

*Real Life Solutions*  
*Trauma Recovery*

**HIPPA NOTICE OF PRIVACY PRACTICES**

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

**How I may use and disclose your PHI (protected health information).**

Uses and disclosures related to Treatment, Payment or Health Care Operations do not need your written consent.

TREATMENT: I can use your PHI to provide you with mental health treatment, including discussing or sharing your PHI with my interns. I can disclose your PHI to other licensed health care providers who provide you with health care services or are involved in your care. For example, if a psychiatrist is treating you, I can disclose your PHI to your psychiatrist to coordinate your care.

PAYMENT: I can use and disclose your PHI to bill and collect payment for the treatment and services provided by me to you. When billing is made to an insurance company, information is exchanged regarding your diagnosis.

EMERGENCY: I may disclose your PHI to others without your consent if you are incapacitated or if an emergency exists.

SPECIAL CIRCUMSTANCES: I will disclose information when required to do so by international, federal, state or local law, to ensure your safety and health: For example, if you are suicidal or I determine that you are a serious danger to yourself or others. I am required by law to report child abuse, abuse or the neglect of the elderly, and abuse of persons with physical or mental handicaps. Limited information may also be given if requests are made by law enforcement officers in response to a court order, subpoena, warrant, summons, or similar processes.

**What rights you have regarding your PHI.**

You have these rights with respect to your PHI.

TO REQUEST LIMITS ON MY DISCLOSURES: You have the right to ask that I limit how I use and disclose your PHI. I will consider your request, but I am not legally required to accept it. If I accept your request, I will put any limits in writing and abide by them except in emergency situations. You may not limit the uses and disclosures that I am legally required or allowed to make.

TO CHOOSE HOW I SEND PHI TO YOU: You have the right to ask that I send information to you an alternative address or by alternate means. I must agree to your request so long as I can easily provide the PHI to you in the format you requested.

TO INSPECT AND COPY YOUR PHI: You have the right to inspect and copy the PHI that I have on you but this request must be submitted in writing. In certain situations I may deny your request. If I do, I will tell you, in writing, my reasons for denial and explain your right to have my denial reviewed. If you request copies of your PHI, I will charge you no more than \$.25 per page. I may provide you with a summary or explanation of the PHI as long as you agree to that and to the cost in advance.

TO AMEND YOUR PHI: If you believe there is a mistake in your PHI or that some important information is missing, you have the right to request that I correct the existing information or add the missing information. You must provide your request and the reason in writing. I may deny your request in writing and my denial will state the reason for denial and explain your right to file a written statement of disagreement with the denial.

**How to complain about our privacy practices.**

If you think I may have violated your privacy rights, or if you disagree with a decision I made about access to your PHI, you may file a complaint with Wanda L. Brothers at 1224 10<sup>th</sup> Street, #206, Coronado, CA- 92118, or by phone at 619-437-1465. You also may send a written complaint to the Secretary of the Dept. of Health and Human Services at 200 Independence Avenue SW., Washington, D.C. 20201. I will take no retaliatory action against you if you file a complaint.

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Bottom of HIPPA privacy practices

**Effective date of this notice.**

This notice went into effect nation-wide on April 14, 2003.

I acknowledge receipt of this notice of Hippa Privacy Practices:

Client Name: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client Name: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Location:** Real Life Solutions-T.R. 1224 10<sup>th</sup> Street, #206, Coronado, CA 92118 –

**Contact Us:** Phone (619) 437-1465 - Email: [info@sdtraumatherapy.com](mailto:info@sdtraumatherapy.com)

