

**NOTICE OF PRIVACY PRACTICES**

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**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.**

Privacy is a very important concern for all those who come to this office. It is also complicated because of the many federal and state laws and our professional ethics. Because the rules are so complicated, some parts of this notice are very detailed, and you probably will have to read them several times to understand them. If you have any questions, please do not hesitate to ask. We will discuss this form in detail during our first meeting and I would be happy to answer any of your questions then, or when they arise.

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**A. Introduction: To my clients**

This notice will tell you how I handle your medical information. It tells how I use this information here in this office, how I share it with other professionals and organizations, and how you can see it. I want you to know all of this so that you can make the best decisions for yourself and your family. If you have any questions or want to know more about anything in this notice, please ask for more explanations or more details.

**B. What I mean by your medical information**

Each time you visit me or any doctor's office, hospital, clinic, or other health care provider, information is collected about you and your physical and mental health. It may be information about your past, present, or future health or conditions, or the tests and treatment you received from me or from others, or about payment for health care. The information I collect from you is called "**PHI,**" which stands for "**protected health information.**" This information goes into your **medical or health care records** in my office.

In this office, your PHI is likely to include these kinds of information:

- Your history: Things that happened to you as a child; your school and work experiences; your marriage and other personal history.
- Reasons you came for treatment: Your problems, complaints, symptoms, or needs.
- Diagnoses: These are the medical terms for your problems or symptoms.
- A treatment plan: This is a list of the treatments and other services that I think will best help you.
- Progress notes: Each time you come in, I write down some things about how you are doing, what I notice about you, and what you tell me.

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- Records I get from others who treated you or evaluated you.
- Psychological test scores, school records, and other reports.
- Information about medications you took or are taking.
- Legal matters.
- Billing and insurance information.

There may also be other kinds of information that go into your health care records here.

I may use PHI for many purposes. For example, I may use it:

- To plan your care and treatment.
- To decide how well my treatments are working for you.
- When I talk with other health care professionals who are also treating you, such as your family doctor or the professional who referred you to me.
- To show that you actually received services from me, which I billed to you or to your health insurance company.
- For teaching and training other health care professionals.
- For medical or psychological research.
- For public health officials trying to improve health care in this area of the country.
- To improve the way I do my job by measuring the results of my work.

When you understand what is in your record and what it is used for, you can make better decisions about whom, when, and why others should have this information.

Although your health care records in my office are my physical property, the information belongs to you. You can read your records, and if you want a copy I can make one for you (but I may charge you for the costs of copying and mailing, if you want it mailed to you). In some very rare situations, you cannot see all of what is in your records. For example, you do not have access to my psychotherapy notes, which are kept separate from your PHI and are not a part of your medical record. If you find anything in your records that you think is incorrect or believe that something important is missing, you can ask me to amend (add information to) your records, although in some rare situations I don't have to agree to do that.

### **C. Privacy and the laws about privacy**

I am required to tell you about privacy because of a federal law, the Health Insurance Portability and Accountability Act of 1996 (HIPAA). HIPAA requires me to keep your PHI private and to give you this notice about my legal duties and my privacy practices. I will obey the rules described in this notice. If I change my privacy practices, they will apply to the entire PHI I keep. I will also post the new notice of privacy practices in my office where everyone can see. You or anyone else can also get a copy about my privacy policy by asking me or by finding it on my website at: [www.paolabailey.com](http://www.paolabailey.com).

### **D. How your protected health information can be used and shared**

Except in some special circumstances, when I use your PHI in this office or disclose it to others, I share only the **minimum necessary** PHI needed for those other people to do their jobs. The law gives you rights to know about your PHI, to know how it is used, and to have a say in how it is shared. So I will tell you more about what I do with your information.

Mainly, I will use and disclose your PHI for routine purposes to provide for your care, and I will explain more about these below. For other uses, I must tell you about them and ask you to sign a written authorization form. However, the law also says that there are some uses and disclosures that don't need your consent or authorization.

#### **1. Uses and disclosures with your consent**

After you have read this notice, you will be asked to sign a separate consent form to allow me to use and share your PHI. In almost all cases I intend to use your PHI here or share it with other people or organizations to provide

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treatment to you, arrange for payment for my services, or some other business functions called “health care operations.”

