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HIPAA Notice of Privacy Form

(Policies and Practices to Protect the Privacy of Your Health Information)

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Protecting Your Privacy...

Psychologists have always managed psychological records with great concern for privacy and confidentiality. Although the security of psychological records has continuously been addressed by Psychology Codes of Ethics, as well as State and Federal laws, the rules have been strengthened and made more transparent by the provisions of the Health Insurance Portability and Accountability Act (HIPAA), which went into effect on April 14, 2002. The following information provides details about the provisions of HIPAA and your rights concerning privacy and your psychological records.

Who will observe these rules?

The following individuals are required by HIPAA to comply with the privacy rules:

- Your treating therapists;
- Any secretary or receptionist who may have limited access to your identifying information (e.g., name, address, telephone number);
- Any billing agency or collection agency that handles information about you (e.g., name and address, diagnostic codes, treatment codes, consultation dates, but not actual clinical records).

Your Rights Regarding Medical Information About You/Your Child

1) The Right to Inspect and Obtain a Copy of Your Psychological Record, with certain

limitations: Professional records constitute an important part of the therapy process and help with the continuity of care over time. According to the rules of HIPAA, your/your child's treatment and consultations with Dr. Berquist are documented in **The Clinical Record**, which is a required record that includes the date of your/your child's therapy sessions, your/your child's reasons for seeking treatment, your/your child's diagnosis, therapeutic goals, treatment plan, progress, medical and social history, treatment history, functional status, any past records from other providers, as well as any reports to your/your child's insurance carrier. **Psychotherapy Notes** are optional notes that are kept by some providers to document specific content or analyses of therapy conversations, how they impact the therapy, and notes of your/your child's therapist that may assist in treatment. When used, Psychotherapy Notes are kept separately from your Clinical Record in order to maximize privacy and security.

You have the right to inspect and receive a copy of your/your child's Clinical Record. Viewing your/your child's record is best done during a professional consultation, however, rather than on your own, in order to clarify any questions that you may have at the time. You may be charged a nominal fee for accessing and photocopying the record. Psychotherapy Notes, however, if they are created, are never disclosed to third parties, HMOs, insurance companies, billing agencies, patients, or anyone else. They are for the use of a treating therapist in tracking the many details of consultations that are far too specific to be included in the Clinical Record. If your case manager or insurance company requests to see the psychotherapy notes, you have a choice about consenting (authorizing release of this information) or denying access to them. If you refuse, it will not affect your/your child's coverage or reimbursement in any way, and your/your child's insurance provider or HMO is obliged to provide payment as usual.

To look at or get copies of your/your child's Protected Health Information (PHI) (information that identifies you) that I have, you must make the request in writing. If I don't have your/your child's PHI but I know who does, I will tell you how to get it. I will respond to you within 30 days of receiving your written request. In certain situations, I may deny your request. If I do, I will tell you, in writing, my reasons for the denial and explain your right to have my denial reviewed. Instead of providing the PHI you requested, I may provide you with a summary or explanation of the PHI as long as you agree to that in advance.

2) The Right to Request a Correction or Add an Addendum to Your/Your Child's Clinical Record Correction: If you believe that there is an inaccuracy in your/your child's clinical record you may request a correction. If the information is accurate, however, or if it has been provided by a third party (e.g., previous therapist, primary care physician, etc.), it may remain unchanged, and the request denied. In this case you will receive an explanation in writing, with a full description of the rationale. You must provide the request and your reason for the request in writing. I will respond within 60 days of receiving your request to correct or update your PHI. I may deny your request in writing if the PHI is (i) correct and complete, (ii) not created by me, (iii) not allowed to be disclosed, or (iv) not part of my records. My written denial will state the reasons for the denial and explain your right to file a written statement of disagreement with the denial. If you don't file one, you have the right to request that your request and my denial be attached to all future disclosures of your/your child's PHI. If I approve your request, I will make the change to your/your child's PHI, tell you that I have done it, and tell others that need to know about the change to your/your child's PHI.

Addendum: You also have the right to make an addition to your/your child's record, if you think it is incomplete.

