

NOTICE OF PRIVACY PRACTICES

I. 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.

II. I HAVE A LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI)

I am legally required to protect the privacy of your Protected Health Information (PHI), which includes information that can be used to identify you that I have created or received about your past, present or future physical or mental health or condition, the provision of health care to you, or the payment of this healthcare. I must provide you with this Notice about my privacy practices, and such Notice must explain how, when, and why I will “use” and “disclose” your PHI. A “use” of PHI occurs when I share, examine, utilize, apply, or analyze such information within my practice. PHI is “disclosed” when it is released, transferred, has been given to, or is otherwise shared with a third party outside of my practice. With some exceptions, I may not use or disclose any more of your PHI than is necessary to accomplish the purpose for which the use or disclosure is made. Furthermore, I am legally required to follow the privacy practices described in this Notice. \

Please note that I reserve the right to change the terms of this Notice and my privacy policies at any time. Any changes will apply to PHI already on file with me. If I make any changes to my policies, I will immediately post a new copy in my office and provide you with an updated notice at our next appointment.

III. HOW I MAY USE AND DISCLOSE YOUR PHI

The following section details federal regulations regarding the conditions in which I am allowed to use or disclose your medical information. For some of these uses and disclosures I will need your prior written authorization. For others, however, I do not. Listed below are the different categories of my uses and disclosures along with some examples of each category.

A. Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations Do Not Require Your Prior Written Consent. I can use and disclose your PHI without your consent for the following reasons:

- 1. For Treatment.** I can disclose your PHI to physicians, psychiatrists, psychologists, and other licensed health care providers who provide you with health care services or are otherwise involved in your care.
- 2. To Obtain Payment for Treatment.** I may use and disclose PHI to receive payment for the treatment services provided to you. Examples of payment-related activities are: making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities. If it becomes necessary to use collection processes due to lack of payment for services, I will only disclose the minimum amount of PHI necessary for purposes of collection.
- 3. For Health Care Operations.** I can use and disclose your PHI to operate my practice.
I may also provide your PHI to my attorneys, accountants, consultants, and others to make sure that I am in compliance with applicable laws.
- 4. Patient Incapacitation or Emergency.**
I may also disclose your PHI to others without your consent if you are incapacitated or if an emergency exists. For example, your consent is not required if you need emergency treatment, as long as I try to get your consent after treatment is rendered, or if I try to obtain your consent but you are unable to communicate with me (for example, if you are unconscious and I think that you would consent to such treatment if you were able to do so).

B. Certain Other Uses and Disclosures Do Not Require Your Consent. I may use and disclose your PHI without your consent or authorization for the following reasons:

1. **When Federal, State, or Local Laws Require Disclosure.** For example, I may make a disclosure to the appropriate officials when a law requires me to report information to government agencies and law enforcement personnel about victims of abuse and/or neglect.
2. **When Judicial or Administrative Proceedings Require Disclosure.** For example, if you are involved in a lawsuit or a claim for workers' compensation benefits, I may have to use or disclose your PHI in response to court or administrative order. I may also have to use or disclose your PHI in response to a subpoena.
3. **When Law Enforcement Requires Disclosure.** For example, I may have to disclose your PHI in response to a search warrant.
4. **When Public Health Activities Require Disclosure.** For example, I may have to use or disclose your PHI to report to a government official an adverse reaction that you have to medication.
5. **When Health Oversight Activities Require Disclosure.** For example, I may have to provide information to assist the government in conducting an investigation or inspection of a health care provider or organization.
6. **To Avert a Serious Threat to Health or Safety.** For example, I may provide PHI to law enforcement personnel or persons able to prevent or mitigate a serious threat to the health or safety of a person or the public. Any such disclosures will only be made to someone able to prevent the threatened harm from occurring.
7. **For Specialized Government Functions.** For example, if you are in the military, I may have to use or disclose your PHI for national security purposes including protecting the President of the United States or conducting intelligence operations.
8. **Appointment Reminders and Health Related Benefits of Services.** For example, I may use PHI to provide appointment reminders or to give you information about alternative treatment options or other health care services or benefits I offer.

C. Certain Uses and Disclosures Require You to Have the Opportunity to Object.

1. **Disclosures to Family, Friends or Others.** I may provide your PHI to a family member, friend, or other individual who you indicate is involved in your care or responsible for the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

D. Other Uses and Disclosures Require Your Prior Written Authorization. In any other situation not described in Sections IIIA, B, and C above, I will need your written authorization before using or disclosing any of your PHI. If you choose to sign an authorization to disclose your PHI, you may later revoke that authorization in writing, to stop any future uses and disclosures (to the extent that I have not taken any action in reliance on such authorization) of your PHI by me.

