

Sarah Ray, Psy.D., QME

Advanced Health Care

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NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. IT SHOULD BE REVIEWED WITH CARE.

Dr. Sarah Ray and her associates are required by federal and state law to maintain the privacy of your health information, as well as give you this notice about privacy practices, legal obligations, and your rights concerning your health information, “Protected Health Information” (PHI). Dr. Ray and her associates must follow the privacy practices that are described herein and these practices may be amended as needs or requirements change.

For further clarification of anything noted in this document please contact Dr. Ray.

Uses and Disclosures of Your Protected Health Information

The following will explain the ways in which your health information may be used *without your consent* under Federal and State law. In all cases, Dr. Ray practices disclosing minimum information necessary to achieve the purpose of said disclosure. This is not intended to be an exhaustive list, but instead an explanation of cases and scenarios where disclosure of PHI may be necessary falling under general categories. These disclosures exclude psychotherapy notes as described in the next section.

- A. **Treatment:** Dr. Ray and her associates may use and disclose information related to your treatment to members of your current treatment team for the purposes of continuity of care and to coordinate and manage your healthcare and related services.
- B. **Payment:** Dr. Ray and her associates may use and disclose information in your protected health record for billing purposes with your insurance plan. Your insurer may require certain information about your treatment prior to authorizing payment for services.
- C. **Health Care Operations:** These include quality improvement activities, consultation with colleagues, licensing, and credentialing activities.
- D. Where ever required by law, your protected health information will be disclosed.
- E. In the event of an emergency your protected health information may be disclosed in order to allow for your treatment and care.

Uses and Disclosures Requiring your Written Consent

Notes recorded by Dr. Ray and her associates, documenting the contents of your session (Psychotherapy Notes), will be used only by your clinician and will not otherwise be used or disclosed without your written authorization.

Marketing activities will never include your protected health information without your written approval.

Any disclosure to individuals not directly involved in your treatment or care (ie: your attorney, school, etc.) will require your written authorization for release of PHI.

Note: Your “authorization” to release PHI may be revoked at any time by providing that the revocation is in writing. This revocation will go into effect when the written notice has been personally received and reviewed.

Your Rights Regarding Your Health Information

- A. **Right to Inspect and Copy:** You have the right to inspect and copy your medical and billing records, but not your psychotherapy notes. All requests of this nature must be made in writing. There will be a fee associated with copying records and mailing records if you chose to receive them via mail.
- B. **Right to Request Confidential Communications:** You have the right to request that Dr. Ray and her associates communicate with you only in a certain location or through a certain method (i.e. at work only, or through email, etc.) All requests must be received in writing and reasonable requests will be honored. A reason for the request is not necessary, but we do need to know the specifics on where and how you wish to be contacted.
- C. **Right to Request Restrictions:** You have the right to request a restriction on the health information that is used or disclosed about you for treatment, payment, or health care operations. Requests for restrictions must be submitted in writing. We are not required to agree with your requested restriction, however, Dr. Ray and her associates will honor your request unless the restricted health information is needed to provide you with emergency treatment.
- D. **Right to Accounting of Disclosures:** You have the right to request to be provided with an accounting of the disclosures that have made of your protected health information. This request must be made in writing and will not include disclosures made for the purposes of treatment, payment, and health care operations.
- E. **Right to Request an Amendment:** You have the right to request amendment of your health information. Your request must be made in writing and should detail the reason for the requested amendment. This request may be denied in certain circumstances.
- F. **Right to a Paper Copy of this Notice:** You have the right to obtain a paper copy of this Notice of Privacy Practices at any time.
- G. **Questions or Complaints:** Any questions or complaints regarding your privacy rights should be addressed with the Privacy Officer, Dr. Sarah Ray. You may also contact the Secretary of the U.S. Department of Health and Human Services. You will not be retaliated against you chose to complain to Dr. Ray, her associates, or an outside agency.

This notice is effective April 14, 2003. It may be amended at any time, and the revision will be effective for all PHI maintained. In the event of an amendment, a new notice will be posted and you may request a copy of the revised notice.

I acknowledge having received a copy of Advanced Health Care’s Notice of Privacy Practices.

Client Signature: _____ Date: _____