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HIPAA Privacy Practices Form

(The Health Insurance Portability and Accountability Act of 1996)

This notice described how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully. The privacy of your health information is important to Dr. Sells. Please note: This notice is intended for you to read and keep in your files; it is not intended as a fill-in form and does not require your signature or return to Dr. Sells.

LEGAL DEFINED DUTY OF DR. CHRISTINE SELLS

Dr. Sells is legally required to protect the privacy of your Protected Health Information (PHI), which included information that can be used to identify you that has been created or received about your past, present, or future health or condition, the provision of health care to you, or the payments for this health care. Dr. Sells must provide you with this notice about her privacy practices, and such notice must explain how, when, and why she will “use” and “disclose” you PHI. A use of PHI occurs when Dr. Sells shares, examines, utilizes, applies, or analyzes such information within her practice; PHI is “disclosed” when it is released, transferred, has been given to, or is otherwise divulged to a third party outside of Dr. Sells’ practice.

With some exceptions, Dr. Sells may not disclose any more of your PHI than is necessary to accomplish the purpose for which the use or disclosure is made. Dr. Sells is legally and ethically required to follow the privacy practices described in this notice.

Dr. Sells reserves the right to change the terms of this notice and her privacy policies at any time. Any changes will apply to PHI on file with Dr. Sells already. Before Dr. Sells makes any important changes to her polices, she will promptly change this notice and post a new copy of it in her office. You can also request a copy of this notice from Dr. Sells, or you can view a copy of it in her office.

HOW DR. SELLS MAY USE AND DISCLOSE YOU PHI

For some disclosures, Dr. Sells will need your prior authorization; for others (i.e., medical emergency) your prior authorization is not required.

The following use and disclosures may be done and do not require your prior written consent:

1. *Treatment*: PHI disclosure to a physician or other healthcare provider to coordinate treatment to you
2. *Payment*: PHI disclosure to obtain payment for services provided to you by Dr. Sells
3. *Healthcare Operations*: PHI disclosure in the course of operations for this practice including quality assessment protocols and improvement activities; Dr. Sells may also use or disclose your PHI to accountants, attorneys, consultants, and others to make sure she is complying with applicable laws.
4. *Medical or Psychiatric Emergency*:
 - a. Dr. Sells must notify relevant others if a clinical determination is made that you intend to harm another individual.
 - b. Dr. Sells must notify support personnel (e.g., police, family, emergency contact, friends, social support system) to help protect you should you become self-destructive.
 - c. Dr. Sells must notify the police and/or appropriate child protective service if there is any incidence(s) of child abuse, neglect, or molestation.
 - d. Dr. Sells must notify the police and/or appropriate adult protective service if there is any incidence(s) of physical abuse of an elderly or disabled person.
 - e. Dr. Sells must release information subpoenaed by the court as appropriate.
 - f. Dr. Sells may choose to not release information where, in her judgment, such disclosure would be destructive to the individual client.
5. *Federal, State, Local or Administrative Law*: Dr. Sells may use or disclose your PHI where mandated by law. This includes reporting child and/or elder/dependent abuse, harm to self or others, when required by a judicial or administrative action, or when required by government agencies such as a county coroner or worker's compensation laws.
6. *National Security*: Dr. Sells may disclose your PHI to military authorities of the Armed Forces under specific situations. For example, Dr. Sells may disclose to intelligence, counterintelligence, and other national security agencies the information required by them.
7. *Appointment Reminders and other Communication*: Dr. Sells may, at times, use or disclose your PHI to provide you with appointment reminders, appointment changes, or other office communications. These may include voice mail messages, letters, text messages, or email.

You have the right to object to the following use and purposes of PHI:

8. *Disclosure to Family, Friends, or Others*: Dr. Sells may disclose your PHI to a family member, friends, or other individuals whom you indicate are involved in your care or are responsible for the payment of your health care, unless you object in whole or in part. Retroactive consent may be obtained in emergency situations.
9. *Revocation of Written Consent to Disclose and/or Use your PHI*: You must make a request to revoke any authorization in writing. Any request to revoke authorization will apply to future use and/or disclosure of your PHI but cannot be applied retroactively to any disclosure that Dr. Sells has made in reliance to the original authorization to disclose.

