

CHILD & ADULT PSYCHIATRISTS OF THE PENINSULA (CAPP)

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NOTICE OF HEALTH INFORMATION PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GAIN ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

What Is This Notice And Why Is It Important?

This notice is required by law to inform you about your rights regarding your health information, how CAPP may use or disclose your health information, and how your health information will be protected. If you have any questions about this notice, please contact your CAPP therapist.

Understanding Your Health Information

Each time you visit a CAPP professional, or other health care provider or hospital, a record of your visit is made. This record may contain a description of your symptoms, medical history, examination and test results, diagnoses, treatment, and a plan for future care. This information, often referred to as your medical record, may serve the following needs:

- Basis for planning your care and treatment
- Means of communication among the health professionals who may contribute to your care
- Legal documentation of the care you receive
- Means by which you or a third-party payer (e.g., health insurance company) can verify that services you received were appropriately billed

Understanding what is in your record and how your health information is used helps you better understand how others may access and use your health information and make more informed decisions when authorizing disclosures to others.

Your Health Information Rights

You have the following rights related to your medical and billing records kept by CAPP professionals:

Obtain a copy of this notice. You will receive a copy of this notice.

Authorize use of your health information. Before a CAPP professional uses or discloses your health information, other than as required by law, he/she will obtain your written authorization, which you may revoke at any time to stop future use or disclosure.

Access your health information. You may request a copy of the health information that your CAPP professional keeps in your medical or billing record. Your request must be submitted in writing. CAPP may charge for the costs of copying your record.

Amend your health information. If you believe the information your CAPP professional has about you is incorrect or incomplete, you may request that it be corrected or added to. Your request must be in writing and must include the reason for the request. You may obtain a form for this purpose from CAPP.

Request confidential communications. You may request that when we communicate with you about your health information, we do so in a specific way (e.g., at a certain address or phone number). We will make every reasonable effort to act in accordance with your request.

Limit our use or disclosure of your health information. You may request in writing that we restrict the use or disclosure of your health information for treatment, payment, health care operations, or any other purpose except when specifically authorized by you, when we are required by law, or in an emergency situation in order to treat you. Your CAPP professional will consider your request and respond, but he/she is not legally required to agree if he/she believes your request would interfere with the ability to treat you or collect payment for services.

Receive an accounting of disclosures. You may request a list of disclosures of your health information that we have made for reasons other than treatment, payment or health care. The likelihood of such disclosures is low, since no disclosures are made without your knowledge and permission other than those required by law. Disclosures that we make with your authorization will not be listed. CAPP may charge for time spent providing such lists.

Our Responsibilities

We are required by law to protect the privacy of your health information, establish policies and procedures that govern the behavior of our professionals, business office staff and business associates, provide this notice about our private practices, and abide by the terms of this notice.

We reserve the right to change our policies and procedures for protecting health information. When we make a significant change in how we use or disclose your health information, we will also change this notice. The new notice will be provided to you.

Except as required by law, emergencies, or collecting payment for our services, we will not use or disclose your health information without your authorization. You have the right to revoke such authorization at any time, which would limit future disclosures. A revocation would not affect any disclosure we have already made with your permission.

Examples of Uses and Disclosures for Treatment, Payment and Health Care Operations

We will use your health information to facilitate your treatment.

For example: Information obtained by your therapist or provider will be recorded in your record and used to determine the course of your treatment.

We will use your health information to collect payment for health care services that we provide if you authorize it.

For example: A bill may be sent to you or to your health insurance company. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis and procedures performed. In some cases, information from your medical record may be sent to your insurance company to explain the need for treatment or provide additional information about your treatment.

We may use your health information to inform persons about your death.

For example: As consistent with applicable law, we may disclose health information to coroners and medical examiners to help them carry out their duties.

Examples of Uses and Disclosures for Other Purposes

Workers' compensation: We may disclose your health information to the extent authorized by and necessary to comply with laws relating to workers' compensation or other similar programs established by law.

Public health: We may disclose your health information as required by law to public health or legal authorities charged with preventing or controlling disease, injury or disability.

Averting serious threats to health or safety: We may use and disclose your health information when necessary to prevent a serious threat to your health or safety or to the health or safety of the public or another person. Any disclosure would be made only to someone able to help prevent the threat and/or threatened action.

Law enforcement: We may disclose your health information for law enforcement purposes as required by law or in response to a valid subpoena or court or administrative order.

Business associates: Our organization contracts with business associates to provide services such as billing, collections and banking. We may disclose identifying information about you to these contracted business associates so they can perform the job we have asked them to do. To protect your privacy, however, we require all business associates to sign a confidentiality agreement verifying that they will appropriately safeguard your information.

For More Information or to Report a Problem

If you have questions, would like additional information, or want to request an updated copy of this notice, please contact your CAPP therapist.

If you are concerned that a professional has violated your privacy rights, or you disagree with a decision made about access to your records, you may contact the CAPP Corporate Manager.

You may also send a written complaint to the U.S. Department of Health and Human Services, Office of Civil Rights, Hubert H. Humphrey Building, 200 Independence Avenue, S.W., Room 509 HHH Building, Washington DC 20201.

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