice went into effect on 2/16/2021**

I can change the terms of this Notice, and such changes will apply to all the information I have about you. The new Notice will be available upon request electronically or in paper form, and will be posted on my website. I revisit my policies for protecting patient privacy annually near the beginning of every year and make any necessary changes to my policies and to this Notice. I also revisit and update my policies and this Notice on an as-needed basis throughout the year.

### **Introduction**

The Federal Health Insurance Portability and Accountability Act (HIPAA) requires mental health professionals to issue this Notice of Privacy Practices. This notice describes how medical information about you may be used or disclosed and how you can get access to this information. Please review it carefully. You may have additional rights under state and local law. Please seek legal counsel from an attorney licensed in your state if you have questions regarding your right to health care information.

For psychotherapy to be beneficial, it is important that you feel free to speak about personal matters, secure in the knowledge that the information you share will remain confidential. You have the right to the confidentiality of your medical and psychological information, and this practice is required by law to maintain the privacy of that information.

This practice is required to abide by the terms of the Notice of Privacy Practices currently in effect, and to provide notice of its legal duties and privacy practices with respect to protected health and psychological information.

### **Who Will Follow This Notice**

I am in private practice and have no employees, so this Notice describes the policies I follow. All business associates (e.g., a billing service) 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.

### **Uses and Disclosures for Treatment, Payment, and Health Care Operations**

I may use or disclose your Protected Health Information (PHI), for treatment, payment, and health care operations purposes. To help clarify these terms, here are some definitions:

PHI refers to information in your health record that could identify you. For example, it may include your name, the fact you are receiving treatment here, and other basic information pertaining to your treatment.

Use applies only to activities within my private practice, such as sharing, employing, applying, utilizing, and analyzing information that identifies you.

Disclosure applies to activities outside of my private practice, such as releasing, transferring, or providing access to information about you to other parties.

Authorization is your written permission to disclose confidential health information.

Treatment is when I provide, coordinate, or manage your health care and other services related to your health care. For example, with your written authorization I may provide your information to your physician to ensure the physician has the necessary information to diagnose or treat you.

Payment: Your PHI may be used, as needed, in activities related to obtaining payment for your health care services. This may include the use of a billing service or providing you documentation of your care so that you may obtain reimbursement from your insurer.

Health Care Operations are activities that relate to the performance and operation of my practice. I may use or disclose, as needed, your protected health information in support of business activities.

### **Written Authorizations to Release PHI**

Any other uses and disclosures of your PHI beyond those listed above will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke your authorization at any time, in writing.

### **Uses and Disclosures without Authorization**

The ethics code of the American Psychological Association, California State law, and the federal HIPAA regulations all protect the privacy of all communications between a client and a mental health professional. In most situations, I can only release information about your treatment to others if you sign a written authorization. This Authorization will remain in effect for a length of time you and I determine. You may revoke the authorization at any time, unless I have taken action in reliance on it. However, there are some disclosures that do not require your Authorization, including but not limited to the situations described below. For example, I may use or disclose PHI without your consent in the following circumstances:

Appointment reminders: I may use and disclose your PHI to contact you to remind you that you have an appointment with me.

Health Emergencies: Health information may be disclosed to others without your consent if you need emergency treatment, including if your therapist tries to get consent for such treatment but you are unable to communicate. Your therapist must try to obtain your consent later, after treatment is rendered.

Child Abuse: Abuse takes many forms, including but not limited to neglect, physical abuse, and sexual abuse and exploitation. A report of child abuse is required to child protective services when there is a reasonable suspicion that a minor has experienced abuse, and I, in my role as your therapist, learn about the abuse. If you were to tell me about abuse taking place against a

third-party child (for example, a neighbor's child), I would be mandated to report it. If you are an adult and report during therapy that you were abused as a child, I do not have to report it. I am, though, required to make a report if there are children who currently at risk from your former perpetrator. Also, if I have knowledge of or suspect that mental suffering has been inflicted upon a child or that their emotional well-being is endangered in any way, I may report that information to child protective services. Please note: According to state law, I am required to report ALL possession or viewing of pornographic images and videos depicting minors. This includes all "sexting" in which a minor was depicted, even if the minor sent a single graphic image of themselves to another party. This still constitutes possession and dissemination of child pornography.

