

# **Oakland Cognitive Behavior Therapy Center**

## **PRIVACY POLICY**

### **OUR COMMITMENT TO YOUR PRIVACY**

We are dedicated to maintaining the privacy of your\* Protected Healthcare Information (PHI). In addition, we are required by law to inform you of how your Protected Healthcare Information (PHI) will be protected, how Dr. Persons and the Oakland Cognitive Behavior Therapy Center may use or disclose PHI, and your rights regarding access to your PHI. Please review this information carefully. You will be asked to sign a receipt indicating that you have received and read this document. If you have any questions regarding this notice, please speak with your therapist, who acts as a "Privacy Officer" on your behalf.

We reserve the right to revise or amend this document. Any revision or amendments to this notice will be effective for all records. We will post a copy of the current Privacy Policy in the waiting room and on our website ([www.oaklandcbt.com](http://www.oaklandcbt.com)) for your easy access. You may also request a current copy from your therapist at any time.

*\*Parents and guardians of under aged patients, the terms "you" and "your" is intended to include your child throughout this document.*

### **WHAT IS PROTECTED HEALTH INFORMATION (PHI)?**

Every time you visit your therapist, a record of your visit is added to your clinical record. Typically, your clinical record contains a list of your session dates and payments, medications, symptoms, history, test results, diagnoses, treatment, and a plan for future care, as well as any information that you have authorized to have forwarded to your therapist from other healthcare professionals.

### **HOW WE MAY USE AND DISCLOSE YOUR PHI**

Information in your medical record is used primarily for your treatment. It is also used for business activities, called "healthcare operations". These include:

- Accounting and billing activities;
- Collecting data that does not identify you in any way for research, educating mental health professionals, marketing, and public health;
- Collecting data that does not identify you in any way for our assessment so that we may improve our treatment options and techniques as well as improve business and facilities management functions.

We do not share your PHI with any requesting agency (such as insurance companies) or person (such as a physician) unless you sign an authorization form allowing us to do so. This gives you control over the distribution of your Protected Healthcare Information.

You have the right to request restrictions in our use or disclosure of your PHI for treatment, payment, or healthcare operations. For more information on requesting restrictions, please refer to page 3, item #6 under Your Rights Regarding Your PHI.

## USE OF YOUR PHI IN SPECIAL CIRCUMSTANCES

The following categories describe unique scenarios in which we may use or disclose your PHI without prior consent; however, we will attempt to contact you in advance when the situation allows:

1. **Health and Safety** – When there is serious threat to your health and safety or the health and safety of another individual or the public. In this case, your PHI would be shared with any person or organization that might be able to prevent/reduce the threat.
2. **Lawsuits and Similar Proceedings** – We may be required to use and disclose your PHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We may also be required to disclose your PHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.
3. **Law Enforcement** – We may be required by law to disclose PHI to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness, missing person, complying with a court order, warrant, grand jury subpoena, and other law enforcement purposes.
4. **Military** – We may be required to disclose your PHI if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.
5. **National Security** – We may be required to disclose your PHI to federal officials for intelligence and national security activities authorized by law. We may also be required to disclose your PHI to officials in order to protect the President, other officials, or foreign heads of state, or to conduct investigations.
6. **Inmates** – We may be required to disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide your health care services, (b) for the safety and security of the institution, and/or (c) to protect their health and safety or the health and safety of other individuals.
7. **Workers' Compensation** – If your treatment is being paid for through a Workers Compensation claim, then we are likely to be asked to disclose your PHI. We would not give this information without your written consent. However, be aware that if you do not consent to releasing this information, Workers Compensation will likely refuse to pay for the treatment.

## YOUR RIGHTS REGARDING YOUR PHI

You have the following rights related to your records:

1. **Copies of this Notice** - You have the right to obtain a copy of this notice before or at your first visit. Thereafter, you may request a copy of this notice or any revisions from the waiting room, the website ([www.oaklandcbt.com](http://www.oaklandcbt.com)), or from your therapist.
2. **Authorization to use your PHI** – We will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. You may revoke at any time, by submitting a request in writing, any authorization you provide to us regarding the use and disclosure of your PHI. After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization.

