

Notice of Privacy Practices

NOTICE OF PRIVACY PRACTICES Of the Private Practice of Chantel Cortinovis, Psy.D.

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.

Dr. Chantel Cortinovis, is a licensed clinical psychologist in the State of California through the Board of Psychology, who works as an independent clinician. Dr. Cortinovis creates and maintains treatment records that contain individually identifiable health information about their 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. Disclosures For Treatment, Payment, or Health Care Operations:

I may use or disclose your protected health information for certain treatment, payment or healthcare operation 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 is when I provide or another healthcare provider diagnoses or treats you. An example of treatment would be when I consult with another healthcare 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 (e.g. your health care insurer), or to other health care providers contracting with your plan, for administering the plan, such as case management and care coordination.
- Use applies only to activities outside of my office/practice, such as sharing, employing, applying, utilizing, examining and analyzing information that identifies you.
- Disclosure applies to activities outside of my office/practice, 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:

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, I will obtain an authorization from you before releasing this information. I will also need to obtain an authorization before releasing 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 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.

III. Uses and Disclosures with Neither Consent nor Authorization

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

- **Child Abuse:** Whenever I, in my professional capacity, have knowledge of or observe a child I know, or reasonable 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, county welfare department (e.g. Child Protective Services). Additionally, if I have knowledge of or reasonably suspect that mental suffering has been inflicted upon a child, or that his/her emotional well-being is endangered in any other way, I must report such to the above agencies.
- **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 local law enforcement agency.
- **Health Oversight:** 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.
- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made about the professional services that I have provided you, I must not release your information without 1). Your written authorization or the authorization of your attorney or personal representative; 2). A court order; 3). A subpoena *duces tectum* (a subpoena to produce records) where the party seeking your records provides me with a showing that your 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 where the evaluation is court ordered. I will inform you in advance if this is the case.
- **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 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.
- **Workers Compensation:** If you file a Worker's Compensation claim, I must furnish a report to your employer, incorporating my findings about your injury and treatment, within five working days from the date of your initial examination, and at subsequent intervals as may be required by the administrative director of the Worker's Compensation Commission in order to determine your eligibility for worker's compensation.

IV. Patient's Rights and Psychologist's Duties

1. *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.
2. *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.)
3. *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.

4. *Right to Amend* – You have a right to an amendment of PHI for as long as the PHI is maintained in the record. I may deny your request. On your request I will discuss with you the details of the amendment process.
5. *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.
6. *Right to a Paper Copy* – *You have the right to obtain a paper copy of this notice from me upon request, even if you have agreed to receive the notice electronically.
7. *Right to File a Complaint* – You have the right to file a complaint if you feel your privacy rights have been violated. Upon request, *Dr. Chantel Cortinovic, Psy.D.*, will provide you with the information needed to file your complaint. Under no circumstances will we retaliate against you for filing a complaint.

If a client wishes to learn more detailed information about any of the above rights, or their limitations, please let your therapist know. They are willing to discuss any of these matters with their clients. Additionally, you may discuss any concerns with the Privacy Officer.

The Duties of The Mental Health Professionals at Chantel Cortinovic, Psy.D. Inc.

Dr. Cortinovic is required by law to maintain the privacy and confidentiality of their clients' personal health information. This notice is intended to let our clients know of our legal duties, their rights, and our privacy practices with respect to such information. Dr. Cortinovic is required to abide by the terms of the notice currently in effect. Dr. Cortinovic reserves the right to change the terms of this notice and/or privacy practices and to make the changes effective for all protected health information that we maintain, even if it was created or received prior to the effective date of the notice revision. If we make a revision to this notice, Dr. Cortinovic will make the notice available at the office upon request on or after the effective date of the revision and the revised notice will be posted in a clear and prominent location.

If a client of Dr. Cortinovic' needs or desires further information related to this Notice or its contents, or if he or she has any questions about this Notice or its contents, please feel free to contact the Privacy Officer. As the Contact Person for this practice, the Privacy Officer will do their best to answer questions and to provide him or her with additional information.

Privacy Officer Contact Information:

Chantel Cortinovic, Psy.D.

Or appointed privacy officer

10436 Santa Monica Blvd, Suite 3010

Los Angeles, CA 90025

Voice phone: (323) 250-2461

This notice first became effective on April 1, 2008.

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