

**SAN MARINO PSYCHIATRIC ASSOCIATES**  
**2400 Mission Street**  
**San Marino, CA 91108**  
**(626) 403-8999**

**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 REVIEW THIS NOTICE CAREFULLY.**

Your health record contains personal information about you and your health. This information about you that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services is referred to as Protected Health Information (“PHI”). This Notice of Privacy Practices describes how we may use and disclose your PHI in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and California law. It also describes how you may gain access to and control your PHI.

We are required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI. We are required to abide by the terms of this Notice of Privacy Practices. We reserve the right to change the terms of our Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that we maintain at that time. We will provide you with a copy of the revised Notice of Privacy Practices by sending a copy to you in the mail upon request or providing one to you at your next appointment.

**HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU**

**For Treatment.** Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation with clinical supervisors or other treatment team members. Or we may share this information with a pharmacist who needs it to dispense a prescription, or laboratory that performs a test. We may disclose PHI to any other consultant only with your authorization.

**For Payment.** We may use and disclose PHI so that we can receive payment for the treatment services provided to you. This will only be done with your authorization. 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, we will only disclose the minimum amount of PHI necessary for purposes of collection.

**For Health Care Operations.** We may use or disclose, as needed, your PHI in order to support our business activities including, but not limited to, quality assessment activities, employee review activities, licensing, and conducting or arranging for other business activities. For example, we may share your PHI with third parties that perform various business activities (e.g., billing or typing services) provided we have a written contract with the business that requires it to safeguard the privacy of your PHI. Under California law all recipients of health care information are prohibited from re-disclosing it except as specifically required or permitted by law. For training or teaching purposes PHI will be disclosed only with your authorization. ***Please note if you pay us by credit card, our practice name “San Marino Psychiatric Associates”, will print on your receipt and statement.***

**Appointment Reminders.** We may use and disclose information to contact you as a reminder that you have an appointment with one of our providers.

**Required by Law.** Under the law, we must make disclosures of your PHI to you upon your request. In addition, we must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining our compliance with the requirements of the Privacy Rule.

**Without Authorization.** Applicable law and ethical standards permit us to disclose information about you without your authorization only in a limited number of other situations. The types of uses and disclosures that may be made without your authorization are those that are:

- Required by Law, such as the mandatory reporting of child abuse, neglect or domestic violence, elder/dependent adult abuse, and mandatory government agency audits or investigations (such as the health department).
- Required by Court Order
- Necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. If information is disclosed to prevent or lessen a serious threat it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.
- National Security, Intelligence and Federal Protective Service activities
- Judicial and law enforcement purposes
- Deceased persons, such as a coroner or medical examiner
- Emergency treatment
- Health oversight activities authorized by federal and states agencies
- Worker's compensation purposes

**With Authorization.** Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked.

### **YOUR RIGHTS REGARDING YOUR PHI**

You have the following rights regarding PHI we maintain about you. To exercise any of these rights, please submit your request in writing to our Privacy Officer, Lupe Quintanilla, at 2400 Mission Street, San Marino, CA 91108

- **Right of Access to Inspect and Copy.** You have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI that may be used to make decisions about your care. You must submit a written request detailing what information you want access to and whether you want to inspect it or get a copy of it. You will receive a response from us within 30 days of us receiving your written request. Exceptions to patient rights to access, inspect, and copy PHI are: psychotherapy notes, information that a health care professional thinks could be a serious harm to you, information for use in a civil or criminal trial or administrative proceeding, and certain laboratory information. If we deny your request, we will give you, in writing, the reasons for your denial. We may charge a reasonable, cost-based fee for copies.
- **Right to Amend.** If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information although we are not required to agree to the amendment. You must make a request to amend in writing, and include the reasons you believe the information is inaccurate or incomplete. You will receive a response within 60 days of our receipt of your request. We may deny your request, in writing, if we find that the health information is (a) correct and complete, (b) forbidden to be disclosed, (c) not part of our records, or (d) written by someone other than us. Our denial must be in writing and must state the reason for the denial. It must also explain our right to file a written statement objecting to the denial. If you do not file a written objection, you still have the right to ask that your request and our denial be attached to any future disclosure of your health information. If we approve your request, we will make the changes(s) to your health information. Additionally, we will tell you that the change has been made, and we will advise all others who need to know about the change (s) to your health information.
- **Right to an Accounting of Disclosures.** You have the right to request an accounting of certain of the disclosures that we make of your PHI. We may charge you a reasonable fee if you request more than one accounting in any 12-month period.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. We are not required to agree to your request.
- **Right to Request Confidential Communication.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. We will accommodate reasonable requests.
- **Right to a Copy of this Notice.** You have the right to a copy of this notice.

### ***COMPLAINTS***

If you believe we have violated your privacy rights, you have the right to file a complaint in writing with our Privacy Officer, Lupe Quintanilla at (626) 403-8999 or with the Secretary of Health and Human Services at 200 Independence Avenue, S.W. Washington, D.C. 20201 or by calling (202) 619-0257. **We will not retaliate against you for filing a complaint.**

**The effective date of this Notice is April 14, 2003.**

