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Notice of Psychologist's Policies

PLEASE READ CAREFULLY: THIS NOTICE DESCRIBES HOW YOUR PSYCHOLOGICAL AND MEDICAL INFORMATION MAY BE USED AND DISCLOSED, AND HOW YOU CAN ACCESS THIS INFORMATION. ADDITIONAL PROCEDURAL POLICIES ARE OUTLINED.

I. Psychologist's Duties

I am required to insure that your protected health information (PHI) is kept confidential. PHI includes information that can identify you, your psychological care, treatment and past or present health care services. However, in April 2003, the federal law changed the manner in which your PHI is handled and shared. The following are some of my professional duties regarding your PHI:

- I am required to maintain the privacy of your PHI, to provide you with a legal notice (this form) of this duty and the privacy practices related to your PHI.
- I reserve the right to change these policies, however, I must abide by them unless I have notified you of any changes.
- I must provide you with written information about any changes in these privacy practices.

II. Disclosure of Payment, Health Care Operations and Treatment

I may use or disclose your protected health information (PHI) without your authorization in situations related to payments, health care operations and/or treatment. In certain circumstances, I can only do so when the person or business requesting your PHI provides me with written requests that contain promises to protect the confidentiality of your PHI. Below are some definitions to assist in your understanding of this process.

- "PHI" – information in your health record that could identify you.
- "Treatment and Payment Operations"
 - *Payment* - when I contact your insurance provider to clarify coverage and obtain reimbursement for services.
 - *Health Care Operations* - when I disclose your PHI to your health care service plan or to other health care providers contracting with your plan when administering, modifying or consulting about your treatment plan.
 - *Treatment* - anytime I consult with another health care provider, such as your family physician or another therapist regarding your treatment.
- "Use" - applies to activities within my office/practice, such as sharing,

applying and utilizing information that identifies you.

- “Disclosure” - applies to communications outside of my office/practice, such as releasing, transferring or providing access to your information to other parties.
- “Authorization” means written permission for specific uses or disclosures.

III. Uses and Disclosures Requiring Authorization

- I may use or disclose PHI with your authorization, for purposes outside the above described treatment, payment and health care operations. I will ask for your written authorization prior to releasing any of this information.
- I will also request your written authorization if another party requests your psychotherapy notes, which are notes made regarding our private conversations during counseling. These notes are kept separate from any medical record information and are given a greater degree of protection than PHI.
- You have the right to revoke or modify all signed authorizations at any time; however, the revocation/modifications are not effective until I receive it.

IV. Uses and Disclosures with Neither Consent nor Authorization

There are some general circumstances in which I may use or disclose PHI without your consent:

1. Child Abuse: In my professional capacities, whenever I observe or have reasonable suspicion that a child has been the victim of abuse or neglect, I legally **MUST** make an anonymous report to the appropriate local authorities/agencies.
2. Adult or Domestic Abuse: If, in my professional capacities, I observe or have knowledge of an incident in which a dependent or elder adult has suffered physical abuse, abandonment, abduction, isolation, neglect or financial abuse, I legally **MUST** report the known or suspected abuse immediately to the appropriate local authorities/agencies.
3. Judicial or Administrative Proceedings: If you are involved in a court proceeding and a request is made about your therapy, there are several circumstances in which I may be required to break our confidentiality: These situations are described below:
 - a. If you, your lawyer or personal representative provides written authorization,
 - b. If I am presented with a court order,
 - c. If there is a subpoena to produce therapy records and the party making the request provides me with evidence that you and your attorney have been served with a copy of the subpoena, and not told me that you are bringing a motion to block or modify the subpoena,
 - d. If you are in a legal proceeding and are being psychologically evaluated by a third party or an evaluation is court ordered,
 - e. If you initiate a Workers’ Compensation suit claiming emotional damage, and I am requested to make a report, your PHI will not remain confidential

4. Serious Threat to Health or Safety: If you or your minor child communicate to me a serious threat of physical violence against an identifiable victim, I MUST make reasonable efforts to contact the intended victim and the police. If I suspect that you or your minor child are in such a condition as to be dangerous to yourself or others, I may release relevant information to prevent any danger.

