



HIPAA Notice of Privacy Practices for Personal Health Information

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

Dear Client/Patient:

This is your Health Information Privacy Notice from Dr. Katrina A. Bramstedt/AskTheEthicist.com. **Please read it carefully.** We strongly believe in protecting the confidentiality and security of information we collect about you. This notice describes how we protect the "Personal Health Information" (PHI) we have about you which relates to your ethics consultation file, and how we may use and disclose this information. PHI includes individually identifiable information, which relates to your past, present or future physical or mental health condition. This notice also describes your rights with respect to the PHI and how you can exercise those rights.

We are required to provide this Notice to you by the Health Insurance Portability and Accountability Act ("HIPAA"). We are required by law to:

- ◆ Maintain the privacy of your Personal Health Information;
- ◆ Provide you this notice of our legal duties and privacy practices with respect to your PHI; and
- ◆ Follow the terms of this notice.

We **protect** your PHI from inappropriate use or disclosure. We and the companies that help us service you, are required to comply with our requirements that protect the confidentiality of PHI. They may look at your PHI only when there is an appropriate reason to do so, such as to administer clinical care, obtain payment, ensure clinical operations.

We will **not disclose** your PHI to any other company for their use in marketing their products to you. However, as described below, we will use and disclose PHI about you for business purposes relating to your medical records. The main reasons for which we may **use** and may **disclose** your PHI are to provide consultations, obtain payment for consultations and to conduct clinical operations. The following describes these and other uses and disclosures.

- ◆ **For Consultations:** We may use and disclose your PHI to coordinate or manage your healthcare and any related services. This includes the coordination or management of your healthcare with 3rd parties for clinical purposes.
- ◆ **For Health Care Operations:** We may use and disclose PHI about you in order to run the office and make sure you and other clients/patients receive quality service.
- ◆ **For Payment:** We may use and disclose PHI to pay for benefits under your medical coverage (if applicable). We may also disclose PHI to other insurance carriers to coordinate benefits with respect to a particular administrator of an employee welfare benefit plan for various payment-related functions, such as eligibility determination, audit and review or to assist you with your inquiries or disputes.
- ◆ **When Required by Law or for Public Health Activities:** We disclose PHI when required by federal, state or local law. We may also release PHI to a coroner or medical examiner to assist in identifying a deceased individual or to determine the cause of death.
- ◆ **To Avert a Serious Threat to Health or Safety:** We may disclose PHI to avert a serious threat to someone's health or safety. We may also disclose PHI to federal, state or local agencies engaged in disaster relief as well as private disaster relief or disaster agencies to allow such entities to carry out their responsibilities in specific disaster situations.
- ◆ **For Health-Related Benefits or Services:** We may use PHI to provide you with information about benefits available to you under current coverage or policy and, in limited situations, about health-related products or services that may be of interest to you.
- ◆ **For Law Enforcement or Specific Government Functions:** We may disclose PHI in response to a request by law enforcement official made through a court order, subpoena, warrant, summons or similar process. We may disclose PHI about you to federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- ◆ **When Requested as Part of a Regulatory or Legal Proceeding:** If you or your estate are involved in a lawsuit or a dispute, we may disclose PHI about you in response to a court or administrative order. We may also disclose PHI about you in response to a subpoena, discovery request, or other lawful process by someone also involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the PHI requested. We may disclose PHI to any governmental agency or regulator with whom you have filed a complaint or as part of a regulatory agency examination.
- ◆ **Other Uses of Personal Health Information:** Other uses and disclosures of PHI not covered by this notice and permitted by the laws that apply to us will be made only with your written authorization or that of your legal representative. If we are authorized to use or revoke that authorization, in writing, at any time, except to the extent that we have taken action disclosures we have already made with authorization.

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Katrina A. Bramstedt, PhD

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Acknowledgement

I acknowledge that I have received the Dr. Katrina A. Bramstedt/AskTheEthicist.com Notice of Privacy Practices.