WHAT RIGHTS YOU HAVE REGARDING YOUR PHI

1. *The Right to Request Limits on Uses and Disclosures of your PHI*: You have the right to ask that Dr. Sells limit how she use and disclose your PHI. Dr. Sells will consider your request but is not legally required to accept it. If Dr. Sells can accept your request, she will put any

limits in writing and abide by them except in emergency situations. You may not limit the uses and disclosures that Dr. Sells is legally required or allowed to make.

2. *The Right to Choose how Dr. Sells Sends PHI to you:* You have the right to ask that Dr. Sells send information to you at an alternative address (e.g., work address rather than home address) or by alternate means (e.g., electronically instead of U.S. Postal Service). Dr. Sells must agree to your request so long as she can easily provide the PHI to you in the format you requested.
3. *The Right to See and Get Copies of your PHI:* In most cases, you have the right to look at or get copies of your PHI that Dr. Sells has, but you must make the request in writing. If Dr. Sells does not have your PHI but knows who does, she will tell you how to get it. Dr. Sells will respond to you within five days of receiving your written request. In certain situations, Dr. Sells may deny your request. If the request is denied, Dr. Sells will tell you, in writing, the reasons for the denial and explain your right to have the denial reviewed. If you request copies of your PHI, Dr. Sells will charge you \$.25 for each page copied. Instead of providing the PHI you requested, Dr. Sells may provide you with a summary explanation of the PHI as long as you agree to that and to the cost in advance. Dr. Sells will charge her hourly fee of \$125.00 to prepare summary reports of PHI, copies of PHI, or other reports as you request (i.e., to coordinate care with other health providers or in the course of legal proceedings).
4. *The Right to Get a List of the Disclosures Dr. Sells has Made:* You have the right to get a list of instances in which Dr. Sells has disclosed your PHI. The list 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 will not include uses or disclosures made for national security purposes, or to corrections or law enforcement personnel. Dr. Sells will respond to your request for an accounting of disclosures within five days of receiving your request. The list you will receive will include disclosures made in the last six years unless you request a shorter time period. The list will include the date of the disclosure, to whom PHI was disclosed (including their address if known), a description of the information disclosed, and the reason for the disclosure. Dr. Sells will provide the list to you at no charge, but if you make more than one request in the same year, Dr. Sells will charge you a reasonable cost-based fee for each additional request. Dr. Sells will charge \$50.00 per hour to prepare additional disclosure listings requested during the same calendar year.
5. *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, you have the right to request that Dr. Sells correct the existing information or add the missing information. You must provide the request and your reason for the request in writing. Dr. Sells will respond within five days of receiving your request to correct or update your PHI. Dr. Sells may deny your request in writing if the PHI is correct and complete, not created by Dr. Sells, not allowed or be disclosed, and/or not part of Dr. Sells' records. The written denial will state the reason(s) for the denial and explain your right to file a written statement of disagreement with the denial. If you do not file one, you have the right to request that your initial request and the denial be attached to all future disclosures of your PHI. If Dr. Sells approves your request, she will make the change to your PHI, tell you that she has done it, and tell others that need to know about the change to your PHI.
6. *The Right to Get this Notice by Email:* You have the right to get a copy of this notice by email. Even if you have agreed to receive notice via email, you also have the right to request a paper copy of it.

HOW TO COMPLAIN ABOUT DR. SELLS' PRIVACY PRACTICES

If you think that Dr. Sells may have violated your privacy rights, or you disagree with a decision she has made about access to your PHI, you may file a complaint with the Secretary of the Department of Health and Human Services (200 Independence Ave., S.W. Washington, D.C. 20201). Otherwise, for questions or concerns, please contact Christine Sells, Ph.D. (designated Privacy Officer of the psychotherapy practice), at the above-listed telephone number and address.