**Elder and Dependent Adult Abuse:** If I, in my professional capacity, have reason to believe that an elder or dependent adult has been abused, abandoned, abducted, isolated, or exploited, I must report the known or suspected abuse immediately to Adult Protective Services or to a local law enforcement agency. If, however, (a) an elder or dependent adult who has been diagnosed with a mental illness or dementia, or who is the subject of a conservatorship because of a mental illness or dementia, tells a therapist of an incident of abuse; (b) the therapist is unaware of any independent corroborating evidence; and, (c) in the exercise of clinical judgment, the therapist reasonably believes that the abuse did not occur, the therapist is not required to make a report.

**Health Oversight:** If a complaint is filed against me with the Board of Psychology, the Board has the authority to subpoena confidential information from me that is relevant to the complaint. If a client files a complaint or lawsuit against me, I may disclose relevant information regarding that patient in order to defend myself.

**Judicial or Administrative Proceedings:** 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 when the evaluation is court-ordered. You must be informed in advance if this is the case.

**Serious Threat to Health or Safety:** If you or your family member communicates to me that you pose a serious threat of physical violence against an identifiable victim, I may make disclosures that I believe are necessary to protect that individual from harm. If I believe that you present an imminent, serious risk of injury or death to yourself, I may make disclosures I consider necessary to protect you from harm.

**Worker's Compensation:** If you file a worker's compensation claim, I may disclose PHI regarding you as authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault. The requested information that will be

disclosed will only be that which is relevant to your claim and describes your functional limitations.

### **Special Authorizations**

Certain categories of information have extra protections by law, and thus require special written authorizations for disclosures.

**Psychotherapy Notes:** I will obtain a special authorization before releasing your Psychotherapy Notes. “Psychotherapy Notes” are notes I have made about our conversation during a private, group, joint, or family counseling session, which I have kept separate from the rest of your record. These notes are given a greater degree of protection than PHI.

**HIV Information:** Special legal protections apply to HIV/AIDS related information. I will obtain a special written authorization from you before releasing information related to HIV/AIDS.

**Alcohol and Drug Use Information:** Special legal protections apply to information related to alcohol and drug use and treatment. I will obtain a special written authorization from you before releasing information related to alcohol and/or drug use/treatment. You may revoke all such authorizations (of PHI, Psychotherapy Notes, HIV information, and/or Alcohol and Drug Use Information) at any time, provided each revocation is in writing, signed by you, and signed by a witness. You may not revoke an authorization to the extent that (1) I have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, law provides the insurer the right to contest the claim under the policy.

### **Patient’s Rights and Psychologist’s Duties**

#### **Patient’s Rights**

**Right to Request Restrictions:** You have the right to request restrictions on certain uses/disclosures of PHI. However, I am not required to agree to the request.

**Right to Receive Confidential Communications by Alternative Means:** You have the right to request and receive confidential communications by alternative means and locations. (For example, you may not want a family member to know that you are seeing me. On your request, I will send your bills to another address.)

**Right to Inspect and Copy:** You have the right to inspect or obtain a copy (or both) of PHI in my records as these records are maintained. I may deny your access to PHI under certain circumstances, but, in some cases, you may be able to have this decision reviewed. On your request, I will discuss with you the details of the request and denial process.

**Right to Amend:** You have the right to request an amendment of PHI for as long as it is maintained in the record. I may deny your request. If so, I will discuss with you the details of the amendment process.

**Right to an Accounting:** You generally have the right to receive an accounting of all disclosures of PHI. I can discuss with you the details of the accounting process.

Right to a Paper Copy: You have the right to obtain a paper copy of the Notice of Privacy Practices from me upon request.

Right to Be Notified if There is a Breach of Your PHI: You have a right to be notified if: (a) there is a breach (a use or disclosure of your PHI in violation of the HIPAA Privacy Rule) involving your PHI; (b) your PHI has not been encrypted to government standards; and (c) my risk assessment fails to show that there is a low probability that your PHI is compromised.

#### Psychologist's Duties

I am required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI. I reserve the right to change the privacy policies and practices described in this notice. If I revise my policies and procedures, I will notify you at our next session, or by secure message.

#### Questions and Complaints

You are always free to discuss this notice and these policies with me so that we can address your questions, complaints, or concerns. If you are concerned that I have violated your privacy rights, or you disagree with a decision that I have made about access to your records, you may wish to file a complaint. You may send your written complaint to my address via mail. You may also contact the California Department of Health Services and/or send a written complaint to the Secretary of the U.S. Department of Health and Human Services. When filing a complaint, you may wish to include the following information: type of infraction, description of the privacy issue, date of incident if applicable, and address where formal response may be sent. You have specific rights under the Privacy Rule. I will not retaliate against you for exercising your right to file a complaint.