



# Dr. Sarah Kwan, PhD

## Notice of Privacy Policies

THIS NOTICE INVOLVES YOUR PRIVACY RIGHTS AND DESCRIBES HOW INFORMATION ABOUT YOU MAY BE DISCLOSED, AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

EFFECTIVE DATE: 01/01/2017

### I. Confidentiality

As a rule, I will disclose no information about you, or the fact that you are my patient, without your written consent. Your personal health information (PHI) describes the services provided to you and contains the dates of our sessions, your diagnosis, functional status, symptoms, prognosis and progress, and any psychological testing reports. Please note that under HIPAA, your PHI does not include psychotherapy notes; disclosure of psychotherapy notes requires more than just generalized consent; it requires patient authorization--or specific permission--to release this sensitive information. Health care providers are legally allowed to use or disclose PHI records or information for treatment, payment, and health care operations purposes. However, I make every effort to obtain your permission in advance, either through your consent at the outset of our relationship (by signing the attached general consent form), or through your written authorization at the time the need for disclosure arises.

### II. "Limits of Confidentiality"

#### Possible Uses and Disclosures of Mental Health Records without Consent or Authorization

There are some important exceptions to confidentiality. If you wish to receive mental health services from me, you must sign the attached form indicating that you understand and accept my policies about confidentiality and its limits. We will discuss these issues now, but you may reopen the conversation at any time during our work together.

I may use or disclose records or other information about you without your consent or authorization in the following circumstances, either by policy, or because legally required:

- **Emergency:** If you are involved in a life-threatening emergency and I cannot ask your permission, I will share information if I believe you would have wanted me to do so, or if I believe it will be helpful to you.
- **Child Abuse Reporting:** If I have reason to suspect that a child is abused or neglected, I am required by California law to report the matter immediately to the Human Services Agency of San Francisco.



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- **Adult Abuse Reporting:** If I have reason to suspect that an elderly or incapacitated adult is abused, neglected or exploited, I am required by California law to immediately make a report and provide relevant information to the Human Services Agency of San Francisco.
- **Court Proceedings:** If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment and the records thereof, such information is privileged under state law, and I will not release information unless you provide written authorization or a judge issues a court order. If I receive a subpoena for records or testimony, I will discuss with you your options and if you choose to reserve privilege, I can file a motion to block the subpoena. Please note that the desired result of this motion is not necessarily guaranteed. In the unusual event of a court order, I can ask for the order to be amended but again, the desired result is not guaranteed.
- **Serious Threat to Health or Safety of another party:** Under California law, if I am engaged in my professional duties and you communicate to me a specific and immediate threat to cause serious bodily injury or death, to an identified or to an identifiable person, and I believe you have the intent and ability to carry out that threat immediately or imminently, I am legally required to take steps to protect third parties. These precautions may include 1) warning the potential victim(s), or the parent or guardian of the potential victim(s), if under 18, 2) notifying a law enforcement officer, or 3) seeking your hospitalization.
- **Serious Threat to Health or Safety of self:** I may also use and disclose medical information about you when necessary to prevent an immediate, serious threat to your own health and safety.
- **Workers Compensation:** If you file a worker's compensation claim based on mental health, I am required by law, upon request, to submit your relevant mental health information to you, your employer, the insurer, or a certified rehabilitation provider.
- **Records of Minors:** California has a number of laws that limit the confidentiality of the records of minors. However, in accordance with California case law, confidentiality may be maintained if I determine that access to the minor's records would have a detrimental effect on the therapeutic relationship or if physical safety or psychological well-being would be placed at risk.

*Other uses and disclosures of information not covered by this notice or by the laws that apply to me will be made only with your written permission.*

### III. Patient's Rights and Provider's Duties

- **Right to Request Restrictions** - You have the right to request restrictions on certain uses and disclosures of protected health information about you. You also have the right to request a limit on the medical information I disclose about you to someone who is involved in your care or the payment for your care. If you ask me to disclose information



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to another party, you may request that I limit the information I disclose. However, I am not required to agree to a restriction you request. To request restrictions, you must make your request in writing, and tell me: 1) what information you want to limit; 2) whether you want to limit my use, disclosure or both; and 3) to whom you want the limits to apply.

- Right to Receive Confidential Communications by Alternative Means and at Alternative Locations - You have the right to request and receive confidential communications of PHI records by alternative means and at alternative locations. (For example, you may not want a family member to know that you are seeing me. Upon your request, I will send your bills to another address. You may also request that I contact you only at work, or that I do not leave voice mail messages.) To request alternative communication, you must make your request in writing, specifying how or where you wish to be contacted.
- Right to an Accounting of Disclosures - You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in section III of this Notice). On your written request, I will discuss with you the details of the accounting process
- Right to Inspect and Copy - Except in unusual circumstances that involve danger to yourself, you have the right to inspect and request a copy of your PHI record. To do this, you must submit your request in writing. Because these are professional records, they may be misinterpreted and / or upsetting to untrained readers. For this reason, I recommend that you initially review them with me, or have them forwarded to another mental health professional to discuss the contents. If I refuse your request for access to your records, you have a right to have my decision reviewed by another mental health professional, which I will discuss with you upon your request. You also have the right to request that a copy of your file be made available to any other health care provider at your written request. Though the privacy rule does afford patients the right to access and inspect their health records, psychotherapy notes are treated differently. Patients do not have the right to obtain a copy of these under HIPAA. When a psychologist denies a patient access to these notes, the denial isn't subject to a review process, as it is with other records. These notes are kept separate from your PHI. Additionally, Information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding also comprises an exception to the Right to Inspect and Copy.
- Right to Amend - If you feel that protected health information I have about you is incorrect or incomplete, you may ask me to amend the information. To request an amendment, your request must be made in writing, and submitted to me. In addition, you must provide a reason that supports your request. I may deny your request if you ask me to amend information that: 1) was not created by me; I will add your request to the PHI record; 2) is not part of the medical information kept by me; 3) is not part of the information which you would be permitted to inspect and copy; 4) is accurate and complete.



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- Right to a 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. Changes to this notice: I reserve the right to change my policies and/or to change this notice, and to make the changed notice effective for medical information I already have about you as well as any information I receive in the future. The notice will contain the effective date. A new copy will be given to you or posted in the waiting room. I will have copies of the current notice available on request.
- Complaints: If you believe your privacy rights have been violated and/or I have acted illegally, irresponsibly, or unprofessionally, you may file a complaint. To do this, please submit a complaint to the California Board of Psychology, 1625 North Market Street, Suite N-215, Sacramento, CA 95834.

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### **Patient's Acknowledgement of Receipt of Notice of Privacy Practices**

I have been provided a copy of Dr. Kwan's Notice of Privacy Practices.

We have discussed these policies, and I understand that I may ask questions about them at any time in the future.

I consent to accept these policies as a condition of receiving mental health services.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_