

NOTICE OF PRIVACY POLICIES

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.**

Your Rights

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information I share
- Get a list of those with whom I've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Our Uses and Disclosures

Advanced Mindset Psychological Services may use and share your information for the following:

- To provide treatment to you
- Office Operations
- Bill for your services
- Comply with the law
- Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Advanced Mindset Psychological Services

Ask Advanced Mindset Psychological Services to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete.
- We may say “no” to your request, but we tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

Ask us to limit what we use or share

We will not share any of your information without your expressed written permission. The only times we will share information without your permission are those times that we are mandated to, or permitted to by law. Those circumstances include if you are a danger to yourself, others or are gravely disabled; if the information is needed to provide you care in the event of an emergency; or if you share knowledge of current child abuse (for adults) or past child abuse (for minors), elder abuse, or dependent adult abuse.

Get a list of those with whom we have shared your information with

- You can ask for a list (accounting) of the times we have shared your health information for six years prior to the date you ask. We will let you know who we shared it with, and why.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. Advanced Mindset Psychological Services will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- You may also contact the California Board of Psychology at <http://www.psychology.ca.gov/consumers/> or by sending a letter to 1625 North Market, Street, Suite N-215, Sacramento CA 95834
- Advanced Mindset Psychological Services will not retaliate against you for filing a complaint.

Your Choices

For certain health information If you have a clear preference for how we share your information in the situations described below, tell us what you would like for us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we never share your information unless you give us written permission:

- Sharing of progress notes, treatment notes/plans, or anything related to your care.

Help with public health and safety issues

I can share health information about you for certain situations such as:

- Reporting suspected abuse or neglect (as indicated above)
- Preventing or reducing a serious threat that you pose to a person's life or if a close family member expresses to us an imminent threat that you intend to kill a reasonably identifiable victim.

Comply with the law

We will share information about you if state or federal laws require it.

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena that you initiate or that is ordered by the court. In a situation in which you have not initiated the court proceedings and do not wish for your records to be disclosed, we will assert privilege on your behalf.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us that we can in writing. Even after you have given your permission, you may change your mind at any time. Let us know in writing if you change your mind so that we may document the change.

For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. You will be notified and the new notice will be available upon request.

Notice of Receipt of Privacy Policies

Please sign below to acknowledge receipt of the Notice of Privacy Policies.

Signature of Patient or Personal Representative

Printed Name of Patient or Personal Representative

Date _____

Description of Personal Representative's Authority:
