

Allison B. Harrington, Psy.D.

Licensed Clinical Psychologist

9845 Erma Road, Ste. 210E San Diego, CA 92131 (858) 633-6271 allison@aharringtonpsyd.com

HIPPA NOTICE OF PRIVACY PRACTICES

The purpose of this notice is to describe how information about your mental health is used and disclosed and how you may obtain access to this information. Please review it carefully. I have a legal duty to safeguard your Protected Health Information (PHI).

Psychologist Uses and Disclosures

Uses and disclosures related to Treatment, Payment, or Health Care Operations do not require written consent.

Treatment: I can use your PHI to provide you with mental health treatment. I can disclose your PHI to other licensed health care providers who provide you with health care services or are involved in your care such as your family physician or psychiatrist in order to coordinate your care.

Payment: I can use and disclose your PHI to bill and collect payment for the treatment and services provided by me to you. If I bill your insurance company, information will be exchanged with the insurance company regarding your diagnosis.

Health Care Operations: I can disclose your PHI with your health care service plan or to other health care providers contracting with your plan when administering, modifying or consulting about your treatment.

Psychologist's uses and disclosures requiring authorization (written consent):

Third Party: I will request written authorization if another party requests your PHI. You have the right to revoke or modify all signed authorizations at any time once I receive the changes in writing.

Psychologist's uses and disclosures that do not require consent nor authorization:

- Child or Elder Abuse:
- Certain Judicial or Administrative Proceedings
- Emergency situations or serious threat to safety

Patient Rights:

To request limits on my disclosures: You have the right to request restrictions or limits on my uses and disclosures of your PHI. You may request that I limit disclosure 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 the request but I am not legally bound to accept them. If I accept your request, I will put them in writing and I will abide by them, except in emergency situations. Be advised that you may not limit the uses and disclosures that I am legally bound to make.

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To choose how I send PHI to you: You have the right to request that I send PHI to you at an alternate address or by alternate means. I must agree to your request as long as it is reasonable and you specify how or where you wish to be contacted.

To inspect and copy your PHI: You have the right to inspect and copy the PHI that I have on you but this request must be submitted in writing. In certain situations I may deny your request. If I do, I will tell you, in writing, my reasons for 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. 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.

To amend your PHI: If you believe that there is a mistake in your PHI or that some important information is missing, you have the right to request that I correct the existing information or add the missing information. You must provide your request and the reason in writing. I may deny your request in writing and my denial will state the reasons for the denial and explain your right to file a written statement of disagreement with the denial.

Filing a Complaint:

If you think I have violated your privacy rights, or you disagree with a decision I made about access to your PHI, you may file a complaint with the person listed in the paragraph below. You may also send a written complaint to the Secretary of the Department of Health and Human Services at 200 Independence Avenue, S.W., Washington D.C. 20201. I will take no retaliatory action against you if you file a complaint.

If you have questions about this notice or any complaints about my policies or privacy practices please contact me at: Allison Harrington, Psy.D., 9845 Erma Road, Ste. 210E—San Diego, CA 92131—(858) 633-6271

The effective date of these privacy policies went into effect on April 14, 2003.

My signature indicates that I have received a copy of this form and reviewed it with my therapist (Dr. Allison Harrington).

Signature: _____ Date: _____

Printed Name: _____

(Additional client signature)

Signature: _____ Date: _____

Printed Name: _____