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**Mailing Address:** 17130 Van Buren Blvd. #341 Riverside, CA 92504

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## HIPAA NOTIFICATION OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW YOUR MENTAL HEALTH RECORDS MAY BE USED AND/OR DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.**

### **I. Introduction**

The Law provides extremely strong privileged communication protections for conversations between you and your therapist in the context of your established professional relationship. There is a difference between privileged conversations and documentation in your mental health records. Records are kept, documenting your care as required by law, by professional standards, and by other review procedures. HIPAA very clearly defines what kind of information is to be included in your "designated medical record" as well as some other material, known as "Psychotherapy Notes". Psychotherapy notes are not accessible to insurance companies and other third-party reviewers, and in some cases not to the client him/herself.

HIPAA provides privacy protections about any of your personal health information that could personally identify you. This protection is referred to "protected health information" or PHI, PHI consists of three (3) components; treatment, payment, and health care operations.

Treatment refers to activities in which therapists provide, coordinate, or manage your mental health care or other services related to your mental health care. Examples include a psychotherapy session, psychological testing, or talking to your primary care physician about your medication or overall medical condition.

Payment is when Dr. Bergin Family Counseling Services obtains reimbursement for your mental health care. The clearest example of this parameter is filing insurance claims on your behalf to help pay for some of the costs of the mental health services provided to you.

Health care operations are activities related to the performance of Dr. Bergin Family Counseling Services practice, such as quality assurance. In mental health care, the best example of health care operations is when utilization review occurs, a process in which your insurance company reviews our work together to see if your care is deemed by them to be "medically necessary".

The use of your protected health information refers to activities Dr. Bergin Family Counseling Services office conducts for filing your claims, scheduling appointments, keeping records, and other tasks within our office related to your care. Disclosures refer to activities you authorize which occur outside this office, such as the sending of your protected health information (PHI) to other parties (i.e., your primary care physician; the school your child attends)

### **II. Uses and Disclosures of Protected Health Information Required Authorization**

The State of California requires authorization and consent for treatment, payment, and health care operations. HIPAA does nothing to change this legal requirement. Dr. Bergin Family Counseling Services may disclose PHI for the purpose of treatment, payment, and health care operations, authorizing Dr. Bergin Family Counseling Services to provide treatment and to conduct the administrative steps associated with your care (i.e., file insurance for you).

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Additionally, if at any time you request that we send any of your PHI of any sort to anyone outside this office, you will always first sign a specific authorization to release information to this outside party. A copy of that authorization form is available upon request. This requirement of signing an additional authorization form is an added protection to help make sure that your PHI is kept strictly confidential. An example of this type of release of information might be your request that your therapist talk to your child's schoolteacher about his/her ADHD condition and what the teacher might do to be of help to your child. Before your therapist talks to that teacher, you will have first signed the proper authorization for him/her to do so.

There is a third, special authorization provision potentially relevant to the privacy of your records: your therapist's psychotherapy notes. In recognition of the importance of the confidentiality of conversation between therapist and client in treatment settings, HIPAA permits keeping "psychotherapy notes" separate from the overall "designated medical record". Insurance companies cannot secure "Psychotherapy notes" nor can private insurance companies insist upon their release for payment of services as sometimes occurred before the new law was passed. "Psychotherapy notes" are your therapist's notes "recorded in any medium by a mental health provider documenting and analyzing the contents of a conversation during a private, group, or joint family counseling session and that are separated from the rest of the individual's medical record". "Psychotherapy notes" are necessarily more private and contain much more personal information about you, which created the need for increased security of these notes. "Psychotherapy notes" are not the same as "progress notes" which provide the following information about your care each time you have an appointment here: medication, prescriptions and monitoring, appointment times, the modalities of care, frequency of treatment furnished, results of tests, and any summary of your diagnosis, functional status, treatment plan, symptoms, prognosis, and progress to date.

Certain payers of care, such as Medicare and Worker's Compensations, do require the release of both your progress notes and the therapist's psychotherapy notes in order to pay for your care. If Dr. Bergen Family Counseling Services is forced to submit your psychotherapy notes in addition to your progress notes for reimbursement for services rendered, you will sign in additional authorization directing your therapist to release his/her psychotherapy notes. Most of the time your therapist will be able to limit reviews of your PHI to only your "designated record set", which includes the following: all identifying people work you completed when you first started your care here, all billing information, a summary of your first appointment, your mental status examination, your individualize comprehensive treatment plan, your discharge summary, progress notes, reviews of your care by managed-care companies, results of a psychological testing, and any authorized letters or summaries of care that you have authorized Dr. Bergen Family Counseling Services to release on your behalf. Please note that the actual test questions or raw data of psychological tests, which are protected by copyright laws and the need to protect clients from unintended, potentially harmful use, are not party of your "designated mental health record".

You may, in writing, revoke authorizations to disclose PHI at any time. You cannot revoke an authorization for an activity already done that you instructed Dr. Bergen Family Counseling Services to do so. If you sign authorization to release information as a condition for obtaining insurance, you cannot revoke it if you are using that insurance to pay for your therapy.

