

**NOTICE OF PRIVACY PRACTICES  
(Health Insurance Portability and Accountability Act Provisions)**

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**

I am dedicated to maintaining the privacy of your Protected Healthcare Information (PHI). In addition, I am required by law to inform you of how your PHI will be protected, how I may use or disclose PHI, and your rights regarding access to your PHI. Please review this information carefully. You will be asked to sign a receipt indicating that you have received and read this document.

I. Disclosures for Treatment, Payment, and Health Care Operations

I, Nicole Wernimont, PsyD, may use or disclose your protected health information (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 PHI gives me a written request that includes certain promises regarding protecting the confidentiality of your PHI. To help clarify these terms, here are some definitions:

- “PHI” refers to information in your health record that could identify you.
- “Treatment and Payment Operations”
  - *Treatment* is when I provide or another healthcare professional provides diagnoses or treats you. 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.
  - *Payment* is when I obtain reimbursement for your healthcare. Examples of payment are when I disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
  - *Health Care Operations* is when I disclose your PHI to your health care service plan (for example your health insurer), or to your other health care providers contracting with your plan, for administering the plan, such as case management and care coordination.
- “*Use*” applies only to activities within my office such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “*Disclosure*” applies to activities outside of my office such as releasing, transferring, or providing access to information about you to other parties.
- “*Authorization*” means written permission for specific uses or disclosures.

II. Uses and Disclosures Requiring Authorization

Most uses and disclosures not described in the Privacy Notices (i.e., outside of treatment, payment and health care operations) will be made only with your authorization. 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. You have the right to restrict certain disclosures of PHI to health plans/insurance companies if you pay out of pocket in full for the health care service. You may revoke or modify all such authorizations at any time; however, the revocation or modification is not effective until I receive it. Finally, you have the right to be notified following a breach of unsecured PHI.

### III. Uses and Disclosures with Neither Consent nor Authorization

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

1. Health and Safety – When there is serious threat to your health and safety or the health and safety of another individual or the public. In this case, your PHI would be shared with any person or organization that might be able to prevent/reduce the threat.
2. Lawsuits and Similar Proceedings – We may be required to use and disclose your PHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We may also be required to disclose your PHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.
3. Law Enforcement – We may be required by law to disclose PHI to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness, missing person, complying with a court order, warrant, grand jury subpoena, and other law enforcement purposes.
4. Military – We may be required to disclose your PHI if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.
5. National Security – We may be required to disclose your PHI to federal officials for intelligence and national security activities authorized by law. We may also be required to disclose your PHI to officials in order to protect the President, other officials, or foreign heads of state, or to conduct investigations.
6. Inmates – We may be required to disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide your health care services, (b) for the safety and security of the institution, and/or (c) to protect their health and safety or the health and safety of other individuals.
7. Workers' Compensation – If your treatment is being paid for through a Workers Compensation claim, then we are likely to be asked to disclose your PHI. We would not give this information without your written consent. However, be aware that if you do not consent to releasing this information, Workers Compensation will likely refuse to pay for the treatment.

#### IV. Patient's Rights and Psychologist's Duties

##### Patient's Rights:

- *Right to Request Restrictions* – You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, I am not required to agree to a restriction you request.
- *Right to Receive Confidential Communications by Alternative Means and at Alternative Locations* – You have the right to request and receive confidential communications of PHI 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.)
- *Right to Inspect and Copy* – You have the right to inspect or obtain a copy (or both) of PHI in my mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. I may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. On your request, I will discuss with you the details of the request and denial process.
- *Right to Request a Correction or Add an Addendum to Your Psychological Record* – If you believe that there is an inaccuracy in your clinical record you may request a correction. If the information is accurate, however, or if it has been provided by a third party (previous therapist, primary care physician, etc.), it may remain unchanged, and the request may be denied. In this case you will receive an explanation in writing with a full description of the rationale. You also have the right to request an addition to your record if you think it is incomplete.
- *Right to an Accounting* – 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 request, I will discuss with you the details of the accounting process.
- *Right to a Paper Copy* – You have the right to obtain a paper copy of the notice from me upon request, even if you have agreed to receive the notice electronically.

##### Psychologist's Duties:

- 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.
- 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.

#### V. Complaints

You have the right to file a complaint if you believe your privacy rights have been violated. You must do so in writing, and may address it directly to Dr. Nicole Wernimont 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 me.

#### VI. Changes to Privacy Policy

I reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that I maintain. I will provide you with a revised notice by US Mail and/or in person.

#### VII. Other Rights

You may have other rights granted to you by the laws of the State of California and these may be the same or different than the federal rights described above. For further information on California State Law protecting patient rights, please visit [www.chcf.org](http://www.chcf.org) (California Healthcare Foundation). If you have additional questions about this issue, please speak with your therapist.

For further information on HIPAA (Health Insurance Portability and Accountability Act, 1996) regulations or your right to privacy regarding healthcare information, please visit [www.hhs.gov/ocr/hipaa](http://www.hhs.gov/ocr/hipaa) (US Department of Health and Human Services).

For further information about your rights as a psychotherapy patient, please visit [www.apa.org/publicinfo/rights](http://www.apa.org/publicinfo/rights) (American Psychological Association).

Nicole Wernimont, PsyD  
California License PSY27692

## **PATIENT BILL OF RIGHTS**

### **You have the right to:**

- Request and receive full information about the therapist’s professional capabilities, including licensure, education, training, experience, professional association membership, specialization, and limitations.
- Have written information about fees, method of payment, insurance reimbursement, number of sessions, substitutions (in cases of vacation and emergencies), and cancellation policies before beginning therapy.
- Receive respectful treatment that will be helpful to you.
- A safe environment, free from sexual, physical, and emotional abuse.
- Ask questions about your therapy.
- Refuse to answer any question or disclose any information you choose not to reveal.
- Request that the therapist inform you of your progress.
- Know the limits of confidentiality and the circumstances in which a therapist is legally required to disclose information to others.
- Know if there are supervisors, consultants, students, or others with whom your therapist will discuss your case.
- Refuse a particular type of treatment or end treatment without obligation or harassment.
- Refuse electronic recording (but you may request it if you wish).
- Request and (in most cases) receive a summary of your file, including the diagnosis, your progress, and type of treatment.
- Report unethical and illegal behavior by a therapist.
- Receive a second opinion at any time about your therapy or therapist’s methods.
- Request the transfer of a copy of your file to any therapist or agency you choose.

**Excerpted from “Professional Therapy Never Includes Sex,” California Department of Consumer Affairs, 1997.5.24.01**

### **VERIFICATION OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

I certify that I have received a copy of Dr. Wernimont's Notice of Privacy Practices detailing the provisions of HIPAA and my privacy rights.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name