3) The Right to an Accounting of Disclosures of Your/Your Child's Psychological Information to Third Parties: You have the right to know if, when, and to whom your/your

child's psychological information has been disclosed (exclusive of treatment, payment, and health care operations). The list of disclosures will not include uses or disclosures that you have already consented to, such as those made for treatment, payment, or health care operations, directly to you, or to your family. The list also won't include uses and disclosures made for national security purposes, to corrections or law enforcement personnel, or disclosures made before April 15, 2002. I will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list I will give you will include disclosures made in the last six years unless you request a shorter time. The list will include the date of the disclosure, to whom your/your child's information was disclosed (including their address, if known), a description of the information disclosed, and the reason for the disclosure

4) The Right to Request Restrictions on How Your/Your Child's Information is Used: You have the right to request restrictions on certain uses or disclosures of your/your child's psychological information. These requests must be in writing, and most likely will be honored, although in some cases they may be denied. This office does not use or release your/your child's protected health information for any purpose other than treatment, payment, healthcare operations, and other exceptions specified in this notice. You have the right to restrict certain disclosures of your/your child's information to a health plan when you pay out-of-pocket in full for my services.

5) The Right to Request Limits on Uses and Disclosures of Your/Your Child's Information: You have the right to ask that I limit how I use and disclose your/your child's information. I will consider your request, but I am not legally required to accept it. If I accept your request, I will put any limits in writing and abide by them except in emergency situations. You may not limit the uses and disclosures that I am legally required or allowed to make.

6) The Right to Request Confidential Communications: You have the right to request that your therapist communicate with you about your/your child's treatment in a certain way, or at a certain location. For example, you may prefer to be contacted at work instead of at home, or on a cell phone, in order to schedule or cancel an appointment. Or, you may wish to receive billing statements at a Post Office Box, or at some other address. I must agree to your request so long as I can easily provide the information to you in the format you requested.

6) The Right to a Copy of This Notice Upon Request: You have the right to have a copy of this Notice of Privacy Practices.

7) The Right to File a Complaint: You have the right to file a complaint if you believe your/your child's privacy rights have been violated. You must do so in writing, and may address it directly to Dr. Berquist or to the Secretary of the Department of Health and Human Services (address: Office for Civil Rights, 200 Independence Ave., S.W., Washington, D.C. 20201). Filing a complaint will not change the health care provided by this office in any way. If you have

questions or concerns about this notice or your health information privacy, please do not hesitate to contact Dr. Berquist at (650) 701-3022.

8)The Right to Get This Notice by E-Mail: You have the right to get a copy of this notice by e-mail. Even if you have agreed to receive notice via e-mail, you also have the right to request a paper copy of it.

Psychologist's Duties:

- 1) I am required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI.
- 2) I reserve the right to change the privacy policies and practices described in this notice. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect.
- 3) If I revise my policies and procedures, I will notify you in writing and send you a copy of the new policies.

HOW I MAY USE AND DISCLOSE YOUR PHI.

A. Disclosures for Treatment, Payment, and Health Care Operations: I may use or disclose your/your child's PHI, for certain treatment, payment, and health care operations purposes without your authorization. In certain circumstances I can only do so when the person or business requesting your/your child's PHI gives me a written request that includes certain promises regarding protecting the confidentiality of your/your child's PHI.

1) For Treatment: Treatment is when I provide or another healthcare provider diagnoses or treats you/ your child. An example of treatment would be when I consult with another health care provider, such as your family physician or another psychologist, regarding your treatment.

2) For Payment: Payment is when I obtain reimbursement for your/your child's healthcare. Examples of payment are when I disclose your PHI to your/your child's health insurer to obtain reimbursement for your/your child's health care or to determine eligibility or coverage. I may also provide your/your child's PHI to my business associates, such as billing companies, claims processing companies, and others that process my health care claims.

3) For Health Care Operations: Health Care Operations is when I disclose your/your child's PHI to operate my practice. For example, I might use your/your child's PHI to evaluate the quality of health care services that you/your child receive. I may also provide your/your child's PHI to my accountants, attorneys, consultants, and others to make sure I'm complying with applicable laws.