In other words, I need information about you and your condition to provide care to you. You have to agree to let me collect the information, use it, and share it to care for you properly. Therefore, you must sign the consent form before I begin to treat you. If you do not agree and consent I cannot treat you.

a. The basic uses and disclosure: For treatment, payment, and health care operations

Next I will tell you more about how your information will be used for treatment, payment, and health care operations.

*For treatment.* I use your medical information to provide you with psychological treatments or services. These might include individual, family, or group therapy; psychological, educational, or vocational testing; treatment planning; or measuring the benefits of my services.

I may share your PHI with others who provide treatment to you. For example, I may share your information with your personal physician or psychiatrist. If you are being treated by a team, I can share some of your PHI with the team members, so that the services you receive will work best together. The other professionals treating you will also enter their findings, the actions they took, and their plans into your medical record, and so we all can decide what treatments work best for you and make up a treatment plan. I may refer you to other professionals or consultants for services I cannot provide. When I do this, I need to tell them things about you and your conditions. I will get back their findings and opinions, and those will go into your records here. If you receive treatment in the future from other professionals, I can also share your PHI with them. These are some examples so that you can see how I use and disclose your PHI for treatment.

*For payment.* I may use your information to bill you, your insurance, or others, so I can be paid for the treatments I provide to you. I may contact your insurance company to find out exactly what your insurance covers. I may have to tell them about your diagnoses, what treatments you have received, and the changes I expect in your conditions. I will need to tell them about when we met, your progress, and other similar things.

*For health care operations.* Using or disclosing your PHI for health care operations goes beyond our care and your payment. For example, I may use your PHI to see where I can make improvements in the care and services I provide. I may be required to supply some information to some government health agencies, so they can study disorders and treatment and make plans for services that are needed. If I do, your name and personal information will be removed from what I send.

b. Other uses and disclosures in health care

*Appointment reminders.* I may use and disclose your PHI to reschedule or remind you of appointments for treatment or other care. If you want me to call or write to you only at your home or your work, or you prefer some other way to reach you, I usually can arrange that. Just tell me.

*Treatment alternatives.* I may use and disclose your PHI to tell you about or recommend possible treatments or alternatives that may be of help to you.

*Research.* I may use or share your PHI to do research to improve treatments—for example, comparing two treatments for the same disorder, to see which works better or faster or costs less. In all cases, your name, address, and other personal information will be removed from the information given to researchers. If they need to know who you are, I will discuss the research project with you, and I will not send any information unless you sign a special authorization form.

**2. Uses and disclosures that require your authorization**

If I want to use your information for any purpose besides those described above, I need your permission on an authorization form. I don't expect to need this very often. If you do allow me to use or disclose your PHI, you can

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cancel that permission in writing at any time. I would then stop using or disclosing your information for that purpose. Of course, I cannot take back any information I have already disclosed or used with your permission.

**3. Uses and disclosures that DO NOT require your consent or authorization**

The law lets me use and disclose some of your PHI without your consent or authorization in some cases. Here are some examples of when I might do this.

a. When required by law

There are some federal, state, or local laws that require me to disclose PHI:

- I have to report suspected child abuse. In other words, I am legally mandated to report any reasonable suspicion of child abuse.
- I have to report suspected elder and/or dependent adult abuse. In other words, I am legally mandated to report any reasonable suspicion of elder and/or dependent adult abuse.
- If you are involved in a lawsuit or legal proceeding, and I receive a subpoena or other lawful process about the professional services that I have provided you and/or the records thereof, I am legally obligated to respond to the subpoena and may have to provide the requested information to the court. However, such information is also likely to be privileged under CA law, and I will not release information without first consulting with you or your legally appointed representative. This does not apply when a third party is evaluating you or where the evaluation is court ordered. You will be informed in advance if this is the case.
- I have to disclose some information to the government agencies that check on us to see that I am obeying the privacy laws (e.g. Quality Care Reviews)
- If I am treating you for Worker's Compensation purposes, I must provide periodic updates to you Employer, specifically information as to whether or not you attended treatment and the dates you attended. If I am conducting a fitness evaluation, I must provide your Employer with information pertaining to your level of fitness for duty and any necessary recommendations/accommodations.

b. For law enforcement purposes

I may release medical information if asked to do so by a law enforcement official to investigate a crime or criminal.

d. Treatment emergencies

If there is a treatment emergency, and so I cannot ask if you disagree, I can share information if I believe that it is what you would have wanted and if I believe it will help you if I do share it. If I do share information, in an emergency, I will tell you as soon as I can.

c. Safety Emergencies

If I come to believe that there is a serious threat to your health or safety, or that of another person or the public, I can disclose some of your PHI. I will only do this to persons who can prevent the danger.

