

# 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.**

## **Commitment to your Privacy**

As part of providing professional care to you, I will do all I can to maintain the privacy of what is called your “protected health information” (PHI). These laws are complicated, and I must give you this important information. This page is a shorter description of what I do to maintain your privacy. If you would like to read the more detailed version, please ask me for a copy. If you have any questions about my practices, please contact me (contact information listed at the bottom of this page).

## **How I use and disclose your protected health information (PHI) with your consent**

I will use the information I collect about you mainly to provide you with treatment; to arrange payment for services; and for some other business activities called, in the law, “health care operations.” You have to agree to let me use and share your PHI in the ways that are described in this Notice of Privacy Practices. If you do not consent to this, I will not treat you.

**A. Treatment:** I may use and disclose medical and clinical information about you to provide, coordinate, and manage your treatment or services. If I want to share your PHI with any other professionals, I will need your permission on a signed release-of-information form. For example, I may refer you to another professional (e.g., a psychiatrist or a group psychotherapist). When I do this, I will need to tell them things about you and your condition(s). Later, I will get back their findings and opinions, and those will go into your records here. If you receive treatment in the future from other professionals, I can also share your PHI with them. I can only do this when you give permission by signing a release-of-information form. This is so that you know what information is being shared and with whom.

**B. Payment:** I may use your information to bill you, your insurance, or others, so I can be paid for the services I provide you. I may have to contact your insurance company to find out exactly what your insurance covers. I may have to tell them about your diagnoses, what treatments you have received, and the changes I expect in your condition(s). If family members or others individual(s) are paying for treatment, I may need to contact them with issues related to payment.

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

## **Other Uses and Disclosures**

**D. Appointment Reminders:** I may use and disclose your PHI to reschedule or remind you of appointments for treatment or other care.

**E. Research.** I may use or share your PHI to do research to improve treatments. In all cases, your name, address, and other personal information will be removed from the information given to researchers. I will discuss this with you, and I will not use your PHI unless you give your consent on an authorization form. If the researchers need to know who you are, I will discuss the research project with you, and I will not send any information unless you sign a special release-of-information form.

## **Uses and disclosures that do not require your consent or authorization.**

There are some times when the laws require me to share your information without getting your consent. They are described in the longer version of the Notice of Privacy Practices, but here are the most common situations:

**A.** When there is a serious threat to your or another person's health or safety or to the public. I will only share information with people who are able to help prevent or reduce danger. This includes the reporting of suspected child, elder, or dependent adult abuse, or preventing a serious threat to anyone's health or safety, including your own.

**B.** When I am required to do so by lawsuits or other legal or court proceedings.

**C.** When a law enforcement official requires me to do so.

**D.** For worker's compensation and some similar programs if you seek these benefits. HIPAA law lets me use and disclose some of your PHI without getting your consent or authorization in some cases.

**E.** For health oversight activities, including audits and investigations.

## **Your rights about your health information.**

**A.** You can ask me to communicate with you in a particular way or at a certain place that is more private for you. For example, you can ask me to call you on your cell phone, rather than at work, to schedule or cancel an appointment. I will try my best to do as you ask.

**B.** You can ask me to limit what I tell people involved in your care or the payment of your care, such as family members and friends.

**C.** You have the right to look at the health information I have about you, such as your medical chart, case file, and billing records. You can get a copy of these records, and I can charge you for it. Please talk to me to arrange how to see your records.

**D.** You have the right to file a complaint if you believe your privacy rights have been violated. You can file a complaint with me and with the Secretary of the U.S. Department of Health and Human Services at 200 Independence Avenue SW, Washington, DC 20201, or by calling 202-619-0257. All complaints must be in writing. Filing a complaint will not change the health care I provide to you in any way.

**E.** You have the right to a copy of this notice.

Also, you may have other rights that are granted to you by California Law, and these may be the same as or different from the rights described above. I will be happy to discuss these situations or answer any questions now or as they arise.

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The effective date of this notice is 02/09/2019