

HIPAA 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.

This office is required by law to provide you with this notice explaining Dr. George Lerner's privacy practices with regard to your medical information and how this office may use and disclose your protected health information (PHI) for treatment, payment, and for health care operations, as well as for other purposes that are permitted or required by law. You have certain rights regarding the privacy of your protected health information, and those rights are also described in this notice. If you have any questions regarding this notice, please contact Dr. Lerner at (415) 277-4953.

Dr. George Lerner reserves the right to change the provisions of this notice and make new provisions effective for all PHI this office maintains. You can obtain the latest version of this notice at <http://sfdowntownpsychiatry.com>.

This *Notice of Privacy Practices* became effective on April 14, 2003 and was amended on September 23, 2013.

HITECH Amendments of 2013

Notification Requirements

This office is required to notify patients whose PHI has been breached. Notification must occur by first class mail within 60 days of the event. A breach occurs when an unauthorized use or disclosure that compromises the privacy or security of PHI poses a significant risk for financial, reputational, or other harm to the individual. Such notice must:

- Contain a brief description of what happened, including the date of the breach and the date of discovery
- The steps the individual should take to protect themselves from potential harm resulting from the breach
- A brief description of what this office is doing to investigate the breach, mitigate losses, and to protect against further breaches

Business Associates

All HIPAA security administrative safeguards, physical safeguards, technical safeguards and security policies, procedures, and documentation requirements apply directly to the business associate.

Patients Paying Out-of-Pocket In-Full

If a patient pays in full for their services out of pocket they can request that the information regarding the service not be disclosed to the patient's third party

payer since no claim is being made against the third party payer.

Electronic Health (E-Health) Records

At this time, this office does not utilize e-health records. HITECH gives individual the right to access their own e-health record in an electronic format and directs providers to send the e-health record directly to a third party. Providers may only charge for labor costs under the HITECH rules. On request, HITECH requires providers to furnish an accounting of e-health disclosures which were made for reasons other than treatment, billing, or healthcare operations within the three-year period prior to the individual's request.

Understanding Your Health Information

During each appointment, I record clinical information and store it in your chart. Typically, this record includes a description of your symptoms, your recent stressors, your medical problems, your mental status, any relevant lab test results, diagnoses, treatment, and a plan for future care. This information, often referred to as your medical record, is used for:

- Planning/provision of treatment
- Communication among health professionals
- Document of the care you receive for payment and legal purposes

You Have the Following Rights Related to Your Medical Information

- You may obtain a copy of this notice.
- Before I use or disclose your health information for reasons other than those described below, I will obtain your written authorization, which you may revoke at any time to stop future use or disclosure.
- You may request, in writing, to receive a copy of your medical record.
- If you believe the information in your record is inaccurate or incomplete, you may request, in writing, that I add information.
- You may request, in writing, that when I communicate with you about your health information, I do so in a specific way (phone, email, etc.). I will make every reasonable effort to comply with your request.
- You may request a list of disclosures of your health information that I have made for reasons other than treatment, payment, or healthcare operations.

My Responsibilities

- I am required by law to protect the privacy of your health information, to provide this notice about my privacy practices, and to abide by the terms of this notice.
- I reserve the right to change my policies and procedures for protecting health information. When I make a significant change in how I use or disclose your health information, I will also change this notice.
- Except for the purposes related to your treatment, to collect payment for my services, to perform necessary business functions, or when otherwise permitted or required by law, I will not use or disclose your health information without your authorization. You have the right to revoke your authorization at any time.

Situations When Health Information Can Be Disclosed Without Obtaining Your Specific Consent

Information may be disclosed to your other medical providers in order to facilitate medical treatment. Such information would include your diagnoses, your medications, and other clinically relevant information.

Information that identifies you and your diagnoses and treatment may be shared with a billing service or your insurance company in order to collect payment for services rendered or to obtain insurance authorization(s) for services or medications.

Although HIPAA allows disclosure of health information to your family or friends without your specific consent, as long as the disclosure contributes to your treatment, it is my policy not to share your clinical information with your family or friends without a verbal or written authorization from you. The exception to this is if I believe that you pose an immediate danger to yourself or someone else, or you cannot provide for your basic needs (food, clothing, or shelter) – in such case, I will do whatever is necessary, even if that means breaching confidentiality.

Less Common Situations in Which Health Information May Be Disclosed Without Your Specific Consent

- When required to do so by federal, state or local law.
- When necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.
- To comply with laws relating to worker's compensation or other similar programs.
- For law enforcement purposes as required by law or in response to a valid subpoena or a court or administrative order. This includes any information requested by the Department of Social Services related to cases of neglect or abuse of children or the elderly.
- To a health oversight agency for audits investigations, inspections, or licensing purposes.
- To report adverse events due to medications to the pharmaceutical manufacturer and/or the FDA.
- For medical education or academic publication purposes in a way that does not personally identify you or reveal who you are.

If you have questions, would like additional information, or want to request an updated copy of this notice, you may contact Dr. Lerner at (415) 227-4953. If you feel your privacy rights have been violated in any way, please contact Dr. Lerner so that appropriate action may be taken.

You may also send a written complaint to:
Office of Civil Rights, Dept. of Health & Human Services
HHH Building
200 Independence Avenue S.W., Room 509
Washington, D.C. 20201

You will not be penalized for filing a complaint.