

# MM\_Notice of Privacy Practices & HIPAA

Michelle Massi, LMFT, Anxiety Therapy, LA

16055 Ventura Blvd. Suite 1020 · Encino, CA 91436

310-592-0597 · [info@anxietytherapyla.com](mailto:info@anxietytherapyla.com) (<mailto:info@anxietytherapyla.com>).

## Patient Bill of Rights

You have the right to:

- Request and receive information about the therapist's professional capabilities, including licensure, education, training, experience, professional association membership, specialization, and limitations.
- Verify licensure of the therapist with the Board of Behavioral Sciences and receive information about any license discipline. You can do this on the Board's website at [www.bbs.ca.gov](http://www.bbs.ca.gov). Click on "License Verification."
- Have written information about fees, methods of payment, insurance reimbursement, number of sessions, length of sessions, professional assistance when your therapist is not available (in cases of vacation and emergencies), and cancellation policies before beginning therapy. This kind of information is referred to as informed consent.
- Know the limits of confidentiality and the circumstances in which a therapist is legally required to disclose information to others.
- Receive a verbal or written treatment plan.
- Have a safe environment, free from sexual, physical or emotional abuse.
- Expect that your therapist should not involve you in any social or business relationship that conflicts with your therapy relationship.
- Ask questions about your therapy or psychological assessment.
- Refuse to answer any question or disclose any information you choose not to reveal.
- Request that the psychologist inform you of your progress.
- Know if there are supervisors, consultants, students, registered psychological assistants or others with whom your therapist will discuss your case.
- Refuse a particular type of treatment or end treatment at any time without obligation or harassment.
- Refuse or request electronic recording of your sessions.

- Request and (in most cases) receive a summary of your records, including the diagnosis, treatment plan, your progress, and type of treatment.
- Report unprofessional behavior by a therapist.
- Receive a second opinion at any time about your therapy or about your therapist's methods.
- Receive referral names, addresses and telephone numbers in the event that your therapy needs to be transferred to someone else and to request that a copy or a summary of your records be sent to any therapist or agency you choose.

## HIPAA & Privacy Practices

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.

You may have heard about the complex federal privacy rule under the Health Insurance Portability and Accountability Act, better known as HIPAA. It is important that, as a client, you understand what this rule means, and how it could affect you.

In general, HIPAA establishes requirements for how your therapist – as well as other health care professionals and organizations – use and disclose your records. HIPAA also provides certain basic privacy rights and helps clarify all patient privacy rights, including those that exist under state law.

Following is a brief summary of the HIPAA rule. Attached you will also find a detailed notice of your privacy rights, which is a requirement of HIPAA.

Under the HIPAA rules:

- I will exercise even greater care in handling your records to prevent unauthorized individuals from seeing them.
- You generally have the right to review your records, receive a copy of them, and request that any errors be corrected. In certain situations, I have the right to deny such requests.
- You have increased protection from insurance companies and others who may ask to see your records.
- You are able to request certain restrictions on the disclosure of your records – although I may use my best judgment about whether to comply with your request.
- You have the right to receive confidential communications of health information at any location you specify. For example, a client may request that a bill be sent to an address other than his or her home, or ask me not to leave any messages on a home answering machine.

Be assured that Michelle Massi, LMFT considers maintaining my clients' privacy a critical component of my practice. The Notice of Private Practices attached to this letter explains our privacy practices in greater detail, which is a requirement of HIPAA.

Please let me know if you have any questions about the Notice of Privacy Practices.

### **My Pledge Regarding Health Information**

Michelle Massi is a licensed Marriage & Family Therapist in the State of California through the Board of Behavioral Sciences. I work as an independent clinician. I create and maintain treatment records that contain individually identifiable health information about my clients. These records are generally referred to as medical records or mental health records, and this notice, concerns the privacy and confidentiality of those records and the information contained therein.

I am required by law to maintain the privacy and security of your protected health information ("PHI") and to provide you with this Notice of Privacy Practices ("Notice"). I must abide by the terms of this Notice, and I must notify you if a breach of your unsecured PHI occurs. I can change the terms of this Notice and such changes will apply to all information I have about you. The new Notice will be available upon request, in my office and on my website.

Except for specific purposes set forth below, I will use and disclose your PHI only with your written authorization ("Authorization"). It is your right to revoke such Authorization at any time by giving me written notice of your revocation. And, I am legally required to follow the privacy practices described in this Notice.

