

DAVID MICHALICEK, M. A.
Licensed Marriage and Family Therapist

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 IT CAREFULLY.

The Health Insurance Portability & Accountability Act of 1996 ("HIPAA") is a federal law that requires all medical records and other individually identifiable health information used or disclosed by me in any form, whether electronic, on paper, or orally, be kept properly confidential. HIPAA gives you (the client) significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information.

Each time you meet with your psychotherapist, a record is made which may contain your symptoms, diagnoses, treatment, future treatment plans, and billing-related information. Usually, less information is recorded if you are not using insurance to pay for treatment. This notice applies to any and all records of your care I generate.

Psychotherapist Responsibilities

I am required by law to maintain the privacy of your health information and to provide you with a description of my legal duties and privacy practices regarding your health information. I am also required to abide by the terms of this notice and notify you should I make changes to this notice, which may be at any time.

How I May Use and Disclose Medical Information About You

Treatment: I may use and disclose medical information about you to provide, coordinate, and manage your treatment or services. I may disclose your personal health information to physicians, psychiatrists, psychologists, and other licensed health care providers who provide you with health care services or are otherwise involved in your care. For example, if a psychiatrist is treating you, I may disclose your personal health information in order to coordinate your care. Or, if a referral is made to another health care provider, I may provide oral information and copies of various reports which should assist him or her in treating you.

Payment: I may use and disclose medical information about you in order to obtain reimbursement for services, or for billing or collection activities.

Health Care Operations: I may use and disclose, as needed, your health information in order to support my business activities, including consultations, quality assessments, licensing, legal advice, and customer service. For example, I might call you by name in the waiting area when ready to see you.

Other Uses and Disclosures

I may use and disclose your health information in an emergency situation to prevent harm to yourself or others. Examples include the mandated reporting of (past or present) abuse to children, the elderly, or a dependent person; or your making a serious, imminent threat of violence toward yourself or a reasonably identifiable victim. In addition, a judge might order the release of clinical information. In all cases, only the minimal amount of information relevant to your health care will be disclosed.

I might contact you to provide appointment reminders, or to offer information about treatment alternatives or other health-related benefits and services of interest to you. Any other uses or disclosures will be made only with your written authorization. You may revoke such authorization in writing and I am required to honor and abide by that written request, except to the extent I have already taken action based upon your authorization.

It should be noted a federal law known as The Patriot Act of 2001 requires therapists contacted by the FBI to provide books, records, papers, documents, and other items related to a specific client, while prohibiting the therapist from disclosing to that client that the FBI sought or obtained these items.

DAVID MICHALICEK, M. A.
Licensed Marriage and Family Therapist

Psychotherapist-Client Privilege

The information disclosed by a client, as well as any records created, is subject to the psychotherapist-client privilege. The psychotherapist-client privilege is akin to the attorney-client privilege or the doctor-client privilege. Typically, you (the client) are the holder of the psychotherapist-client privilege. If I receive a subpoena for records, deposition testimony, or testimony in a court of law, I will assert the privilege on your behalf unless instructed, in writing, by you to do otherwise. In the case of a couple or family (collectively the client), written authorization of all individuals involved in the treatment unit must be obtained before I can release any information to the court. You should be aware that you may be waiving the psychotherapist-client privilege if you make your mental or emotional state an issue in a legal proceeding. You should address any concerns you might have regarding the psychotherapist-client privilege with your attorney.

Records and Record Keeping

I may take notes during session, and will also produce other notes and records regarding your treatment. These notes constitute my clinical and business records, which by law, I am required to maintain. Such records are my sole property. I will not alter my normal record keeping process at the request of any client. Should a client request a copy of my records, such a request must be made in writing. I reserve the right, under California law, to provide a treatment summary in lieu of actual records. I also reserve the right to refuse to produce a copy of the record under certain circumstances, but may, as requested, provide a copy of the record to another treating health care provider with your (the client's) written authorization. In the event copies or summaries of records are provided, you will be charged a minimum of \$0.25 per page and a pro rata fee for any labor involved in making copies and/or summaries. I will maintain records for ten years following the termination of therapy. After ten years, client records will be destroyed in a manner that preserves client confidentiality.

Your Rights

You have the following rights with respect to your protected health information, which you can exercise by presenting me with a written request:

- The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, close personal friends, or any other person identified by you. I am, however, not required to agree to a requested restriction. If I do agree to a restriction, I must abide by it unless you authorize me in writing to remove it
- The right to receive confidential communications of protected health information. For example, you can request bills be sent to certain addresses or limit phone calls to retain privacy
- The right to inspect and receive a copy your protected health information (so long as this is deemed by me to be in your or, in the case of treatment of a minor, the minor client's best interest)
- The right to amend your protected health information
- The right to receive an accounting of disclosures of protected health information
- The right to obtain a paper copy of this notice from me upon request

You have recourse if you feel that your privacy protections have been violated. You have the right to file a written complaint with the federal government at the address below, about violations of the provisions of this notice. I will not retaliate against you for filing a complaint.

Department of Health & Human Services
Office of Civil Rights
200 Independence Avenue S.W.
Washington, D.C. 20201
1-877-696-6775

If you have any questions about this notice, please let me know.

This notice is effective as of: August 1, 2013