(Signature) (Date)

If Personal Representative's signature appears, please describe relationship to client/patient

Please return to Dr. Katrina A. Bramstedt/AskTheEthicist.com

Office Use Only:

Privacy Statement Mailed/Emailed/Downloaded/Faxed/InPerson

Your Rights Regarding Personal Health Information We Maintain About You

The following are your various rights as a consumer under HIPAA concerning your PHI. Should you have questions about a specific right, please write to us at the location listed at the bottom of this form.

◆ **Right to Inspect and Copy Your Personal Health Information:** In most cases, you have the right to inspect and obtain a copy of the PHI that we maintain about you. To inspect and copy PHI, you must submit your request in writing to us at the address below. To receive a copy of your PHI, you may be charged a fee for the costs of copying, mailing or other supplies associated with your request. However, certain types of PHI will not be made available for inspection and copying. This includes PHI collected by us in connection with, or in reasonable anticipation of any claim or legal proceeding. In very limited circumstances we may deny your request to inspect and obtain a copy of your PHI. If we do, you may request that the denial be reviewed. An individual chosen by us who was not involved in the original decision to deny your request will conduct the review. We will comply with the outcome of that review.

◆ **Right to Amend Your Personal Health Information:** If you believe that your PHI is incorrect or that an important part of it is missing, you have the right to ask us to amend your PHI while it is kept by or for us. You must provide your request and your reason for the request in writing, and submit it to us at the address below. We may deny your request if it is not in writing or does not include a reason that supports the request. In addition, we may deny your request if you ask us to amend PHI that:

- ◆ is accurate and complete;
- ◆ was not created by us, unless the person or entity that created the PHI is no longer available to make the amendment;
- ◆ is not part of the PHI kept by or for us; or
- ◆ is not part of the PHI which you would be permitted to inspect and copy.

◆ **Right to a list of Disclosures:** You have the right to request a list of the disclosures we have made of PHI about you. This list will not include disclosures made for consultations, payment, for purposes of national security, made to law enforcement or to corrections personnel or made pursuant to your authorization or made directly to you. To request this list, you must submit your request in writing to us at the address below. Your request must state the time period from which you want to receive a list of disclosures. The time period may not be longer than 6 years and may not include dates before May 27, 2010. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be free. We may charge you for responding to any additional requests. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

◆ **Right to Request Restrictions:** You have the right to request a restriction or limitation on PHI we use or disclose about you for consultations, payment or clinical operations, or that we disclose to someone who may be involved in your care or payment for your care, like a family member or friend. While we will consider your request, **we are not required to agree to it.** If we do agree to it, we will comply with your request. To request a restriction, you must make your request in writing to us at the address below. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply (for example, disclosures to your spouse or parent). We will not agree to restrictions on PHI uses or disclosures that are legally required, or which are necessary to administer our business.

◆ **Right to Request Confidential Communications:** You have the right to request that we communicate with you about PHI in a certain location if you tell us that communication in another manner may endanger you. To request confidential communications, you must make your request in writing to us at the address below and specify how or where you wish to be contacted. We will accommodate all reasonable requests.

◆ **Right to File a Complaint:** If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with us, please contact us at the address below. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

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ADDITIONAL INFORMATION

Changes to This Notice: We reserve the right to change the terms of this notice at any time. We reserve the right to make the revised or changed notice effective for PHI we already have about you as well as any PHI we receive in the future. The effective date of this notice and any revised or changed notice may be found on the last page, on the bottom right hand corner of the notice. You will receive a copy of any revised notice from us by mail.
Effective- (05-27-2010)

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Documentation of Good Faith Efforts

Client/Patient Name: _____ Date: _____

The client/patient presented on this date and was provided with a copy of the Notice of Privacy Practices. A good faith effort was made to obtain a written acknowledgement of receipt of the Notice. However, an acknowledgement was not obtained because:

- Client/Patient refused to sign
- Client/Patient was unable to sign or initial because _____
- There was a medical emergency (We will attempt to obtain acknowledgement at the next available opportunity).
- Other reason, describe: _____

Signature of person completing form: _____