

# Notice of Privacy Practices

**I. This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review carefully.**

The Health Insurance Portability & Accountability Act of 1996 ("HIPAA") is a federal law that requires all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronic, on paper, or orally, are kept properly confidential. HIPAA gives you the client, significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information.

**II. GEOFF ASHMUN has a legal duty to safeguard your protected health information (PHI)**

GEOFF ASHMUN is legally required to protect the privacy of your PHI, which includes information that can be used to identify you. GEOFF ASHMUN is also required to provide you with a description of GEOFF ASHMUN's legal duties and privacy practices regarding your health information. GEOFF ASHMUN is required to abide by the terms of this notice and notify you if changes to this notice are made, which may be at any time.

**III. How will GEOFF ASHMUN use and disclose your PHI.**

- A. **Treatment:** GEOFF ASHMUN may use and disclose medical and clinical information about you to provide, coordinate, and manage your treatment or services. GEOFF ASHMUN may disclose your personal health information to physicians, psychiatrists, psychologists, and other licensed health care providers who provide you with health care services or are otherwise involved in your care. Example: If a psychiatrist is treating you, GEOFF ASHMUN may disclose your personal health information in order to coordinate your care. For example, if a referral is made to another health care provider, GEOFF ASHMUN may provide oral information and copies of various reports that should assist her or him in treating you. GEOFF ASHMUN will request your written authorization before using or disclosing any of your PHI in these circumstances. Even if you have signed an authorization to disclose your PHI, you may later revoke that authorization, in writing, to stop any future uses and disclosures (assuming that GEOFF ASHMUN hasn't taken any action subsequent to the original authorization) of your PHI by GEOFF ASHMUN.
- B. **Payment:** GEOFF ASHMUN may use and disclose medical and clinical information about you in order to obtain reimbursement for services, to confirm insurance coverage, for billing or collection activities, and for utilization review. An example of this would be sending a bill for your treatment to your insurance company.
- C. **Health Care Operations:** GEOFF ASHMUN may use and disclose, as needed, your health information in order to support GEOFF ASHMUN's business activities, including quality assessment, licensing, legal advice, and customer service. For example, GEOFF ASHMUN may call you by

name in the waiting area when he is ready to see you.

### **Other Uses and Disclosures**

- D. GEOFF ASHMUN may use and disclose your health information in an emergency situation to prevent harm to yourself or others. An example would be mandated reporting of abuse to children, the elderly, a dependent person, or when a judge orders the release of information. Only the minimum amount of information relevant to your health care will be disclosed.
- E. GEOFF ASHMUN may create and distribute de-identified health information by removing all references to individually identifiable details.
- F. GEOFF ASHMUN may contact you to provide appointment reminders, or to offer information about treatment alternatives or other health-related benefits and services that may be of interest to you. Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and GEOFF ASHMUN is required to honor and abide by that written request, except to the extent that GEOFF ASHMUN has already taken actions relying on your authorization.

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

You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to GEOFF ASHMUN:

- The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, close personal friends, or any other person identified by you. GEOFF ASHMUN is, however, not required to agree to a requested restriction. If GEOFF ASHMUN does agree to a restriction, GEOFF ASHMUN must abide by it unless you agree in writing to remove it.
- The right to receive confidential communications of protected health information. For example, you can request bills be sent to certain addresses or to limit phone calls to retain privacy.
- The right to inspect and copy your protected health information (as long as this is deemed by GEOFF ASHMUN to be in your (or, in the case of treatment of a minor, the minor client's) best interest.
- The right to amend your protected health information.
- The right to receive an accounting of disclosures of protected health information.
- The right to obtain a paper copy of this notice from GEOFF ASHMUN upon request.
- You have the right to file a written complaint with GEOFF ASHMUN or with

the federal government at the address below, about violations of the provisions of this notice or the policies and procedures of GEOFF ASHMUN. GEOFF ASHMUN will not retaliate against you for filing a complaint.

Department of Health & Human Service  
Office of Civil Rights  
200 Independence Avenue, S.W.  
Washington, D.C. 20201. 1-877-696-6775

If you have any questions about this notice, please contact:

James Hollomon, JD, LMFT  
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This notice is effective as of: December 1, 2015