

## NOTICE OF PRIVACY PRACTICES

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**THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

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Privacy is a very important concern for all those who come to this office. It is also complicated because of the many federal and state laws and our professional ethics. Because the rules are complicated, some parts of this notice are very detailed, and you probably will have to read them several times to fully understand them. If you have any questions, please do not hesitate to ask. I will be happy to discuss this form in detail during our first meeting and I will answer any of your questions then, or as they arise.

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### **A. Introduction**

This notice will tell you how I handle your medical information. It tells how I use this information here in this office, how I share it with other professionals and organizations, and how you can see it. I want you to know all of this so that you can make the best decisions for yourself and your family. If you have any questions or want to know more about anything in this notice, please ask for more explanation or more details.

### **B. What I mean by your "medical information"**

Each time you visit me or any doctor's office, hospital, clinic, or other health care provider, information is collected about you and your physical and mental health. It may be information about your past, present, or future health or conditions, or the tests and treatment you received from me or from others, or about payment for health care. The information is called "PHI," which stands for "protected health information." This information goes into your medical or health care records in my office.

In this office, your PHI is likely to include these kinds of information:

- Your history: Things that happened to you as a child; your school and work experiences; your marriage and other personal history.
- Reasons you came for treatment: Your problems, complaints, symptoms, or needs.
- Diagnoses: These are the medical terms for your problems or symptoms.

#### **Mailing Address:**

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San Diego, CA 92177-7025

[dr.aylor@feelingdoctor.com](mailto:dr.aylor@feelingdoctor.com)

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Phone & Fax: (800) 460-9219  
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- A treatment plan: This is a list of the treatments and other services that I think will best help you.
- Progress notes: Each time you come in, I write down information about how you are doing, what I notice about you, and what you tell me.
- Records I get from others who treated you or evaluated you with your permission and "release of information."
- Results of Psychological test scores, school records, and other reports you have either taken in this office or have otherwise provided to me.
- Information about medications you have taken in the past or are currently taking.
- Legal matters.
- Billing and insurance information.

There may also be other kinds of information that go into your health care records here.

I may use PHI for many purposes. For example, I may use it:

- To plan your care and treatment.
- To decide how well my treatments are working for you.
- When I talk with other health care professionals who are also treating you, such as your family doctor or the professional who referred you to me.
- To show that you actually received services from me, which I billed to you or to your health insurance company.
- For teaching and training other health care professionals.
- For medical or psychological research.
- For public health officials trying to improve health care in this area of the country.
- To improve the way I do my job by measuring the results of my work.

When you understand what is in your record and what it is used for, you can make better decisions about who, when, and why others should have this information.

### **C. Privacy and the laws about privacy**

I am required to tell you about privacy because of a federal law, the Health Insurance Portability and Accountability Act of 1996 (HIPAA). HIPAA requires me to keep your PHI private and to give you this notice about my legal duties and my privacy practices. I will obey the rules described in this notice. If I change my privacy practices, they will apply to all PHI I keep. I will also keep the new notice of privacy practices in my office. You or anyone else can also get a copy of my privacy policy just by asking me.

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#### **D. Breach notification**

The HIPAA Breach Notification Rule was enacted in 2009 with guidelines for providers enforcement in 2013. It mandates that I inform you about how a breach of digital information would be handled should that occur. As a result of living in this digital age and our reliance upon computers, some elements of your personal health records could possibly become violated. As an individual provider, I keep very little of your medical information in a digital format, however, every time you use email or cell phone to contact me, I am sure you are aware that our communications are not 100% safe.

