

Yvonne Venger, LCSW
Wellbeing Within Therapy San Diego

Notice of HIPPA Compliant Privacy Practices

This notice is to inform you how medical information about you may be used and disclosed, and how you can get access to this information.

I am committed to upholding the confidentiality of your medical information. It is very important that you understand how your personal information is handled.

I will take every reasonable precaution to protect your privacy. When appropriate, I will provide only the minimum necessary information to those who are in need of your health care information. These records would be used to provide or enable other health care providers to provide quality medical care, to obtain payment for services provided to you as allowed by your health plan, and to enable me to meet my professional and legal obligations.

I am required by law to maintain the privacy of protected health information, to provide individuals with notices of my legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information. This notice describes how I may use and disclose your medical information. It also describes your rights and my legal obligations with respect to your medical information. If you have any questions about this notice, please do not hesitate to ask me.

A. How I May Use or Disclose Your Health Information

I may use or share your information for reasons directly related to your treatment or for payment pertaining to your treatment. I collect health care information regarding your treatment and store it in a chart. This is your medical record. This record is my property but the information in the chart belongs to you. The law permits me to use or disclose your health information for the following reasons:

- **Treatment:** I use information about you to provide your care. I will share information with doctors, hospitals, and others to provide the care you need.
- **Payment:** I use and disclose information about you to obtain payment for the services I have provided. In addition, I may forward bills to other health plans or organizations for payment.
- **Health Care Operations:** I may use your information to review and improve the quality of care I provide. I may also use and disclose this information as necessary for reviews,

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legal services, and audits, including fraud and abuse detections and compliance programs, as well as business planning and management.

B. Other Uses for Your Health Information:

- I may receive an order from a court to give out your health information. I may also give information to a court investigator, and/or lawyer under certain circumstances.
- You or your doctor and other health care providers may appeal decisions made about claims for your health care. Your information may be used to make these appeal decisions.
- I may share your health information with the federal government, as requested, in relation to privacy rules.
- I may disclose health information, when necessary, to prevent a serious threat to your health/safety of the health/safety of another person or the public. Such disclosure would be made only to someone able to help prevent the threat.
- I may use and disclose health information to contact and remind you about future appointments. I may leave this information on your answering machine or with the individual answering the phone at the number you have provided.

C. When I May Not Use or Disclose Your Health Information:

Except as described in this Notice of Privacy Practices, I will, consistent with my legal obligations, not use or disclose health information which identifies you without your written authorization. If you authorize me to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

D. Your Privacy Rights

- You have the right to ask me not to use or share your personal health care information in the ways described in this notice. I will abide by your request unless I must disclose the information for treatment or legal reasons.
- You have the right to ask me to contact you in a specific way or at a specific location, e.g. only in writing or at a different address or phone number. I will comply with all reasonable requests when necessary to protect your safety.
- You have the right to inspect and copy your health information, with limited exceptions. You must submit a written request detailing what information you want access to, and if you would like to inspect or copy your records. There may be a fee for the cost of copying and mailing records. I may keep you from seeing certain parts of your records for reasons allowed by law. If I deny your request to access a child's records, or an incapacitated adult

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you are representing, it is because I believe allowing access would likely cause substantial harm to the patient. You have a right to appeal this decision.

- You have the right to ask that information in your records be amended if it is not correct or complete. I may refuse your request if (a) the information is not created or kept by me, or (b) I believe the information is correct and complete. If I do not make your requested changes, you may ask me to review my decision. You may also send a written statement as to why you disagree with my records, and this statement will be kept with your records.
- When I share your information, you have the right to request a list of what information was shared, with whom it was shared, when it was shared, and for what reasons. This list will NOT include when I share information about you relating to your treatment, payment, practice operation, or requests as required by law.
- You have the right to be informed of a breach within 60 days of the date a breach has been discovered. I will notify you of any breach by first class mail and by including the following information in the notification: Circumstances of the breach, date of the breach, date of the discovery, type of information involved, the steps taken to mitigate harm and to protect against future breaches, and how you can obtain additional information about the breach.
- You have the right to request an additional copy of this Notice of Privacy Practices Policy.

E. How to Contact Me to Use Your Rights:

If you would like to use any of the privacy rights explained in this notice, please call or write me at: Yvonne Venger, LCSW 3252 Holiday Court, Suite 105, La Jolla, CA 92037 (858) 450-9112.

F. Changes to this Notice of Privacy Practices:

I reserve the right to amend this Notice of Privacy Practices at any time in the future. I will keep a current copy available at all times.

G. Complaints

If you believe that I have not protected your privacy and you wish to file a complaint/grievance, you can contact me or you can call the U.S. Department of Health and Human Services at (619) 515-4243. You will not be penalized in any way for filing a complaint.

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CONSUMER NOTICE OF RIGHTS AND RESPONSIBILITIES

Dignity and Respect

You have the right to be treated with consideration, dignity, and respect, as well as the responsibility to respect the rights, property, and environment of all others in this office.

- You have the right to access your own treatment records and have the privacy and the confidentiality of those records maintained.
- You are also entitled to exercise these rights regardless of gender, age, sexual orientation, marital status, or cultural, economic, educational or religious background.

Knowledge and Information

You have the right to receive information about my services, clinical guidelines, and your rights and responsibilities. You have the right –as well as the responsibility – to know about and understand your health care and your coverage, including:

- Participating in decision-making regarding your treatment planning. As you will participate and agree to a treatment plan, you have a responsibility to follow the treatment plan or advise me otherwise.
- The names and titles of all health care professionals involved in your treatment.
- Your clinical condition and health status.
- Any services and procedures involved in your recommended course of treatment.
- Any continuing health care requirements following your discharge from this office, a hospital or a treatment program.
- How your health plan operates as stated in your Policy.
- The medications prescribed for you – what they are for, how to take them properly, and possible side effects.

Eligible Employee Accountability/Autonomy

As a partner in your own health care, you have the right to refuse treatment providing you accept responsibility and the consequences of such a decision. You have a responsibility to participate to the degree possible, in understanding your behavioral health problems and developing mutually agreed upon treatment goals. You also have the responsibility to:

- Identify your payment terms and be up to date on your insurance coverage.

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- Provide me with previous treatment records, if requested, as well as provide accurate and complete medical information.
- Be on time for all appointments, and to notify me as far in advance as possible if you need to cancel or reschedule an appointment.
- Be aware of my late cancellation and no-show policy and charges.
- Obtain pre-authorization of service from your insurance company, if applicable.
- Notify me within 48 hours or as soon as possible if you are hospitalized or receive emergency care.
- Pay all required payment, co-payments and deductibles at the time of service.
- Be aware of my fee schedule.
- Be aware that initial intake sessions are 90 minutes and regular sessions are 45 minutes.

Remember that the success of this treatment greatly depends on your commitment and consistency.

If you have any questions about the therapeutic process, the direction or focus of our sessions, the scheduling, payment, insurance procedures or anything else in this document, please do not hesitate to bring this up to me. I am here to help support you in any way I can.