



## Child, Teen, and Adult Psychotherapy

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### CALIFORNIA NOTICE FORM

#### Notice of Psychologists' Policies and Practices to Protect the Privacy of Your Health Information

This notice describes how psychological and medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully. This notice conforms to the Federal Health Insurance Portability and Accountability Act (HIPAA) effective April 14, 2003. It also conforms to the Health Care Privacy Laws of California.

**1. Disclosures for Treatment, Payment, and Health Care Operations:** We may use or disclose your protected health information (PHI), for certain treatment, payment, and health care purposes without your authorization. In certain circumstances, we can only do so when the person or business requesting your PHI gives us a written request that includes certain promises regarding protecting the confidentiality of your PHI.

To help clarify these terms, here are some definitions:

- **"PHI"** refers to information in your health record that could identify you.

#### **"Treatment and Payment Operations"**

- **"Treatment"** is when we provide treatment or another healthcare provider diagnoses or treats you. An example of treatment would be when your therapist consults with another health care provider, such as your family physician or another psychologist, regarding your treatment.
- **"Payment"** is when we obtain reimbursement for your healthcare. Examples of payment are when we disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
- **"Health Care Operations"** is when we disclose your PHI to your health care service plan (for example your health insurer), or to your other health care providers contracting with your plan, for administering the plan, such as case management and care coordination.
- **"Use"** applies only to activities within our office such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- **"Disclosure"** applies to activities outside of our office such as releasing, transferring, or providing access to information about you to other parties.
- **"Authorization"** means written permission for specific uses or disclosures.

**2. Uses and Disclosures Requiring Authorization:** We may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. In those instances when we are asked for information for purposes outside of treatment and payment operations, we will obtain an authorization from you before releasing this information. We will also need to obtain an authorization before releasing your psychotherapy notes. "Psychotherapy notes" are notes your therapist have made about our conversation during a private, group, joint, or family counseling session, which we have kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI. You may revoke or modify all such authorizations (of PHI or psychotherapy notes) at any time; however, the revocation or modification is not effective until we receive it in writing.

**3. Uses and Disclosures with Neither Consent nor Authorization:** We may use or disclose PHI without your consent or authorization in the following circumstances:

1. **Child Abuse:** Whenever your therapist, in their professional capacity, has knowledge of or reasonably suspect



that a child has been the victim of child abuse or neglect, they must immediately report such to Children Protection Services (CPS). Also, if they have knowledge of or reasonably suspect that mental suffering has been inflicted upon a child or that his or her emotional wellbeing is endangered in any other way, they may report such to CPS as well.

2. **Elder or Dependent Adult Abuse:** If your therapist, in their professional capacity, have observed or have knowledge of an incident that reasonably appears to be physical abuse, abandonment, abduction, isolation, financial abuse or neglect of an elder or dependent adult, or if they are told by an elder or dependent adult that he or she has experienced these or if they reasonably suspect such, your therapist must report the known or suspected abuse immediately to Adult Protective Services (APS) or the local law enforcement agency.

**Your therapist does not have to report such an incident if:**

- They have been told by an elder or dependent adult that he or she has experienced behavior constituting physical abuse, abandonment, abduction, isolation, financial abuse or neglect;
  - They are not aware of any independent evidence that corroborates the statement that the abuse has occurred;
  - the elder or dependent adult has been diagnosed with a mental illness or dementia, or is the subject of a court ordered conservatorship because of a mental illness or dementia; and
  - in the exercise of clinical judgment, they reasonably believe that the abuse did not occur.
3. **Health Oversight:** If a complaint is filed against Thrive or your therapist with the California Board of Psychology, the Board has the authority to subpoena confidential mental health information from us relevant to that complaint.
  4. **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made about the professional services that we have provided you, we 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 us 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 us 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 by a third party or where the evaluation is court-ordered. We will inform you in advance if this is the case.
  5. **Serious Threat to Health or Safety:** If you communicate to us a serious threat of physical violence against an identifiable victim, we must make reasonable efforts to communicate that information to the potential victim and the police. If we have reasonable cause to believe that you are in such a condition, as to be dangerous to yourself or others, we may release relevant information as necessary to prevent the threatened danger.
  6. **Workers' Compensation:** If you file a worker's compensation claim, your therapist must furnish a report to your employer, incorporating their findings about your injury and treatment, within five working days from the date of your initial examination, and at subsequent intervals as may be required by the administrative director of the Worker's Compensation Commission in order to determine your eligibility for worker's compensation.

#### 4. Patient's Rights and Psychologist's Duties:

##### a. Patient's Rights:

- i. **Right to Inspect and Copy:** You are entitled to receive a copy of your medical record unless your therapist believes that receiving that information would be emotionally damaging. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. If you wish to see your records or receive a copy of your records, we require written notice to that effect, and we would expect to discuss your request with you in person. If we deny you access to your records, you can request to speak with an independent colleague of ours about your request. Your request for independent review of your request should also be made in writing. If you are provided with a copy of your medical record information, we may charge a fee for any costs associated with that request.
- ii. **Right to Amend:** If you believe that the information we have about you is incorrect or incomplete, you may ask us to amend that information. It is our practice to accept this sort of request in writing, and that any information you may wish to add to your record also be provided to us in written form.
- iii. **Right to an Accounting of Disclosures:** You have the right to request an "Accounting Of Disclosures." This is a list of the disclosures we have made of medical record information. That information is listed on the Authorization To Release Information, and will be provided to you at your written request.

- iv. **Right to Request Restrictions:** You have the right to privacy, and to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. As noted above, we will not release your confidential information without your written permission. Any restrictions to your Authorization To Release Information should be specified on the Authorization.
  - v. **Right to Request Confidential Communications:** You have the right to request that we communicate with you only in certain ways. For example, you can ask that we not leave a telephone message for you, or that we only contact you at work or by mail.
  - vi. **Complaints Regarding Privacy Rights:** If you believe your privacy rights have been violated, you may file a written complaint with your therapist, or with an independent colleague of theirs, or with the U.S. Department of Health and Human Services, 50 United Nations Plaza, Room 322, San Francisco, CA, 94102. You have specific rights under the Privacy Rule. We will not retaliate against you for exercising your right to file a complaint.
  - vii. You have the right to a paper copy of this document, and you will be offered one when you sign the original for your medical record. We reserve the right to change our policies as outlined herein. If they change, you will be informed of that change and will provided with a copy of the current document if desired.
- b. Psychologist’s Duties:**
- i. We are required by law to maintain the privacy of your PHI and to provide you with a notice of our legal duties and privacy practices with respect to PHI.
  - ii. We reserve the right to change the privacy policies and practices described in this notice. Unless we notify you of such changes, however, we are required to abide by the terms currently in effect.
  - iii. If we revise our policies and procedures, we will provide you with a revised notice either in person or by mail.

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

**By signing this form, you hereby acknowledge receipt of this office’s Notice of Psychologists’ Policies and Privacy Practices that we have provided to you. This Notice of Psychologists’ Policies and Privacy Practices provides information about how we may use and disclose your protected health information. We encourage you to read it in full.**

**This Notice of Psychologists’ Policies and Privacy Practices is subject to change. The most recent version will be on the Thrive website at [www.thrivetherapystudio.com](http://www.thrivetherapystudio.com). If we change the notice, you may obtain a copy of the revised notice from your therapist by contacting them via telephone or visiting our website.**

**If you have any questions about this Notice of Psychologists’ Policies and Privacy Practices, please contact us via telephone at (858) 342-1304.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