IV. WHAT RIGHTS YOU HAVE REGARDING YOUR PHI

A. The Right to Request Restrictions on My Uses and Disclosures. You have the right to request restrictions or limitations on my uses or disclosures of your PHI to carry out my treatment, payment, or health care operations. You also have the right to request that I restrict or limit disclosures of your PHI to family members or friends or others involved in your care or who are financially responsible for your care. Please submit such requests to me in writing. I will consider your requests, but I am not legally required to accept them. If I do accept them, I will put them in writing and I will abide by them, except in emergency situations. However, be advised, that you may not limit the uses and disclosures that I am legally required to make.

B. The Right to Choose How I Send PHI to You. It is your right to ask that your PHI be sent to you at an alternate address (for example, sending information to your work address rather than your home address) or by an alternate method. I am obliged to agree to your request providing that I can give you the PHI in the format you requested without undue inconvenience.

C. The Right to Inspect and Receive a Copy of Your PHI. In most cases, you have the right to inspect and receive a copy of the PHI that I have on you, but you must make the request to inspect and receive a copy of such information in writing. I will respond to your request within 30 days of receiving your written request. In certain situations, I may deny your request. If I do, I will inform in writing my reasons for the denial and explain your right to have my denial reviewed. If you request copies of your PHI, I will charge you no more than \$.25 for each page. Instead of providing the PHI you requested, I may provide you with a summary or explanation of the PHI as long as you agree to that and to the cost in advance.

D. The Right to Receive a List of the Disclosures I Have Made. You are entitled to a list of disclosures of your PHI that I have made. The list will not include uses or disclosures to which you have already consented, i.e., those for treatment, payment, or health care operations, sent directly to you, or to your family; neither will the list include disclosures made for national security purposes, to corrections or law enforcement personnel, or disclosures made before April 15, 2003. The list will include the date of the disclosure, to whom PHI was disclosed (including their address, if known), a description of the information disclosed, and the reason for the disclosure. I will provide the list to you at no cost, unless you make more than one request in the same year, in which case I will charge you a reasonable sum based on a set fee for each additional request.

E. The Right to Amend Your PHI. If you believe that there is a mistake in your PHI or that a piece of important information is missing, you have the right to request that I correct the existing information or add the missing information. You must provide the request and your reason for the request in writing. I will respond within 60 days of receiving your request to correct or update your PHI. I may deny your request in writing if the PHI is (i) correct and complete, (ii) not created by me, (iii) not allowed to be disclosed, or (iv) not part of my records. My written denial will state the reasons for the denial and explain your right to file a written statement of disagreement with the denial. If you do not file one, you have the right to request that your request and my denial be attached to all future disclosures of your PHI. If I approve your request, I will make the change to your PHI, inform you that I have done so, and tell others that need to know about the change.

F. The Right to be Informed of a Breach of Information. If there is a breach of unsecured PHI concerning you, I may be required to notify you of this breach including what happened and what you can do to protect yourself.

G. The Right to Receive a Paper Copy of this Notice. You have a right to receive a paper copy of this notice.

V. HOW TO COMPLAIN ABOUT MY PRIVACY PRACTICES

If, in your opinion, I may have violated your privacy rights, or if you object to a decision I made about access to your PHI, you are entitled to file a complaint with me about my privacy practices. I can be contacted by telephone at (760) 334-1420 or by mail at:

Ashley Kokjohn-Poehler, LCSW
6994 El Camino Real
Suite 205-I
Carlsbad, CA 92009

You may also send a written complaint to the Secretary of the Department of Health and Human Services at:

U.S Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

If you file a complaint, please be assured that I will take no retaliatory action against you.

VI. EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on September 23rd, 2013.

Ashley Kokjohn-Poehler, LCSW

6994 El Camino Real Suite 205-I Carlsbad, CA 92009

phone: (760) 334-1420 fax: (760) 931-9333

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

By signing this form you are acknowledging receipt of the Notice of Privacy Practices (attached). The Notice of Privacy Practices provides information about how HIPAA law permits the use and disclosure of your protected health information.

I, _____, acknowledge that I received a copy of the Notice of Privacy
Client/Parent/Legal Guardian
Practices for the practice of Ashley Kokjohn-Poehler, LCSW.

Client Signature (parent/legal guardian if client is under age 18)

Date

Ashley Kokjohn-Poehler, LCSW

Date

- - - - - For Practitioner Use Only - - - - -

I attempted to obtain written acknowledgement of receipt of the Notice of Privacy Practices, but
acknowledgement could not be successfully obtained.

_____ Individual refused to sign
_____ Communication barriers prohibited obtaining acknowledgement
_____ Client was incapable of signing
_____ Other (Specify) _____