



RenewedFreedomCenter

Notice of Renewed Freedom Center (RFC) Policies and Practices to Protect the Privacy of Your Health Information

RFC HAS A LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI). THE STAFF OF RFC UNDERSTANDS THAT YOUR HEALTH AND MENTAL HEALTH INFORMATION IS PERSONAL. WE ARE COMMITTED TO PROTECTING IT.

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO IT. THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPPA) REQUIRES THAT WE GIVE YOU THIS NOTICE OF OUR LEGAL DUTIES, PRIVACY PRACTICES AND YOUR RIGHTS CONCERNING YOUR HEALTH INFORMATION. PLEASE REVIEW IT CAREFULLY.

I. Definitions and Protection of Protected Health Information

Individually identifiable information about your past, present or future health or mental health, the provision of health/mental health care to you, or payment for the health/mental health care you receive is considered "Protected Health Information" (PHI). Whenever possible, the PHI contained in your record remains private. In some circumstances it is necessary for RFC to share some of the PHI contained in your record.

RFC is required to insure that your PHI is kept private. This Notice explains when, why, and how we would use and/or disclose your PHI.

- Use of PHI is when we share, apply, utilize, examine, or analyze information within the Treatment Center.
- Disclosure of PHI when RFC releases, transfers, gives, or otherwise reveals it to a third party not part of the Treatment Center.

With some exception RFC may not use or disclose more of your PHI than is necessary to accomplish the purpose for which the use or disclosure is made; we are always legally required to follow the privacy practices described in this Notice.

Please note, that we reserve the right to change the terms of this Notice and our privacy policies at any time as permitted by law. Any changes will apply to PHI already on file with RFC.

Before we make any important changes to our policies, we will immediately change this Notice and post a new copy of it in our office. You may also request a copy of this Notice or you can view a copy of it in our office.

II. How RFC Will Use and Disclose Your PHI

RFC will use and disclose your PHI for many different reasons. Some of the uses or disclosures will require your prior written consent or authorization; others, however, will not. Below you will find the different categories of our uses and disclosures, with some examples.

III. Uses and Disclosures That Do Not Require Your Prior Written Consent or Authorization

We may use and disclose your PHI without your consent for the following reasons;

1. **For treatment.** RFC staff can use your PHI within the Treatment Center to provide you with mental health treatment, including discussing or sharing your PHI with RFC faculty and trainees. We may disclose your PHI to psychologists, physicians, psychiatrists, and other licensed health care providers who provide you with health care services, or are otherwise involved in your care. Example: If a psychiatrist employed by RFC is treating you, we may disclose your PHI to her/him in order to coordinate your care.

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2. **For health care operations.** We may disclose your PHI to facilitate the efficient and correct operation of the Treatment Center. Examples: Quality control - we might use your PHI in the evaluation of the quality of health care services that you have received or to evaluate the performance of the health care professionals who provided you with these services. We may also provide your PHI to our attorneys, accountants, consultants, and others to make sure that we are in compliance with applicable laws.
3. **To obtain payment for treatment.** We may use and disclose your PHI to help you get reimbursed from your insurance company if you request that we submit a bill. Example: We might send your PHI to your insurance company or health plan in order to get payment for the health care services that we have provided to you. We could also provide your PHI to business associates, such as billing companies, claims, processing companies, and others that process health care claims for our office. You will always be notified before this occurs.
4. **Emergency Care.** Your consent isn't required if you need emergency treatment provided that we attempt to get your consent after treatment is rendered. In the event that we try to get your consent but you are unable to communicate with RFC staff (for example, if you are unconscious or in severe pain) but we think that you would consent to such treatment if you could, we may disclose your PHI.
5. **Changes in appointments.** We may use and disclose your PHI to contact you to notify you of a change in your appointment. For example, if your therapist is ill someone in the RFC office may contact you notifying you that the appointment is cancelled. If you do not want to be contacted under such circumstances please provide RFC with alternative instructions in writing.
6. **Child Abuse:** Whenever an RFC psychotherapist, in their professional capacity, have knowledge of or observes a child they know or reasonably suspect, has been the victim of child abuse, neglect, or endangerment the psychotherapist must immediately report such to the local child protective service authorities.
7. **Elder Adult and Dependent Abuse:** If we, in our professional capacity, have observed or have knowledge of an incident that reasonably appears to be physical abuse, abandonment, abduction, isolation, financial abuse or neglect of an elder or dependent adult, or if an RFC psychotherapist is told by an elder or dependent adult that he or she has experienced these or if we reasonably suspect such, we must report the known or suspected abuse immediately to the local adult protective services authorities.
8. **Health Oversight:** RFC may disclose PHI to a health oversight agency for activities authorized by law. For example, RFC may provide information to assist a government agency when it conducts an investigation or inspection of a health care provider or organization.
9. **Judicial or Administrative Proceedings.** If you are involved in a court proceeding and a request for information is made about the professional services that we have provided you, we must not release your information without 1) your written authorization or the authorization of your attorney or personal representative; 2) a court order; or 3) a subpoena duces tecum (a subpoena to produce records) where the party seeking your records provides RFC with a showing that you or your attorney have been served with a copy of the subpoena, affidavit and the appropriate notice, and you have not notified RFC that you are bringing a motion in the court to quash (block) or modify the subpoena. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court-ordered. RFC will inform you in advance if this is the case.