V. Patient's Rights

The following is a list of some of your client/patient rights regarding your PHI:

- Right to Receive Confidential Communications by Alternative Means and Locations: You have the right to request and receive confidential communications of PHI by alternative means and locations. (For example, if you do not want family members to know that you are seeing me, I can arrange to have bills sent to a different address).
- Right to Inspect and Copy: You have the right to inspect or copy PHI in your counseling and billing records. If this request is made, I will charge you no more than \$.25 per page copied. In some cases, I may deny this access but may opt to provide you with a summary instead. You also have the right to have this denial reviewed. Upon your request, we can discuss this process.
- Right to a Paper Copy: You have the right to a paper copy of all signed forms.
- Right to Request Restrictions: You have the right to request restrictions on certain uses and disclosures of PHI, although I am not required to agree with or abide by these restrictions.
- Right to Know: You have a right to know if any PHI has been shared, as described in Sections II and III. These circumstances will be discussed with you and should not be of surprise.
- Availability: You can contact me at **619-342-4155**. Phone messages are received and returned from 9:00 a.m. until 5:00 p.m., Monday through Friday. Messages received after hours or during the weekend will be returned the next business day, or as soon as possible. However, if you have a clinical emergency, please call the 24-hour San Diego Crisis Line at 888-724-7240 or go directly to the nearest hospital.
- Treatment of Minors: Generally speaking, minors (children under the age of 18) will only be treated when a parent or legal guardian signs a consent form to provide therapy to a minor. However, there are certain exceptions in the law that allows minors to be treated without parental consent. A confidential relationship between the therapist and your child is crucial for effectively treating your child. Your child needs to trust that disclosures made to me will remain confidential. I will provide regular, general reports on your child's progress, but I will not reveal specific information from the sessions. If, however, your child is in danger or at serious risk of harming himself/herself or others, I will inform you of this situation and work with you to protect your child.

VI. Financial Policies and Practice Status

- Fees for services are **\$150/per hour**. Failed appointments or cancellations with less than 24 hours notification are billed at **\$100.00**.
- Failure to meet your financial obligations may resort in collection action. Additionally, accounts 60 days delinquent will be charged a rate of 1.5% monthly.

VI. Complaints

If you are concerned that I have violated your privacy rights or you disagree with a decision I have made about your PHI, I would encourage you to contact me directly so that we can discuss the matter. However, you may decide to send a written complaint to the Secretary of the Department of Health and Human Services at 200 Independence Avenue, S.W., Washington, D.C. 20201. There will be no retaliatory behavior as a result of any complaint that you file.

VII. Internet and Mobile Phone Use

In the event that you and I correspond via the Internet or mobile phones, it is important that you are aware of the limits of confidentiality related to these devices. Although all possible efforts will be made to ensure your PHI is maintained, they are not 100% protected from outside interference. You have the right to request that information not be shared in this way.

VIII. Confidentiality

My patients are assured of confidentiality. Only a Release of Information form, signed by the client, may authorize me to discuss any information with other individuals. The client may revoke this authorization anytime. There are, however, important exceptions that are legally mandated:

1. The law requires that I notify others if I have reasonable cause to believe that a client is a danger to others and disclosure is necessary to prevent the threatened danger.
2. I am also obligated by law to report any suspected child or elder abuse, neglect or molestation, or any other crime against a minor under the age of 18, to protect the children or elders involved.
3. If I assess a client to be a danger to self, or unable to take care of himself or herself, I am mandated to notify the appropriate authorities.
4. Some legal actions initiated by the patient or the patient's estate may result in the court ordering the release of records. I never release any records without prior discussion with the client regarding the specific information to be released.

Your signature indicates that you have read and understand the above information. Please feel comfortable to discuss any and all issues that may not yet be clear prior to signing.

Client Signature (or parent of minor under 18)

Date

My signature indicates that we have discussed this information and related questions regarding the use and disclosure of your PHI.

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Date