

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.

Protecting Your Personal and Health Information

Psychwest, Clinical and Forensic Psychology, Inc. (Psychwest, Inc.) is committed to protecting the privacy of client personal and health information. This Notice explains Psychwest, Inc.'s privacy practices, our legal duties, and your rights concerning your personal and health information. Your personal or protected health information (PHI) is referred to as "health information". Your PHI is only released in accordance with state and federal laws and the ethics of the counseling/psychology profession.

Uses and Disclosures for Treatment, Payment, and Health Care Operations

Psychwest, Inc. may use or disclose your protected health information (PHI), for treatment, payment, and operations purposes, as long as you consent to receive services from the practice. State and federal laws allow Psychwest, Inc. to use and disclose your health information for these purposes.

Treatment - This includes the use and disclosure of health information:

- to provide, manage, or coordinate care
- in the use of consultants
- communication with referral sources

Payment - This includes the use and disclosure of health information to:

- verify insurance and coverage
- process claims and collect fees

Healthcare Operations - This includes the use and disclosure of health information for:

- review of treatment procedures
- review of business activities
- certification
- staff training
- compliance and licensing activities

Psychwest, Inc. may contact you to provide appointment reminders, information about treatment alternatives, and other health-related benefits and services that may be of interest.

Uses and Disclosures Requiring Authorization

Psychwest, Inc. may use or disclose PHI for purposes outside treatment, payment, or healthcare operations when your appropriate authorization is obtained. An "authorization" is written permission above and beyond

the general consent that permits only specific disclosures. In those instances when Psychwest, Inc. is asked for information for purposes outside of treatment, payment or healthcare operations, we will obtain an authorization from you before releasing this information.

You may revoke all such authorizations at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that Psychwest, Inc. has relied on that authorization for your ongoing treatment and/or payment of services.

Uses and Disclosures with Neither Consent nor Authorization

Psychwest, Inc. may use or disclose PHI without your consent or authorization in the following circumstances:

Abuse - If we have reason to believe that a minor child, elderly person or disabled person has been abused, abandoned, or neglected, Psychwest, Inc. must report this concern or observations to the appropriate authorities.

Health Oversight Activities - If the California Board of Psychology is investigating a clinician that you have filed a formal complaint against, Psychwest, Inc. may be required to disclose protected health information regarding your case.

Insurance – We may disclose your PHI for insurance risk adjustment audits.

Judicial and Administrative Proceedings as Required - If you are involved in a court proceeding and a court subpoenas information about the professional services provided you and/or the records thereof, we may be compelled to provide the information. Although courts have recognized a therapist-patient privilege, there may be circumstances in which a court would order Psychwest, Inc. to disclose personal health or treatment information. Psychwest, Inc. will not release information without your written authorization, or that of your legally appointed representative or a court order. The privilege does not apply when services are provided for a third party (e.g. Law enforcement agency or Social Security) or where the service is court ordered.

Law - We may use or disclose your PHI for any purpose required by law. For example, we may be required by law to use or disclose your PHI to respond to a court order.

Military – We may use or disclose your PHI if you are a member of the military as required by armed forces services

Serious Threat to Health or Safety - If you communicate to Psychwest, Inc. personnel an explicit threat of imminent serious physical harm or death to identifiable victim(s), and we believe you may act on the threat, we have a legal duty to take the appropriate measures to prevent harm to that person(s) including disclosing information to the police and warning the victim. If we have reason to believe that you present a serious risk

of physical harm or death to yourself, we may need to disclose information in order to protect you. In both cases, we will only disclose what we feel is the minimum amount of information necessary.

Research - Under certain limited circumstances, we may use and disclose health information for research purposes.

Workers' Compensation - We may disclose your PHI to workers' compensation agencies for your workers' compensation benefit determination. Per California Labor Code Section 3762: An insurer, third-party administrator retained by a self-insured employer pursuant to Section 3702.1 to administer the employer's workers' compensation claims, and those employees and agents specified by a self-insured employer to administer the employer's workers' compensation claims, are prohibited from disclosing or causing to be disclosed to an employer, any medical information, as defined in subdivision (b) of Section 56.05 of the Civil Code, about an employee who has filed a workers' compensation claim, except as follows: (1) Medical information limited to the diagnosis of the mental or physical condition for which workers' compensation is claimed and the treatment provided for this condition. (2) Medical information regarding the injury for which workers' compensation is claimed that is necessary for the employer to have in order for the employer to modify the employee's work duties.

Other Restrictions

Psychwest, Inc. must also conform to Federal regulations (42 CFR, Part 2) regarding the release of alcohol/drug treatment records and confidentiality standards related to such treatment.

For couples and families seeking conjoint treatment the record of treatment services provided will not be released without authorization from all adults present. If one individual insists on their right to review and copy the record, the record may be redacted or adapted to protect the release of information about others involved in treatment.

Client Rights

Right to Request Restrictions - You have the right to request additional restrictions on certain uses and disclosures of protected health information.

Right to Receive Confidential Communications by Alternative Means and at Alternative Locations - You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are being seen at Psychwest, Inc. On your request, Psychwest, Inc. will send your bills to another address.)

Right to Inspect and Copy - You have the right to inspect or obtain a copy (or both) of your records. Access to your records may be limited or denied under certain circumstances, but in most cases you have a right to request a review of that decision.

Right to Amend - You have the right to request in writing an amendment of your health information for as long as PHI records are maintained. The request must identify which information is incorrect and include an explanation of why you think it should be amended.

Right to an Accounting - You have the right to receive an accounting of disclosures of PHI. If your health information is disclosed for any reason other than treatment, payment, or operation, you have the right to an accounting for each disclosure of the previous six (6) years.

Psychwest, Inc. Duties

Psychwest, Inc. is required by law to maintain the privacy of PHI and to provide you with a notice of legal duties and privacy practices. Psychwest, Inc. is required to abide by the terms of the current notice in effect December 2016.

Changes to this Notice

Psychwest, Inc. reserves the right to change our privacy practices and terms of this Notice at any time, as permitted by applicable law. When such changes to our privacy practices are made, we will update this Notice and that posted on our website at <http://www.psychwest.com>. You may request a copy of the Notice at any time.

Questions and Complaints

For questions regarding this Notice or our privacy practices, please contact the Office Manager of Psychwest, Inc. If you are concerned that your privacy rights may have been violated, you may contact the Office Manager to make a complaint. You may also make a written complaint to the U.S. Department of Health and Human Services whose address can be provided upon request. If you choose to make a complaint with the U.S. Department of Health and Human Services, or us we will not retaliate in any way.

Office Manager

Telephone: 530-751-1122