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10. **Serious Threat to Health or Safety:** If you communicate a serious threat of physical violence to a RFC psychotherapist and this threat is made against an identifiable victim, we must make reasonable efforts to communicate that information to the potential victim and the police. If we have reasonable cause to believe that you are in such a condition, as to be dangerous to yourself or others, we may release relevant information as necessary to prevent the threatened danger.
11. **Worker's Compensation:** If you file a worker's compensation claim, we can be required to furnish a report to your employer, incorporating our findings about your injury and treatment within five working days from the date of the your initial examination, and at subsequent intervals as may be required by the administrative director of the Worker's Compensation Commission in order to determine your eligibility for worker's compensation.

IV. Uses and Disclosures Requiring Authorization

RFC may use or disclose pm for purposes outside of treatment, payment, and health care operations: when your appropriate authorization is obtained. In those instances when we are asked for information for purposes outside of treatment and payment operations, we will obtain an authorization from you before releasing this information.

You may revoke or modify all such authorizations at any time; however, the revocation or modification is not effective until we receive it.

V. Patient's Rights and RFC's Duties

Patient's Rights

- *Right to Request Restrictions* - You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, we are not required to agree to a restriction you request.
- *Right to Receive Confidential Communications by Alternative Means and at Alternative Locations* - You have the right to request and receive confidential communications of PHI in a certain way or at a certain location. For example, you may not want a family member to know that you are being seen at RFC or you may want us to contact you only at work or only at home. Upon your request made in writing we will accommodate all reasonable requests.
- *Right to Inspect and Copy*- You have the right to inspect or obtain a copy (or both) of PHI in RFCs mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. RFC may deny your access to PHI or provide you with a summary under certain circumstances, but in some cases you may have this decision reviewed. On your request, your psychotherapist will discuss with you the details of the request and denial process.
- *Right to Amend*- If you believe that there is a mistake or missing information in our records concerning your treatment you have the right to request an amendment of PHI for as long as the PHI is maintained in the record. Your request must be in writing and must include a reason to support your request. We may deny your request under the following circumstances: The information you wish to amend was not created by us; the information is not part of our records; the information you wish to amend is not part of the record that you are permitted to inspect; the information is accurate and complete. On your request, we will discuss with you the details of the amendment process.

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- *Right to an Accounting* - You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in Section III of this Notice). This applies to disclosures other than those made for purposes of treatment payment or health care operations. Your request must be in writing and state a time period, which may not be longer than 6 years and may not include dates before April 14, 2003. On your request, we will discuss with you the details of the accounting process.
- *Right to a Paper Copy* - You have the right to obtain a paper copy of the notice from RFC upon request, even if you have agreed to receive the notice by other means.

RFC's Duties:

- We are required by law to maintain the privacy of PHI and to provide you with a notice of our legal duties and privacy practices with respect to PHI.
- We reserve the right to change the privacy policies and practices described in this notice. Unless we notify you of such changes, however, we are required to abide by the terms currently in effect.
- If we revise our policies and procedures, we will provide you with a revised copy of this notice by mail or other appropriate means. The revised notice will be issued to you within ten days of its printing and general distribution.

VI. Complaints

If you are concerned that RFC or your RFC psychotherapist have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact the California Board of Psychology.

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The person listed above can provide you with the appropriate address upon request. If you file a complaint about RFC's privacy practices we will take no retaliatory action against you.

VII. Effective Date Of This Privacy Policy

This notice will go into effect immediately.

Acknowledgement of Receipt of Notice of Policies and Practices to Protect the Privacy of Personal Health Information

I acknowledge receipt of the Notice of the Renewed Freedom Treatment Center Policies and Practices

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to Protect the Privacy of My Health Information.

Patient(s)

Name _____ Date _____ Signature _____

Name _____ Date _____ Signature _____

Name _____ Date _____ Signature _____