

## **HIPAA 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 read all pages and sign where indicated at the end.**

The Health Insurance Portability & Accountability Act of 1996 (“HIPAA”) is a federal law that requires all medical records and other individually identifiable health information used or disclosed by your psychotherapist in any form--whether electronic, on paper, or orally—to be kept properly confidential. HIPAA gives you, the patient, significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information.

This notice applies to all of the records of your care generated by your psychotherapist : Diana Shulman, J.D., Ph.D.

Each time you meet with your psychotherapist, a record is made which may contain your symptoms, diagnoses, treatment, a plan for future treatment, and billing-related information. Less information is usually recorded if you are not using insurance to pay for treatment.

### **Psychotherapist Responsibilities**

Your psychotherapist is required by law to maintain the privacy of your health information and to provide you with a description of legal duties and privacy practices regarding your health information. She is required to abide by the terms of this notice and to notify you if she makes any changes to this notice, which may be made at any time if permitted by law.

## **How Your Psychotherapist May Use and Disclose Medical Information About You**

*Treatment:* Your psychotherapist may use and disclose medical information about you if it is to provide, coordinate, and manage your treatment or services. For example, your psychotherapist may disclose medical information about you to doctors, other therapists, or others who are involved in your treatment *provided she has your written authorization and release*. If a referral is made to another health care provider and you have signed a release form, your psychotherapist may provide oral information and copies of various reports that should assist her or him in treating you.

*Payment:* Your psychotherapist may use and disclose medical information about you in order to obtain reimbursement for services, to confirm insurance coverage, for billing or collection activities, and for utilization review. An example of this would be sending a bill for your sessions to your insurance company.

*Health Care Operations:* Your psychotherapist may use and disclose, as needed, your health information in order to support required activities. For example, your psychotherapist may call you by your first name in the waiting area when she is ready to see you.

### **Other Uses and Disclosures**

Your psychotherapist may use and disclose your health information in an emergency situation to prevent harm to yourself or others. An example would be mandated reporting of abuse to children, the elderly, a disabled person, or when a judge orders the release of information. Only the

minimum amount of information relevant to your health care will be disclosed.

Your psychotherapist may contact you to provide appointment reminders or to offer information about treatment alternatives or other health-related benefits and services that may be of interest to you.

*Any other uses and disclosures will be made only with your written authorization.* You may revoke such authorization in writing and your psychotherapist is required to honor and abide by that written request, except to the extent that she has already taken actions relying on your authorization.

## **Your Rights**

You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to your psychotherapist:

The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, close personal friends, or any other person identified by you. Your psychotherapist is, however, not required to agree to a requested restriction. If she does agree to a restriction, your psychotherapist must abide by it unless you agree in writing to remove it.

- The right to inspect and copy your protected health information.
- The right to amend your protected health information.
- The right to receive an accounting of disclosures of protected health information.

- The right to obtain a paper copy of this notice from your psychotherapist upon request.

You have recourse if you feel that your privacy protections have been violated. You have the right to file a written complaint with your psychotherapist's office or with the federal government at the address below about violations of the provisions of this notice or the policies and procedures of my office. Your psychotherapist will not retaliate against you for filing a complaint.

Department of Health & Human Services,  
Office of Civil Rights  
200 Independence Avenue S.W.  
Washington, D.C. 20201.  
1-877-696-6775  
(202) 619-0257

If you have any questions about this notice, please contact:

Diana Shulman, J.D., Ph.D.  
1416 Westwood Blvd., #201  
Los Angeles, CA 90024  
(310) 474 - 4053

*Please sign the acknowledgement below and bring it to your first session.*

## **HIPAA Notice of Privacy Practices**

I/We have read Dr. Diana Shulman's "Notice of Privacy Practices" and understand that these practices which appear as "HIPAA Privacy Practices" on her website, DianaShulman.com, describe the limited and specific ways in which my/our medical information may be used and/or disclosed as well as the rights I/we have to this protected health information. I/We have the right to obtain a paper copy of this notice from Dr. Shulman upon request.

Date:                      Signature: \_\_\_\_\_

Please print your name on the line below:

\_\_\_\_\_

Date:                      Signature: \_\_\_\_\_

Please print your name on the line below:

\_\_\_\_\_