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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. **Please review it carefully.**

### **Your Rights**

**When it comes to your health information, you have certain rights.** This section explains your rights and some of my 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 I have about you. I will provide a copy or a summary of your health information, usually within 30 days of your request. I may charge a reasonable, cost-based fee.

#### **Ask me to correct your medical record**

You can ask me to correct health information about you that you think is incorrect or incomplete. I may say "no" to your request, but I'll tell you why in writing within 60 days.

#### **Request confidential communications**

You can ask me to contact you in a specific way (for example, home or office phone) or to send mail to a different address. I will say "yes" to all reasonable requests.

#### **Ask me to limit what I use or share**

You can ask me not to use or share certain health information for treatment, payment, or my operations. I am not required to agree to your request, and I may say "no" if it would affect your care.

If you pay for a service or health care item out-of-pocket in full, you can ask me not to share that information for the purpose of payment or my operations with your health insurer. I will say "yes" unless a law requires me to share that information.

### **Get a list of those with whom I've shared information**

You can ask for a list (accounting) of the times I've shared your health information for six years prior to the date you ask, who I shared it with, and why.

I will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked me to make). I'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

### **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. I 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.

I will make sure the person has this authority and can act for you before I take any action.

### **File a complaint if you feel your rights are violated**

You can complain if you feel I have violated your rights by contacting me using the information on page 1.

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/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).

I will not retaliate against you for filing a complaint.

## **Your Choices**

**For certain health information, you can tell me your choices about what I share.** If you have a clear preference for how I share your information in the situations described below, talk to me. Tell me what you want me to do, and I will follow your instructions.

In these cases, you have both the right and choice to tell me 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 me your preference, for example if you are unconscious, I may go ahead and share your information if I believe it is in your best interest. I may also share your information when needed to lessen a serious and imminent threat to health or safety.*

In these cases I never share your information unless you give me written permission:

Marketing purposes

Sale of your information

Most sharing of psychotherapy notes

## **My Uses and Disclosures**

### **How do I typically use or share your health information?**

I typically use or share your health information in the following ways.

#### **Treatment**

In the course of treatment, with your written authorization, I may share information with your other healthcare providers so they have the necessary information to diagnose or treat you.

*Example: I provide information about your symptoms to a physician who is prescribing you anti-depressant medications.*

#### **Practice operations**

I can use and share your health information to run my practice, improve your care, and contact you when necessary.

*Example: I use health information about you to manage your treatment and services.*

## Billing

I can use and share your health information to bill and get payment from health plans or other entities.

*Example: I give information about you to your health insurance plan so it will reimburse you for your services.*

## How else can I use or share your health information?

I am allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. I have to meet many conditions in the law before I can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

I may use or disclose PHI without your consent in the following circumstances:

- Child Abuse – If I have reasonable cause to believe a child may be abused or neglected, I must report this belief to the appropriate authorities.
- Adult Abuse – If I have reason to believe that an individual over the age of 65 or a disabled person protected by state law has been abused, neglected, or financially exploited, I must report this to the appropriate authorities.
- Health Oversight Activities – I may disclose your PHI to a health oversight agency for oversight activities authorized by law, including licensure or disciplinary actions. If a client files a complaint or lawsuit against me, I may disclose relevant information regarding that patient in order to defend myself.
- Judicial and Administrative Proceedings – If you are involved in a court proceeding and a request is made for information by any party about your treatment and the records thereof, such information is privileged under state law, and is not to be released without a court order. Information about all other psychological services (e.g., psychological evaluation) is also privileged and cannot be released without your authorization or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You must be informed in advance if this is the case.
- Serious Threat to Health or Safety – If you communicate to me a specific threat of imminent harm against another individual or if I believe that there is clear, imminent risk of injury being inflicted against another individual, I may make disclosures that I believe are necessary to protect that individual from harm. If I believe that you present an imminent, serious risk of injury or death to yourself, I may make disclosures I consider necessary to protect you from harm.

- Worker's Compensation - I may disclose PHI regarding you as authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.

### **Special Authorizations**

Certain categories of information have extra protections by law, and thus require special written authorizations for disclosures.

- Psychotherapy Notes - I will obtain a special authorization before releasing your Psychotherapy Notes. "Psychotherapy Notes" are notes I have made about our conversation during a therapy session, which I have kept separate from the rest of your record. These notes are given a greater degree of protection than PHI.
- HIV Information - Special legal protections apply to HIV/AIDS related information. I will obtain a special written authorization from you before releasing information related to HIV/AIDS.
- Alcohol and Drug Use Information - Special legal protections apply to information related to alcohol and drug use and treatment. I will obtain a special written authorization from you before releasing information related to alcohol and/or drug use/treatment.

You may revoke all such authorizations (of PHI, Psychotherapy Notes, HIV information, and/or Alcohol and Drug Use Information) at any time, provided each revocation is in writing, signed by you, and signed by a witness. You may not revoke an authorization to the extent that (1) I have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, law provides the insurer the right to contest the claim under the policy.

### **My Responsibilities**

I am required by law to maintain the privacy and security of your protected health information.

I will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

I must follow the duties and privacy practices described in this notice and give you a copy of it.

I will not use or share your information other than as described here unless you tell me I can in writing. If you tell me I can, you may change your mind at any time. Let me know in writing if you change your mind.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

### **Effective Date and Changes to the Terms of this Notice**

This notice will go into effect on May 15, 2017 and will remain so unless I change the terms of this notice. If I change the terms of this notice, the changes will apply to all information I have about you. The new notice will be available upon request, in my office, and on my website.