Additionally, most of the billing that is conducted for insurance companies goes through several different electronic or digital portals. It travels between my office and my billing personnel via fax (phone line) and between my billing personnel and the insurance company via secure computer servers. My billing personnel and I make every effort that I am aware of to keep your information safe, however, it is possible for computer hackers to get into the most secure computer databases. Should there be any breach into my computer sever that of my billing service or in any manner affect the confidentiality of your records through these electronic (digital) communications, I would make every effort to inform you about this as soon as I became aware of it and make every effort possible to prevent any further breach from occurring. If a breach of confidential information does occur, then I will provide any required notice to Health and Human Services as dictated by the law. After any breach, particularly one that requires notice, I will re-assess my privacy and security practices to determine what changes should be made to prevent the re-occurrence of such breaches in the future.

#### **E. How your protected health information can be used and shared**

Except in some special circumstances, when I use your PHI in this office or disclose it to others, I share only the minimum necessary PHI needed for those other people to do their jobs. The law gives you rights to know about your PHI, to know how it is used, and to have a say in how it is shared. I will tell you what I do with your information. Mainly, I will use and disclose your PHI for routine purposes to provide for your care, many of which do not require prior written consent or authorization. For other uses, I must tell you about them and ask you to sign a written authorization form.

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## **1. Uses and disclosures that DO NOT require your prior written consent or authorization**

In almost all cases I intend to use your PHI here or share it with other people or organizations to provide treatment to you, arrange for payment for my services, or some other business functions called "health care operations." In other words, I need information about you and your condition to provide care to you.

### ***a.* The basic uses and disclosure that DO NOT require prior written consent or authorization:**

***For treatment.*** I use your medical information to provide you with psychological treatment or services. These might include individual, family, or group therapy; psychological, educational, or vocational testing; treatment planning; or measuring the benefits of my services.

I may share your PHI with others who provide treatment to you. For example, I may share your information with your personal physician or psychiatrist, however, I will not do so without your written consent, unless it is an emergency situation, for example if you have been hospitalized or I perceive that you are in grave danger to yourself.

If you are being treated by a team, I can share some of your PHI with the team members, so that the services you receive will work best together, again, I will ask for your express permission and will ask you to sign a written release of information in order to share this information. The other professionals treating you will also enter their findings, the actions they took, and their plans into your medical record, and so we all can decide what treatments work best for you and make up a treatment plan.

I may refer you to other professionals or consultants for services I cannot provide. When I do this, I need to tell them things about you and your conditions, but in this case will ask you to sign a release of information in order that we may share information back and forth. I will get back their findings and opinions, and those will go into your records here. If you receive treatment in the future from other professionals, I can also share your PHI with them. These are some examples so that you can see how I use and disclose your PHI for treatment.

***For payment.*** I may use your information to bill you, your insurance, or others, so I can be paid for the treatments I provide to you. I may contact your insurance company to find out exactly what your insurance covers. I may have to tell your insurance company about your diagnoses, what treatments you have received, and the changes I expect in your conditions. I will need to tell them about when we met, whether you are using alcohol and drugs and whether you are making progress in treatment.

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If you are a student and your parents are paying for your services, your parent(s) will have to sign a consent to pay for your treatment with me and agree to pay for sessions that you miss as well.

To that extent they will be informed about your therapy. I will not provide them with a diagnosis or confide in them about how you are doing in treatment. If you would like me to communicate with your parents about your treatment, then I will need you to sign a release of information for me to do so. It is my belief that as an adult, it is up to you to learn how to communicate with your parents about your mental health issues and is a part of healthy relationship for both of you to have that become a part of your relationship.

***For health care operations.*** Using or disclosing your PHI for health care operations goes beyond our care and your payment. For example, I may use your PHI to see where I can make improvements in the care and services I provide. I may be required to supply some information to some government health agencies, so they can study disorders and treatment and make plans for services that are needed. If I do, your name and personal information will be removed from what I send.

***Patient Incapacitation or Emergency.*** I may disclose your PHI to others without your consent if you are incapacitated or if an emergency exists. For example, your consent is not required if you need emergency treatment, as long as I try to get your consent after treatment is rendered, or if I try to get your consent but you are unable to communicate with me (for example, if you are unconscious or in severe pain) and I think that you would consent to such treatment if you were able to do so.