4) As Required by Law: It is possible, though unlikely, that the Department of Health and Human Services may review how this office complies with the regulations of HIPAA. In such a case, your/your child's personal health information could be revealed as part of providing evidence of compliance.

5) Other Disclosures: I may also disclose your/your child's PHI to others without your consent in certain situations. For example, your consent isn't required if you need emergency treatment, as long as I try to get your consent after treatment is rendered, or if I try to get your consent but you are unable to communicate with me (for example, if you are unconscious or in severe pain) and I think that you would consent to such treatment if you were able to do so.

Definitions:

- 1) Use:** applies only to activities within my [office, clinic, practice group, etc.] such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- 2) Disclosure:** applies to activities outside of my [office, clinic, practice group, etc.], such as releasing, transferring, or providing access to information about you/your child to other parties.
- 3) Authorization:** means written permission for specific uses or disclosures.

B. Disclosures Requiring Authorization: I may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. In those instances when I am asked for information for purposes outside of treatment and payment operations, I will obtain an authorization from you before releasing this information.

I will also need to obtain an authorization before releasing your/your child's psychotherapy notes. "Psychotherapy notes" are notes I have made about our conversation during a private, group, joint, or family counseling session, which I have kept separate from the rest of your/your child's medical record. These notes are given a greater degree of protection than PHI.

You may revoke or modify all such authorizations (of PHI or psychotherapy notes) at any time; however, the revocation or modification is not effective until I receive it.

C. Exceptions to Confidentiality/Uses and Disclosures with Neither Consent nor Authorizations

I may use or disclose PHI without your consent or authorization in the following circumstances:

- 1) Child Abuse:** Whenever I, in my professional capacity, have knowledge of or observe a child I know or reasonably suspect has been the victim of child abuse or neglect, I must

immediately report such to a police department or sheriff's department, county probation department, or county welfare department. Also, if I have knowledge of or reasonably suspect that mental suffering has been inflicted upon a child or that his or her emotional well-being is endangered in any other way, I may report such to the above agencies.

2) Adult and Domestic Abuse: If I, in my professional capacity, have observed or have knowledge of an incident that reasonably appears to be physical abuse, abandonment, abduction, isolation, financial abuse or neglect of an elder or dependent adult, or if I am told by an elder or dependent adult that he or she has experienced these or if I reasonably suspect such, I must report the known or suspected abuse immediately to the local ombudsman or the local law enforcement agency.

3) Health Oversight Activities: If a complaint is filed against me with the California Board of Psychology, the Board has the authority to subpoena confidential mental health information from me relevant to that complaint.

4) Judicial and Administrative Proceedings: If you are involved in a court proceeding and a request is made about the professional services that I have provided you/your child, I must not release your/your child's information without 1) your written authorization or the authorization of your attorney or personal representative; 2) a court order; or 3) a subpoena duces tecum (a subpoena to produce records) where the party seeking your/your child's records provides me with a showing that you or your attorney have been served with a copy of the subpoena, affidavit and the appropriate notice, and you have not notified me that you are bringing a motion in the court to quash (block) or modify the subpoena. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court-ordered. I will inform you in advance if this is the case.

5) Serious Threat to Health or Safety: If you communicate to me a serious threat of physical violence against an identifiable victim, I must make reasonable efforts to communicate that information to the potential victim and the police. If I have reasonable cause to believe that you/your child are in such a condition, as to be dangerous to yourself or others, I may release relevant information as necessary to prevent the threatened danger.

6) For public health activities: For example, in the event of your/your child's death, if a disclosure is permitted or compelled, I may need to give the county coroner information about you/your child.

7) To avoid harm. In order to avoid a serious threat to the health or safety of a person or the public, I may provide PHI to law enforcement personnel or persons able to prevent or lessen such harm.

8) When disclosure is required by federal, state, or local law; judicial, board, or administrative proceedings; or, law enforcement. For example, I may make a disclosure to

the appropriate officials when a law requires me to report information to government agencies, law enforcement personnel and/or in an administrative proceeding.