### **Uses (Inside Practice) and Disclosures (Outside Practice) Relating to Treatment, Payment or Health Care Operations Do Not Require Your Written Consent.**

I can use and disclose your PHI without your Authorization for the following reasons:

1. **For your treatment.** I can use and disclose your PHI to treat you, which may include disclosing your PHI to another health care professional. For example, if you are being treated by a physician or a psychiatrist, I can disclose your PHI to him or her to help coordinate your care, although my preference is for you to give me an Authorization to do so.
2. **\*\*To obtain payment for your treatment. \*\***I can use and disclose your PHI to bill and collect payment for the treatment and services provided by me to you. For example, I might send your PHI to your insurance company to get paid for the health care services that I have provided to you, although my preference is for you to give me an Authorization to do so.
3. **For health care operations.** I can use and disclose your PHI for purposes of conducting health care operations pertaining to my practice, including contacting you when necessary. For example, I may need to disclose your PHI to my attorney to obtain advice about complying with applicable laws.

### **Certain Uses and Disclosures Require Your Authorization**

1. **\*\*Psychotherapy Notes. \*\***I do not keep "psychotherapy notes" as that term is defined in 45 CFR § 164.501; rather, I keep a record of your treatment and you may request a copy of such record at any time, or you may request that I prepare a summary of your treatment. There may be reasonable, cost-based fees involved with copying the record or preparing the summary.

2. **Marketing purposes.** As a psychotherapist, I will not use or disclose your PHI for marketing purposes.

3. **Sale of PHI.** As a psychotherapist, I will not sell your PHI in the regular course of my business.

**\*\*Certain Uses and Disclosures Do Not Require Your Authorization.** **\*\*Subject to certain limitations mandated by law, I can use and disclose your PHI without your Authorization for the following reasons:**

1. When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.
2. For public health activities, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone's health or safety.
3. For health oversight activities, including audits and investigations.
4. For judicial and administrative proceedings, including responding to a court or administrative order, although my preference is to obtain an Authorization from you before doing so.
5. For law enforcement purposes, including reporting crimes occurring on my premises.
6. To coroners or medical examiners, when such individuals are performing duties authorized by law.
7. For research purposes, including studying and comparing the mental health of patients who received one form of therapy versus those who received another form of therapy for the same condition.
8. Specialized government functions, including, ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counter-intelligence operations; or, helping to ensure the safety of those working within or housed in correctional institutions.
9. For workers' compensation purposes. Although my preference is to obtain an Authorization from you, I may provide your PHI in order to comply with workers' compensation laws.
10. Appointment reminders and health related benefits or services. I may use and disclose your PHI to contact you to remind you that you have an appointment with me. I may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that I offer.

### **Certain Uses and Disclosures Require You to Have the Opportunity to Object**

1. **Disclosures to family, friends, or others.** I may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

### **Your Rights Regarding Your PHI**

You have the following rights with respect to your PHI

1. **The Right to Request Limits on Uses and Disclosures of Your PHI.** You ask me not to use or disclose certain PHI for treatment, payment or health care operation purposes. I am not required to agree to your request, and I may say "no" if I believe it would affect your health care.

2. **The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full.** You have the right to request restrictions on disclosures of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full.
3. **The Right to Choose How I Send PHI to You.** You have the right to ask me to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and I will agree to all reasonable requests.
4. **The Right to See and Get Copies of Your PHI.** Other than "psychotherapy notes," you have a right to get an electronic or paper copy of your medical record and other information that I have about you.

I will provide you with a copy of your record, or a summary of it, if you agree to receive a summary, within 30 days of receiving your written request, and I may charge a reasonable, cost based fee for doing so.

1. **The Right to Get a List of the Disclosures I Have Made.** You have a right to request a list of instances in which I have disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided me with an Authorization.

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. I will provide the list to you at no charge, but if you make more than one request in the same year, I will charge you a reasonable cost based fee for each additional request.

1. **The Right to Correct or Update Your PHI.** If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that I correct the existing information or add the missing information. I may say "no" to your request, but I will tell you why in writing within 60 days of receiving your request.
2. **The Right to Get a Paper or Electronic Copy of this Notice.** You have the right to get a paper copy of this Notice, and you have the right to get a copy of this notice by email. And, even if you have agreed to receive this Notice via email, you also have the right to request a paper copy of it.

## HOW TO COMPLAIN ABOUT MY PRIVACY PRACTICES

If you think I may have violated your privacy rights, you may file a complaint with me, as the Privacy Officers for my practice, and my address and telephone are:

Michelle Massi, LMFT,  
16055 Ventura Blvd. Suite 1020 · Encino, CA 91436, (310) 592-0597

You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by:

1. Sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201;
2. Calling 1-877-696-6775; or
3. Visiting [www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints) (<http://www.hhs.gov/ocr/privacy/hipaa/complaints>).

I will not retaliate against you if you file a complaint about my privacy practices.

**EFFECTIVE DATE OF THIS NOTICE**

This notice went into effect on September 20, 2013

**Acknowledgement of Receipt of Privacy Notice**

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By checking the box below, you are acknowledging that you have received a copy of HIPPA Notice of Privacy Practices.

BY CLICKING ON THE CHECKBOX BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.