3. **Inspection and Copies of your PHI** – You have the right to inspect and copy your PHI, with limited exceptions. To access your PHI, you must submit a written request detailing what information you want access to. You are entitled to view the modalities and frequencies of treatment sessions provided to you, the results of clinical tests and self-report forms and symptom monitoring sheets, a written summary from your therapist explaining your diagnosis, functional status, treatment plan, symptoms, prognosis, and progress to date. The only exception to your automatic right to view information in your medical chart is the viewing of psychotherapy session notes written by your therapist. There are specific laws governing psychotherapy session notes, because these notes are intended to assist the psychotherapist only, and have the potential for being misinterpreted by others. If you would still like to view the psychotherapy notes, please include this in your written request to your therapist. Your therapist will review with you the pros and cons of your request in the context of your treatment needs and situation.

We may deny your request under limited circumstances, and we would only do this if we believe it would be reasonably likely to cause you substantial harm. You have the right to appeal our decision. If we deny your request to access psychotherapy notes, you have the right to request that they be transferred to another mental health professional.

We may charge a reasonable administrative fee to reimburse us for the time and supplies required to provide you with your PHI.

4. **Amend your PHI** – You have the right to request that we add or correct information in your record at the Center. Your request must be in writing to your therapist and must include a reason that supports your request.

We may deny your request if the information in your record is, in our opinion, (a) accurate and complete; (b) not part of the PHI kept by or for your therapist at the Center; (c) not part of the PHI which you would be permitted to inspect and copy; or (d) not created by your therapist at the Center.

5. **Confidential Communications** – You have the right to request that we communicate with you in a particular manner or at a certain location. For instance, you may ask that we contact you at home rather than at work. We will make reasonable attempts to accommodate your requests.
6. **Requesting Restrictions** - You have the right to request restrictions in our use or disclosure of your PHI for treatment, payment, or healthcare operations. Please know that we are not required to comply with your request; however, if we do comply, we are bound by a restrictions agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat. In order to request a restriction in our use and disclosure of your PHI, you must make your request in writing to your therapist. Your request must describe in a clear and concise fashion: the information you wish restricted; whether you are requesting to limit our use, disclosure or both; and to whom you want the limits to apply.
7. **Accounting of Disclosures** – You have the right to request “an accounting of disclosures.” An “accounting of disclosures” is a list of certain non-routine disclosures your therapist has made of your PHI. Non-routine disclosures include disclosures made for purposes other than treatment, payment collection, or healthcare operations. In order to obtain an account of disclosures, you must submit your request in writing to your therapist. All requests must specify a time period (start and end dates). We may charge a reasonable administrative fee to reimburse us for time and supplies required to provide the accounting of disclosures.
8. **Right to File a Complaint** – You have the right to file a complaint with your therapist and/or with the Secretary of the Department of Health and Human Services if you believe your privacy rights have been violated. All complaints must be submitted in writing. You will not be penalized by your therapist for filing a complaint. If you are not satisfied with the manner in which your therapist handles your complaint, you may submit a formal complaint to:

Department of Health and Human Services  
Offices of Civil Rights  
Hubert H. Humphrey Bldg.  
200 Independence Avenue, S.W.  
Room 509F HHH Building  
Washington, DC 20201

9. **Other Rights** – You may have other rights granted to you by the laws of the State of California and these may be the same or different than the federal rights described above. For further information on California State Law protecting patient rights, please visit [www.chcf.org](http://www.chcf.org) (the California Healthcare Foundation website). If you have additional questions about this issue, please speak with your therapist.

For further information on HIPAA (Health Insurance Portability and Accountability Act, 1996) regulations or your right to privacy regarding healthcare information, please visit [www.hhs.gov/ocr/hipaa](http://www.hhs.gov/ocr/hipaa) (the US Department of Health and Human Services website).

For further information about your rights as a psychotherapy patient, please visit [www.apa.org/publicinfo/rights](http://www.apa.org/publicinfo/rights) (the American Psychological Association's website).