

Notice of Privacy Practices

Melissa Staehle, Ph.D.
Psychologist, PSY 20412
Diplomate, American Academy of Pain Management

Providing Support for Life's Transitions

825 College Avenue, Suite 2
Santa Rosa, CA 95401
Tel/Fax: 707-544-7761/544-7781
Email: mgsphd@sbcglobal.net

This notice describes how information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

My Legal Duty:

I understand that your mental health information is personal and I am committed to protecting this information. I am required by applicable federal and state law to maintain the privacy of your health information. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) also requires that I give you this notice about my legal duties, my privacy practices, and your rights concerning your health information. I must follow the privacy practices that are describe in this notice while it is in effect.

Individually identifiable information about your past, present or future mental health, the provision of health/mental health care to you, or payment for the mental health care is considered Protected Health Information (PHI). Whenever possible, the PHI contained in your record remains private. In some circumstances, it is necessary for me to share some of the PHI contained in your record. In all but certain specified circumstances, I will share only the minimum necessary PHI to accomplish the intended purpose of the use or disclosure.

I use a professional version of Zoom, FaceTime or WhatsApp for Telehealth if appropriate. I make efforts to secure our conversations, but there exists the possibility for hackers to breach security.

I reserve the right to change this notice and to make changes in my privacy practices. Any changes will be effective for all PHI that I maintain, including mental health information created or received before I made the changes. I will inform you if changes are made. You may also request a current copy of this notice from me.

How I May Use and Disclose Mental Health Information about You:

The following categories describe different ways that I use and disclose your PHI. For each category, I explain what I mean and offer an example. In some instances a written authorization signed by you is required in order for me to use or disclose your PHI; in others it is not. I have tried to differentiate between the two.

Uses and Disclosures of PHI for which No Signed Authorization is Required:

For Treatment: I may use/disclose your PHI to provide you with mental health treatment or services. For example, I can disclose your PHI to physicians, psychiatrist, and other licensed health care providers who provide you with health care services or are involved in your care.

For Payment: I may use/disclose your PHI in order to bill and collect payment from you, your insurance company (if you are using insurance) or another third party for services provided by me.

For Health Care Operations: I may use/disclose your PHI to your health care service plan or insurance company for purposes of administering the plan, such as case management and care coordination.

Appointment Reminders or Changes in Appointments: I may use/disclose your PHI to contact you as a reminder that you have an appointment. I may also contact you to notify you of a change in your appointment. *If you do not wish me to contact you for appointment reminders or changes in appointment times, please provide me with alternative instructions.*

When Disclosure is Required by State, Federal or Local Law; Judicial or Administrative Proceeding; or Law Enforcement: I may disclose your PHI when law requires that I report information about suspected child, elder or dependent adult abuse or neglect; or in response to a court's order. I must also disclose information to authorities that monitor compliance with these privacy requirements.

To Avoid Harm: I may disclose limited PHI about you when necessary to prevent or lessen a serious threat to your health or safety, or the health and safety of the public or another person. If I reasonably believe you pose a serious threat of harm to yourself, I may contact family members or other who can help protect you. If you communicate a serious threat of bodily harm to another, I will be required to notify law enforcement and the potential victim.

Law Enforcement Officials: I may disclose your PHI to the police or other law enforcement official as required or permitted by law or in compliance with a court order or grand jury or administrative subpoena.

For Health Oversight Activities: I may disclose PHI to a health oversight agency for activities authorized by law. For example, I may have to provide information to assist the government when it conducts an investigation or inspection of a health care provider or organization.

Specialized Government Functions: I may disclose your PHI to units of the government with special functions such as the U.S. military or the U.S. Department of State under certain circumstances.

Disclosure to Relatives, Close Friends and Other Caregivers: I may disclose your PHI to a family member or other relative, a close personal friend or any other person that you indicate is involved in your care or the payment of your care unless you object in whole or in part. If you are not present or the opportunity to agree or object to a use of disclosure cannot practicably be provided because of your incapacity or an emergency circumstance, I may exercise my professional judgment to determine whether a disclosure is in your best interests. If I disclose PHI to a family member, other relative or a close personal friend, I would disclose only information that I believe is directly relevant to the person's involvement with your health care or payment related to your health care.

Worker's Compensation: I may disclose your PHI as authorized by and to the extent necessary to comply with California law relating to workers' compensation or other similar programs.

As Required by Law: I may disclose your PHI when required to do so by any other law not already referred to in the proceeding categories. For uses and disclosures of PHI beyond the areas noted above, I must obtain your written authorization. Authorizations can be revoked at any time in writing to stop future uses/disclosures (except to the extent that I have already acted upon your authorization).

Your Rights Regarding Your PHI

Right to Inspect and Copy: You have the right to inspect and copy your mental health information upon your written request. However, some mental health information may not be accessed for treatment reasons and for other reasons pertaining to California or federal law. I will respond to your written request to inspect records. A charge for copying, mailing and related expenses will apply.

Right to Request Restrictions: You have the right to ask that I limit how I use or disclose your PHI. I will consider your request, but I am not legally required to agree to the request. If I do agree to your request, I will put it into writing and comply with it except in emergency situations. I cannot agree to limit uses and/or disclosures that are required by law.

Right to Amend: If you believe that there is a mistake or missing information in my record of your mental health information, you may request in writing that I correct or add to the record. I will respond to your request within sixty days of receiving it. I may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, I may deny your request to amend information that was not created by me, not part of my records, not part of the information that you would be permitted to inspect and copy or is accurate and complete.

Right to an Accounting of Disclosures: You have a right to get a list of when, to whom, for what purpose, and what content of your PHI has been disclosed. 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 six years and may not include date before April 14, 2003). I will respond to your request within sixty days of receiving it.

Right to Request Confidential Communications: You have the right to request that I communicate with you about your mental health matters in a certain way or at a certain location. For example, you can ask that I only contact you at work or by mail. To request confidential communications, you must make your request in writing. Please specify how and where you wish to be contacted. I will accommodate all reasonable requests.

Right to a Paper Copy of this Notice: You have the right to a paper copy of this Notice. You may ask me to give you a copy of this Notice at any time.

Complaints:

If you think that your privacy right have been violated you may contact me at 707. 544. 7761 or you may file a complaint to the Secretary of the United States Department of Health and Human Services at 200 Independence Avenue SW, Washington DC 20201. You will not be penalized for filing a complaint.

Acknowledgment of Receipt of Notice of Privacy Practices

Client's Printed Name

Signature

Date