### **III. Business Associates Disclosures**

HIPAA Dr. Bergen Family Counseling Services train and monitor the conduct of those performing ancillary administrative services for the practice, these people are referred to as "Business Associates". The "Business Associates" that form a part of Dr. Bergen Family Counseling Services are the bookkeeper, the cleaning crew, The computer consults, and the insurance biller. In compliance with HIPAA, Dr. Bergen Family Counseling Services has signed formal contracts with these business associates that clearly defined the importance of the protection of all

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mental health information as an absolute condition of providing their services. Business Associate trained in privacy practice, are monitored for compliance; and errors are corrected if they should occur.

#### **IV. Uses and Disclosures Not Requiring Consent or Authorization**

By law, PHI may be released without your consent or authorization concerning:

- Suspected Sexual or physical abuse of a child
- Suspected elder abuse
- Suspected abuse of a dependent adult
- Judicial or Administrative proceedings (i.e., if you are ordered here by the court for an independent child custody evaluation)
- Serious threat to your life or safety, or the life or safety of another
- Workers Compensation Claims (if you seek to have your care reimbursed under Workers Compensation, all of your care is automatically subject to review by your employer and/or insurers)
- Reasons of national security or terrorism, or health oversight activities

Dr. Bergin Family Counseling Services will never release any information of any sort for marketing purposes.

#### **V. Clients Rights to Dr. Bergin Family Counseling Services Duties**

You have the right to the following:

- The right to request restrictions on certain uses and disclosures of your personal health information. Your therapist may not agree to grant your request, but if he/she does agree, such restrictions shall apply unless the agreement is changed in writing;
- The right to receive confidential communication by alternative means and at alternative location. For example, you may not want your bills sent to your home address, so Dr. Bergin Family Counseling Services will send them to another location of your choosing if you make a request in writing. Dr. Bergin Family Counseling Services assumes that you agree to being contacted by telephone or voicemail to schedule appointments and to leave cancellation alerts, unless you request an alternative way of contacting you and make your request in writing.
- The right to inspect and copy your protected health information in your designated mental health record set and any billing records for as long as PHI is maintained in the record. Please give your therapist sufficient notice that this can be arranged at mutual convenience; (you will be charged \$1.00 per page for Dr. Bergin Family Counseling Services to locate and have your health information copied if you want the copies mailed to you).
- The right to an accounting of unauthorized disclosures of your protected health information;
- The right to a paper copy of notice/information, and;
- The right to revoke your authorization of your protected health information except to the extent that action previously authorized has already taken.

For more information on how to exercise each of these aforementioned rights, please do not hesitate to ask your therapist or Dr. Bergin Family Counseling Services staff for assistance of these matters. Your therapist is required by law to maintain the privacy of your PHI and to provide you with a notice of your privacy rights and his/her duties regarding your PHI. Your therapist reserves the right to change his/her privacy policy and practices as needed with these current designated practices being applicable until you receive a revision of his/her policies when you come for future appointment(s). Dr. Bergin Family Counseling Services duties in these matters include maintaining the privacy of your PHI, providing you this notice unless it is changed and you are notified. If for some

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reason you desire a copy of the internal office policies for executing privacy practices, please let your therapist know and he/she will get you a copy of these documents, which are kept on file for auditing purposes.

## **VI. Complaints**

Dr. Bergin is the appointed "Privacy Officer" for Dr. Bergin Family Counseling Services per HIPAA regulations. If you have any concerns of any sort that she may have compromised your privacy rights, please do not hesitate to speak to her immediately about this matter. You will always find Dr. Bergin willing to talk to you about preserving the privacy of your PHI. You may also send a written complaint to the Secretary of the U.S Department of Health and Human Services. Dr. Bergin Family Counseling Services will not retaliate if you send in a complaint.

## **VII. Effective Date**

This notice shall go into effect January 01, 2007, and remain so unless new notice provisions effective for all protected health information are enacted accordingly.

## **Client Notification of Privacy Rights**

The Health Insurance Portability and Accountability Act (HIPAA) have created new patient protections surrounding the use of protected health information. Commonly referred to as the "medical record privacy law", HIPAA provides patient protection related to the electronic transmission of data ("the transaction rules"); the keeping and use of patient records ("privacy rule"); and storage and access to health care records ("the security rules"). HIPAA applies to all health care providers, including mental health care. Providers and health care agencies throughout the nation

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are now required to provide patients a notification of their privacy rights as it is related to their health care records. You may have already received similar notices such as this one from your other health care providers.

As you might expect, the HIPAA law and regulations are extremely detailed and difficult to grasp if you do not have formal legal training. My Client Notification of Privacy Rights is my attempt to inform you of your rights in a simple, yet comprehensive fashion. Please read this document, as it is important for you to know what patient protections HIPAA affords you. In mental health care, confidentiality and privacy are central to the success of the therapeutic relationship. You will find that this office will do all it can to protect the privacy of your mental health records. If you have any questions about any of the matters discussed in this document, please do not hesitate to ask for further clarification.

**By law, we are required to secure your signature indicating that you have received this Client Notification of Privacy Rights document. Thank you for your thoughtful consideration in this matter.**

#### **Acknowledgment of Receipt of Privacy Practice Document**

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I, \_\_\_\_\_, understood and have been provided a copy of Dr. Bergin's Client Notification of Privacy Rights document which provides a detailed description of the potential uses and disclosures of my protected health information, as well as my rights in these matters according to the HIPAA. I understand that I have the right to review this document before signing this acknowledgement form.

Patient's Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/ Legal Guardian's Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/ Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Therapist's Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Therapist Signature: \_\_\_\_\_ Date: \_\_\_\_\_