**b. Other uses and disclosures that also DO NOT require prior written consent or authorization:**

***Legal mandates.*** When federal, state or local laws require disclosure. For example, I may have to make a disclosure to applicable governmental officials when a law requires me to report information to government agencies and law enforcement personnel about victims of abuse or neglect. I have to report suspected child abuse, elder and/or dependent adult abuse which includes adult fiduciary abuse.

***Safety concerns.*** Disclosure of your PHI may be required to avert a serious threat to health or safety. For example, I may have to use or disclose your PHI to avert a serious threat to the health or safety of yourself or to the health and safety of other(s). Any such disclosure will only be made to someone able to prevent the threatened harm from occurring.

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**Judicial or legal proceedings.** When judicial or administrative proceedings require disclosure. For example, if you are involved in a lawsuit or a claim for Worker's Compensation benefits, I may have to use or disclose your PHI in response to a court or administrative order. I may also have to use or disclose your PHI in response to a Subpoena. I am legally obligated to respond to the subpoena and may have to provide the requested information to the court. However, such information is also likely to be privileged under CA law, and I will not release information without first consulting with you or your legally appointed representative. This does not apply when you are being evaluated by a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.

**Law enforcement.** When law enforcement requires disclosure. For example, I may have to use or disclose your PHI in response to a search warrant.

**Health oversight.** When public health activities require disclosure. For example, I may have to use or disclose your PHI to report to a government official an adverse reaction that you have to a medication. I may have to provide information to assist the government in conducting an investigation or inspection of a health care provider or organization. I also have to disclose some information to the government agencies that check on us to see that I am obeying privacy laws (e.g. Quality Care Reviews).

**Government functions.** If you are in the military, I may have to use or disclose your PHI for national security purposes, including protecting the President of the United States or conducting intelligence operations.

**Appointment reminders.** I may use and disclose your PHI to reschedule or remind you of appointments for treatment or other care. If you want me to call, write or email you *only* at your home or your work, or you prefer some other way for me to reach you, that can easily be arranged. Please let me know how you prefer to be contacted.

**Treatment alternatives and/or benefits.** I may use and disclose your PHI to tell you about or recommend possible treatments or alternatives that may be of help to you, or other health care benefits that I offer that may be of interest to you.

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**Research.** I may use or share your PHI to do research to improve treatments—for example, comparing two treatments for the same disorder, to see which works better or faster or costs less. In all cases, your name, address, and other personal information will be removed from the information given to researchers. If they need to know who you are, I will discuss the research project with you, and I will not send any information unless you sign a special authorization form.

When the use and disclosure without your consent or authorization is allowed under other sections of Section 164.512 of the Privacy Rule and the state's confidentiality law. This includes certain narrowly-defined disclosures to law enforcement agencies, to a health oversight agency (such as HHS or a state department of health), to a coroner or medical examiner, for public health purposes relating to disease or FDA-regulated products, or for specialized government functions such as fitness for military duties, eligibility for VA benefits, and national security and intelligence.

## **2. Uses and disclosures that require your authorization:**

If I want to use your information for any purpose besides those described above, I need your written permission on an authorization form. I don't expect to need this very often. If you do allow me to use or disclose your PHI, you can cancel that permission in writing at any time. I would then stop using or disclosing your information for that purpose. Of course, I cannot take back any information I have already disclosed or used with your permission. I will obtain an authorization from you before using or disclosing PHI in a way that is not described in this notice.

## **3. Uses and disclosures where you have an opportunity to object:**

I may provide some information about you with your family or close others who you indicate are involved in your care or the payment for your health care, unless you object in whole or in part. I will ask you which persons you want me to include, and what information you want me to tell them, about your condition or treatment, as long as it is not against the law. I will ask you to sign an agreement for me to include them in a session if you choose to do so.

