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Notice of Privacy Practices

(Health Insurance Portability and Accountability Act Provisions)

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.

The following paragraphs outline how the Federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) affects how records here are kept and managed. The ensuing paragraphs explain how, when and why I may use and/or disclose your records, which are known as “Protected Health Information” (PHI).

Your PHI consists of individually identifiable information about your past, present, or future health or condition and the provision of and payment for health care to you. I may also receive your PHI from other sources, i.e. other health care providers, attorneys, etc. You and your PHI receive certain protections under the law. Except in specified circumstances, I will not release your PHI to anyone without your written authorization to do so. When disclosure is necessary under the law, I will only use and/or disclose the minimum amount of your PHI necessary.

If you are receiving any type of psychotherapy service, your PHI is typically limited to basic billing information placed in a file in my office as well as a HIPAA-compliant online database. Clinical notes taken after sessions are known as Psychotherapy Notes and are not part of your PHI. Except for unusual situations described below, your PHI will only be released with your specific Authorization. You should also understand that, should you become involved in litigation, California discovery laws will make Psychotherapy Notes subject to discovery.

If you are consulting me for any type of a Psychological evaluation, your rights to privacy are more limited. For a non-forensic evaluation, the results will likely be forwarded to whoever referred you for the assessment. I will still, nonetheless, have you sign an Authorization form before doing so. If you are consulting me for a forensic psychological evaluation, your rights to privacy have likely already been waived because you have entered your mental status as an issue in a legal proceeding. You will therefore not have the usual rights to privacy and confidentiality. I will still ask you to sign an Authorization form, allowing me to share information with specified other parties. Please note that usual privacy and confidentiality practices do not apply in these instances.

When I conduct psychological evaluations, the same type of billing information is gathered from you and entered into the billing file. Clinical notes are much more detailed in these cases, and typically also involve psychological test data. These notes and test data may well be released to other parties.

Your PHI may be used and disclosed for a variety of reasons but every effort is made to prevent its dissemination. For most other uses and/or disclosures of your PHI, you will (as previously noted) be asked to grant your permission via a separate, signed Authorization form.

The following individuals are required by HIPAA to comply with the privacy rules:

- Your treating therapist. This includes Dr. Ravinovich, group co-leaders and/or anyone else with whom you consult for regular appointments.
- Any administrative assistant or office staff who may have some access to your identifying information (such as your name, address, telephone number, etc.).
- Any billing agency or collection agency that handles information about you (name, address, diagnostic codes, treatment codes, consultation dates, but not actual clinical records).

How I May Use and Disclose Psychological Information about You

A. Uses and/or disclosures related to your treatment (T), the payment for services you receive (P), or for health care operations (O):

1. **For treatment (T):** I might conceivably use and/or disclose your PHI to psychologists, psychiatrists, physicians, nurses, and other health care personnel involved in providing health care services to you – but only with your specific Authorization. The only conceivable reason that a specific Authorization might not be obtained would be in an emergency.
2. **For payment (P):** I may use and/or disclose your PHI for billing and collection activities without your specific authorization.
3. **For health care operations (O):** I may use and/or disclose your PHI in the course of operating the various business functions of my office. For example, I may use and/or disclose your PHI for my secretary or me to do third party or insurance billing without your Authorization.

B. Use and/or disclosures not requiring your Authorization: The Rule provides that I may use and/or disclose your PHI without your Authorization when required by law. Specifically, I may use and/or disclose your PHI when existing law requires that I report information including each of the following areas:

1. I may use and/or disclose your PHI in cases of suspected abuse, neglect, or domestic violence including reporting the information to social service agencies.
2. I may use and/or disclose your PHI in response to an order of a court, a warrant, subpoena, discovery request, or other lawful process.
3. If I believed you were at imminent risk of harming a person or property, or of hurting yourself, I may disclose your PHI to prevent such an act from occurring.

Your Rights Regarding Medical Information About You

You have the following rights regarding your medical information:

The right to inspect and obtain a copy of your medical record:

Professional records constitute an important part of the therapy process and help with the continuity of care over time. According to the rules of HIPAA, your consultations are documented in two ways: 1) The *clinical record* (required) may include the date of your consultations, your reasons for seeking therapy, diagnosis, therapeutic goals, treatment plan, progress, medical and social history, treatment history, functional status, any past records from other providers, as well as any reports to your insurance carrier; 2) *Psychotherapy notes* (optional), consisting of the specific content or analyses of therapy conversations, how they impact the therapy (including sensitive information that you may reveal that is not required to be included in your clinical record), and notes of your therapist that may assist in treatment. Psychotherapy notes are kept separately from your clinical record in order to maximize privacy and security.

You have the right to inspect and obtain a copy of your *clinical record*. Viewing the record is best done during a professional consultation in order to clarify any questions that you might have at the time. You may be charged a nominal fee for accessing and photocopying the record. *Psychotherapy notes*, however, if they are created, are not disclosed to third parties, HMOs, insurance companies, billing agencies, clients, or anyone else. They are for the use of a treating therapist in tracking the many details of the consultations that are far too specific to be entered into the clinical record.

The right to request a correction or add an addendum to your psychological record

If you believe that there is an inaccuracy in your clinical record you may request a correction. If the information is accurate, however, or if it has been provided by a third party (previous therapist, primary care physician, etc), it may remain unchanged, and the request may be denied. In this case you will receive an explanation in writing with a full description of the rationale. You also have the right to make an addition to your record if you think it is incomplete.

The right to an accounting of disclosures of your psychological information to third parties

You have the right to know if, when, and to whom your psychological information has been disclosed (exclusive of treatment, payment, and health care operations). However, you likely would already be aware of this, as you would have signed consent forms allowing such disclosures (e.g., disclosures to other psychotherapists, primary care physicians, specialists, etc.). This accounting must extend back for a period of six years.

The right to request restrictions on how your information is used

You have the right to request restrictions on certain uses or disclosures of your psychological information. These requests must be in writing. These requests will most likely be honored, although in some cases they may be denied. This office does not use or release your protected health information for marketing purposes or any other purpose aside from treatment, payment, healthcare operations, and other exceptions specified in this notice.

The right to request confidential communications

You have the right to request that your therapist communicate with you about your treatment in a certain way or at a certain location. For example, you may prefer to be contacted at work instead of at home to schedule or cancel an appointment, or you may wish to receive billing statements at a post office box rather than your home address.

The right to receive a copy of this notice upon request

You have the right to have a copy of this Notice of Privacy Practices.

The right to file a complaint

If you believe that I may have violated your individual privacy rights, or if you object to a decision I made about access to your PHI, you are entitled to file a complaint by submitting a written complaint to me. If you prefer, you may file your written complaint with the Secretary of the U.S. Department of Health and Human Services (Secretary) at 200 Independence Avenue S.W., Washington, D.C., 20201. However, any complaint you file must be received by me, or filed with the Secretary, within 180 days of when you knew, or should have known, that the omission occurred.

Changes to this Notice

Please note that this privacy notice may be revised from time to time. You will be notified of changes in the laws concerning privacy or your rights as I become aware of them. In the meantime, please do not hesitate to raise any questions or concerns about confidentiality with me at any time.