

HIPAA Notice of Psychologists' Policies and Practices to Protect the Privacy of Your Health Information

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

PROFESSIONAL RECORDS

The laws and standards of my profession require that I keep Protected Health Information about you in your Clinical Record. Except in unusual circumstances that involve danger to yourself and/or others or where information has been supplied to me confidentially by others, you may examine and/or receive a copy of your Clinical Record, if you request it in writing. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. For this reason, I recommend that you initially review them in my presence.

HIPAA provides you with several new or expanded rights regarding your Clinical Records and disclosures of protected health information. These rights include requesting that I amend your record; requesting restrictions on what information from your Clinical Records is disclosed to others; requesting an accounting of most disclosures of protected health information that you have neither consented to nor authorized; determining the location to which protected information disclosures are sent; having any complaints you make about my policies and procedures recorded in your records; and the right to a paper copy of this Agreement, the attached Notice form, and my privacy policies and procedures.

The California Board of Psychology has the general responsibility of regulating the practice of licensed psychologists. Contact Information:

Board of Psychology
1625 North Market Blvd., Suite N-215
Sacramento CA 95834
Telephone # 916-574-7720 or 866-503-3221

INSURANCE REIMBURSEMENT [this section is relevant only if you are using your health insurance to help cover my fees]

If you have a health insurance policy, it will usually provide limited coverage for mental health treatment. I am only on the provider list for Anthem Blue Cross. When I am not on the provider panel for the insurance company that covers your mental health treatment, you may still be able to have your insurance reimburse you for some portion of my fees. Due to the rising costs of health care, insurance benefits have increasingly become more complex. It is sometimes difficult to determine exactly how much mental health coverage is available. "Managed Health Care" plans such as HMOs and PPOs often require authorization before they provide reimbursement for mental health services. These plans are often limited to short-term treatment approaches designed to work out specific

problems that interfere with a person's usual level of functioning. It may be necessary to seek approval for more therapy after a certain number of sessions. While much can be accomplished in short-term therapy, some clients feel that they need more services after insurance benefits end. You should also be aware that your contract with your health insurance company requires that I provide it with information relevant to the services that I provide to you including a clinical diagnosis. In rare cases I am required to provide additional clinical information such as treatment plans or summaries, or copies of your entire Clinical Record. In such situations, I will make every effort to release only the minimum information about you that is necessary for the purpose requested. This information will become part of the insurance company files and will probably be stored in a computer. Though all insurance companies assure that information is confidential, I have no control over what they do with it once it is in their hands. I will provide you with a copy of any report I submit, if you request it. By signing this Agreement, you agree that I can provide requested information to your carrier. I will help you fill out forms and provide you with whatever assistance I can in helping you receive the benefits to which you are entitled; however, you (not your insurance company) are responsible for full payment of my fees. It is very important that you find out exactly what mental health services your insurance policy covers. You should carefully read the section in your insurance coverage booklet that describes mental health services. If you have questions about the coverage, call your plan administrator. Once we have all the information about your insurance coverage, we will discuss what we can expect to accomplish with the benefits that are available and what will happen if they run out before you feel ready to end your sessions. It is important to remember that you have the option of paying for my services yourself to avoid many of the complications and problems described above. Increasingly, people are not using insurance to pay for psychotherapy due to concerns about confidentiality, choice of therapist and control of treatment decisions.

CONTACTING ME

If you choose to communicate with me by email, you are advised to limit your messages to logistical matters such as scheduling appointments and I will respond to you accordingly. If I am not immediately available by phone my voice mail will take messages. I will make every effort to return your call on the same day you make it, except for evenings, weekends, holidays and vacations. In case of a clinical emergency, if you do not hear back from me promptly, and you feel you are facing a life-threatening situation, always call 911 or go to a nearby hospital emergency department.

Sondra Goldstein, Ph.D.

Your signature: _____