## **4. An accounting of disclosures I have made:**

When I disclose your PHI, I may keep some records of to whom I sent it, when I sent it, and what I sent. You can get an accounting (a list) of these disclosures.

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**F. Your rights concerning your health information:**

- 1. Right to Receive Communication by Alternative Means or at Alternative Locations.** You can ask me to communicate with you about your health and related issues in a particular way or at a certain place that is more private for you. For example, you can ask me to call you at home, and not at work, to schedule or cancel an appointment.
- 2. Right to Request Restrictions.** You have the right to ask me to limit what I tell people involved in your care or with payment for your care, such as family members and friends. I don't have to agree to your request, but if we do agree, I will honor it except when it is against the law, or in an emergency, or when the information is necessary to treat you.
- 3. Right to Inspect and Copy.** In most cases, you have the right to look at the health information I have about you, such as your medical and billing records. You must make the request to inspect or copy such information in writing. You can get a copy of these records, but be informed that I will charge you the copying charge as well as my hourly rate. The reason for this is that in order to release the records to you, I must also review the records to discern whether or not they are appropriate to be released to you. There are ethical standards within the practice of psychology relating to the release of records to a non-professional. I will respond to your request within 30 days of receiving your written request. In certain situations, I may deny your request. If I do, I will tell you, in writing, my reasons for the denial and explain your right to have my denial reviewed. I may provide you with a summary of your PHI as long as you agree to that in advance.
- 4. Right to Amendment.** If you believe that the information in your records is incorrect or missing something important, you can ask me to make additions to your records to correct the situation. You have to make this request in writing and send it to me. You must also tell me the reasons you want to make the changes. You should be aware that all communications that you make to me will also become a part of your medical record.
- 5. Right to Privacy Policy.** You have the right to a copy of this notice. If I change this notice, I will provide you with a new one.
- 6. Right to File a Complaint.** You have the right to file a complaint if you believe your privacy rights have been violated. You can file a complaint with me, A. Robin Aylor, Ph.D. dba Feeling Doctor and/or with the Secretary of the U.S. Department of Health and Human Services. All complaints must be in writing. Filing a complaint will not change the health care I provide to you in any way.

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7. *Right to Accounting.* You generally have a right to receive an accounting of disclosure of your PHI. Upon your request, I will discuss with you the details of this accounting process.

8. *Right to Restrict Disclosure of PHI when Care is Paid Out-of-Pocket.* You have the right to restrict certain disclosure of PHI to a health plan when you pay "out-of-pocket" in full for my services. For example, if you are paying for your services and no services are being billed to an insurance provider there will be no public record of your psychotherapy treatment. This does not restrict my ability to collect on unpaid payments should you fail to make payments for services.

9. *Right to be Notified.* You have a right to be notified if:

- a) there is a breach (a use or disclosure of your PHI in violation of the HIPAA Privacy Rule) involving your PHI;
- b) that PHI has not been encrypted to government standards; and
- c) my risk assessment fails to determine that there is a low probability that your PHI has been compromised.

You may have other rights that are granted to you by the laws of our state, and these may be the same as, or different from the rights described above. I will be happy to discuss these situations with you as they arise or as we learn more about the governance of HIPAA policies.

## G. If you have questions or problems

If you need more information, have questions about the privacy practices described above, or have other concerns about your privacy rights, you may certainly always contact me, A. Robin Aylor, Ph.D. at (800) 460-9219 or by email at [dr.aylor@feelingdoctor.com](mailto:dr.aylor@feelingdoctor.com).

If you believe that your privacy rights have been violated and wish to file a complaint with me, you may send your written complaint to me at:

**Feeling Doctor Psychotherapy, APC**  
P.O. Box 17025,  
San Diego, CA 92177-7025

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. I can provide you with appropriate address upon request.

Please note: You have specific rights under the Privacy Rule. I will not retaliate against you for exercising your right to file a complaint.

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**Effective Date:**  
**September 23, 2013**

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