9) Appointment reminders and health related benefits or services. For example, I may use PHI to provide appointment reminders. I may use PHI to give you information about alternative treatment options, or other health care services or benefits I offer.

10) For Workers' Compensation purposes. I may provide PHI in order to comply with Workers' Compensation laws.

11) For specific government functions: I may disclose PHI of military personnel and veterans in certain situations. And I may disclose PHI for national security purposes, such as protecting the President of the United States or conducting intelligence operations.

12) If disclosure is otherwise specifically required by law.

Other Potential Disclosures

1) Business Associates: This office may contract with a billing agency or attorneys to attend to business issues on an as-needed basis. In this case, there will be a written contract in place with the agency requiring that it maintain the security of your/your child's information in compliance with the rules of HIPAA.

2) Research: This office is currently not participating in any research studies. However, if research is conducted through this office in the future, you would be informed of the nature of the research, have an opportunity to read and review an Informed Consent describing the research study thoroughly, and ultimately have the opportunity to accept or decline participation. You would never be obligated to participate in a research project and your choice to decline research involvement would not affect your treatment in any way. However, if you would like to be informed of ongoing research studies being conducted at Stanford University, or elsewhere, please inform Dr. Berquist.

3) PHI after death: Generally, PHI excludes any health information of a person who has been deceased for more than 50 years after the date of death. I may disclose deceased individuals' PHI to non-family members, as well as family members, who were involved in the care or payment for healthcare of the decedent prior to death; however, the disclosure must be limited to PHI relevant to such care or payment and cannot be inconsistent with any prior expressed preference of the deceased individual.

D. Certain Uses and Disclosures Require You to Have the Opportunity to Object.

1) Disclosures to Family, Friends, or Others: I may provide your/your child's PHI to a family member, friend, or other person that you indicate is involved in your/your child's care or the payment for your/your child's health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

2) Other Uses and Disclosures Require Your Prior Written Authorization: In any other situation not described in sections III A, B, and C above, I will ask for your written authorization before using or disclosing any of your/your child's PHI. If you choose to sign an authorization to disclose your/your child's PHI, you can later revoke such authorization in writing to stop any future uses and disclosures (to the extent that I haven't taken any action in reliance on such authorization) of your/your child's PHI by me.

Notifications of Breaches

A "breach" is defined as the acquisition, access, use or disclosure of PHI in violation of the HIPAA Privacy Act. An example of a breach is stolen or improperly accessed PHI.

In the case of a breach, I will conduct a risk assessment, give you notice of the breach, notify U.S. Department of Health and Human Services, and conduct a post-breach assessment. I am required to notify each affected individual whose unsecured PHI has been compromised. Even if such a breach was caused by a business associate, I am ultimately responsible for providing the notification directly or via the business associate. If the breach involves more than 500 persons, Office of Civil Rights must be notified in accordance with instructions posted on its website. I bear the ultimate burden of proof to demonstrate that all notifications were given or that the impermissible use or disclosure of PHI did not constitute a breach and must maintain supporting documentation, including documentation pertaining to the risk assessment.

Questions and Complaints

If you have questions about this notice, disagree with a decision I make about access to your/your child's records, or have other concerns about your/your child's privacy rights, you may contact me at my office either in writing or by telephone. Please contact Dr. Kari Berquist at: 845 Oak Grove Ave Ste 110, Menlo Park, CA 94025 or (650) 701-3022. You will not be penalized for filing a complaint.

If you believe that your privacy rights have been violated and wish to file a complaint, you may send your written complaint to me.

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services at 200 Independence Avenue S.W., Washington, D.C. 20201. You have

specific rights under the Privacy Rule. I will not retaliate against you for exercising your right to file a complaint.

Effective Date, Restrictions, and Changes to Privacy Policy

This notice went into effect on July 8, 2016. I reserve the right to change the terms of this notice and to make any new provisions effective for all PHI that I maintain. I will provide you with a revised notice by mail or in person.