

Brenda Gomez, PsyD Patient Registration Packet

7040 Avenida Encinas Suite 104-2

Office: (619) 361-1207

Notice of Privacy Practices

Health Insurance Portability and Accountability Act Provisions (HIPAA)

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.

Protecting your privacy...

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

- Brenda Gomez, your treating therapist and/or anyone else with whom you consult for regular therapy appointments.
- Any administrative assistant or office staff who may have some access to your identifying information (such as your name, address, telephone number, etc.).
- Any billing agency or collection agency that handles information about you (including your name, address, diagnostic codes, treatment codes, consultation dates, but not actual clinical records).

Your Rights Regarding Medical Information About You

You have the following rights regarding your medical information:

The right to inspect and obtain a copy of your medical 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 consultations are documented in two ways:

1. The clinical record (required) may include the date of your consultations, your reasons for seeking therapy, 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.
2. Psychotherapy notes (optional), consisting of the specific content or analyses of therapy conversations, how they impact the therapy (including sensitive information that you may reveal that is not required to be included in your clinical record), and notes of your therapist that may assist in treatment. Psychotherapy notes belong to the therapist and are kept separately from your clinical record in order to maximize privacy and security.

You have the right to inspect and obtain a copy of your *clinical record*. Viewing the record is best done during a professional consultation in order to clarify any questions that you might have at the time. You may be charged a nominal fee for accessing and photocopying the clinical record. Psychotherapy notes, however, if they are created, are not disclosed to third parties, HMOs, insurance companies, billing agencies, clients, or anyone else. They are for the use of a treating therapist in tracking the many details of the consultations that are far too specific to be entered into the clinical record.

The right to request a correction or add and addendum to your psychological record

If you believe that there is an inaccuracy in your clinical record you may request a correction. However, if the information is accurate, or, if the information in the clinical record was provided by a third party (e.g. by a previous therapist, primary care physician, etc), it may remain unchanged, and the request may be denied. In this case you will receive an explanation in writing with a full description of the rationale. You also have the right to make an addition to your record if you think it is incomplete.

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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 (e.g., disclosures to other psychotherapists, primary care physicians, specialists, etc.). This accounting must extend back for a period of six years.

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. These requests will most likely be honored, although in some cases they may be denied. This office does not use or release your protected health information for marketing purposes or any other purpose aside from treatment, payment, healthcare operations, and other exceptions specified in this notice.

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 to schedule or cancel an appointment, or you may wish to receive billing statements at a post office box rather than your home address.

The right to receive a copy of this notice upon request

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

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. Your complaint may be addressed directly to your therapist, Brenda Gomez, or to the Secretary of the Department of Health and Human Services, or to the Board of Psychology. If you have any questions or concerns about this notice or this health information privacy please contact Brenda Gomez at (619) 361-1207 or email her at drbeachgomez@gmail.com.

How We May Use and Disclose Psychological Information about You For treatment

We will use psychological information about you to assist in the continuity of treatment and services. This information will not be shared in an identifiable manner with other health care professionals, unless you specifically request or agree to it and sign a consent form to that effect. Our clinicians are members of professional consultation groups where they may consult with or receive supervision from other psychotherapists about clinical cases. No client's personal identifying information is shared, and every possible effort is made to protect each and every individual's identity.

For payment

We may use and disclose Protected Health Information (PHI), about you for billing purposes. This is generally restricted to your name and other personal identifiers (address, and other relevant information such as social security number or Medicare number, or other needed information), diagnostic and treatment codes, dates of services, and similar information usually as requested by insurance companies.

For health care operations

We may share basic identifying information with an administrative assistant or other office staff to assist in scheduling or other treatment procedures. This would not normally include the contents of your psychological record.

How We May Use and Disclose Psychological Information about You Continued-As required by law*

- If we have good reason to believe that you are in danger of harming yourself or of harming another person.
- If we have good reason to believe that you are unable to care for yourself.
- If there is suspected abuse or neglect of a child, older adult (65 or older), or dependent adult.

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- If there is suspected use of child pornography or child solicitation.
- If we are court ordered to release information as part of a legal proceeding; or as otherwise required by law.
- If the United States government believes that you pose a threat to the United States government

(*By law, we may be required to contact the police or the County Crisis Team, contact Child or Adult Protective Services, seek hospitalization for a client, contact a potential victim and warn them of your intentions, or provide records to a court. Under the provisions of the Health Care Information Act of 1992, we may legally speak to another health care provider or a member of your family about you without your prior consent, but we will not do so unless the situation is an emergency).

Business associates

We may contract with independent contractors, billing agencies, electronic records companies, or attorneys to attend to business aspects 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.

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 meantime, please do not hesitate to raise any questions or concerns about confidentiality with us at any time.

Thank You

This is a lot of information to absorb! Please let us know if you have any questions.

Consent For Email and Text Communication

If you wish to contact us for basic communication purposes or to schedule appointments, you may call, email or text us. If you choose to email or text, please note that email is not a secure means of communicating and the privacy of email communications cannot be guaranteed.

I do not offer advice, therapy, or emergency care via email or text.

I understand that email or texting are not secure means of communicating, and the confidentiality of communication through e-mail exchanges or text is not guaranteed. (Mark one box)

I am over the age of eighteen.

I am under the age of eighteen.

I accept, understand, and agree to abide by the contents and terms of this agreement. I consent to participate in evaluation and/or treatment.

Name of Client (please print)

Signature of Client Date

Signature of Parent or Legal Guardian #1 Date

Signature of Parent or Legal Guardian #2 Date