**4. Uses and disclosures where you have an opportunity to object**

I can share some information about you with your family or close others. I will only share information with those involved in your care and anyone else you choose, such as close friends or clergy. I will ask you which persons you want me to tell, and what information you want me to tell them, about your condition or treatment. You can tell me

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what you want, and I will honor your wishes as long as it is not against the law.

**5. An accounting of disclosures I have made**

When I disclose your PHI, I may keep some records of which I sent it to, when I sent it, and what I sent. You can get an accounting (a list) of these disclosures.

**E. Your rights concerning your health information**

1. Right to Receive Communication by Alternative Means or at Alternative Locations. You can ask me to communicate with you about your health and related issues in a particular way or at a certain place that is more private for you. For example, you can ask me to call you at home, and not at work, to schedule or cancel an appointment.

2. Right to Request Restrictions. You have the right to ask me to limit what I tell people involved in your care or with payment for your care, such as family members and friends. I don't have to agree to your request, but if we agree, I will honor it except when it is against the law, or in an emergency, or when the information is necessary to treat you.

3. Right to Inspect and Copy. You have the right to look at the health information I have about you, such as your medical and billing records. You can get a copy of these records, but I may charge you.

4. Right to Amendment. If you believe that the information in your records is incorrect or missing something important, you can ask me to make additions to your records to correct the situation. You have to make this request in writing and send it to me. You must also tell me the reasons you want to make the changes.

5. Right to Privacy Policy. You have the right to a copy of this notice. If I change this notice, I will post the new one in my office or you can find it on my website.

6. You have the right to file a complaint if you believe your privacy rights have been violated. You can file a complaint with me, Paola Bailey, PsyD and/or with the Secretary of the U.S. Department of Health and Human Services. All complaints must be in writing. Filing a complaint will not change the health care I provide to you in any way.

7. Right to Accounting. You generally have a right to receive an accounting of disclosure of your PHI. Upon your request, I will discuss with you the details of this accounting process.

You may have other rights that are granted to you by the laws of our state, and these may be the same as or different from the rights described above. I will be happy to discuss these situations with you now or as they arise.

**F. If you have questions or problems**

If you need more information, have questions about the privacy practices described above, or have other concerns about your privacy rights, you may contact me, Paola Bailey, PsyD at 310-341-0317 or via email at [paola@paolabailey.com](mailto:paola@paolabailey.com).

If you believe that your privacy rights have been violated and wish to file a complaint with me, you may send your written complaint to me at: Paola Bailey, PsyD, 715 N Central Avenue, Suite 108, Glendale, CA 91203. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. I can provide you with appropriate address upon request. Please note: you have specific rights under the Privacy Rule. I will not retaliate against you for exercising your right to file a complaint.

The effective date of this notice is July 1, 2012.

Paola Bailey, PsyD  
Licensed Clinical Psychologist  
PSY# 25263

**NOTICE OF THE POLICIES AND PRACTICES TO PROTECT THE  
PRIVACY OF YOUR HEALTH INFORMATION**

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I received the Notice of Privacy Practices from Dr. Bailey regarding her privacy policies and practices as outlined by HIPAA (Health Insurance Portability and Accountability Act of 1996).

I have read the Notice and Dr. Bailey discussed the information with me. I am familiar with Dr. Bailey's abilities and limitations protecting my health information.

By signing this form, I acknowledge receipt of Dr. Bailey's Notice of Privacy Practices and agree to let her collect and use my PHI for the purposes described in the Notice.

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Printed Name of Client (or parent/guardian)

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Signature of Client (or parent/guardian)

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Date