



FOOTHILL COLLEGE

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HIPPAA NOTICE OF PRIVACY PRACTICES

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

The provider is permitted by federal privacy laws to make uses and disclosures of your health information for purposes of treatment and health care operations (See examples below). Protected health information is the information we create and obtain in providing our services to you. Such information may include documenting your symptoms, examination, diagnosis, treatment, and treatment planning. Information is only released in accordance with state and federal laws, the ethics governing the counseling profession, and what was disclosed in the consent to treatment form.

Treatment

- An employee of the provider's office obtains treatment information about you and records it in a health record.
- At times, your particular situation or course of therapy may be discussed with professional colleagues for the purpose of clinical consultation and/or training. This is done in a respectful manner to ensure you are receiving quality care and to assist in the learning and growing of your counselor.

Health Care Operations

- During our routine health care operations, we may need to hire computer technicians and software vendors. We may disclose your health information to these vendors to maintain daily functioning in our health care operations.
- Marketing: Under no circumstances will we sell your personal information for marketing purposes. We may from time-to-time contact you via regular mail, email, telephone, and/or voice-mail to provide you with appointment reminders, with information about treatment alternatives, or with information about other health-related benefits or services that may be of interest to you. Your written comments or feedback may be used for marketing purposes, but your identity will be kept strictly confidential.

Other Uses and Disclosures Without your Consent

- Abuse and Neglect: We may disclose your protected health information to public authorities as allowed by law to report abuse or neglect.
- Law enforcement: We may disclose your protected health information for law enforcement purposes as required by law, such as when required by a court order.
- Judicial/Administrative Proceedings: We may disclose your protected health information in the course of any judicial or administrative proceeding as allowed or required by law, with your consent, or as directed by a proper court order.
- To avert a serious threat to health or safety, we may disclose your protected health information consistent with applicable law to prevent or lessen a serious, imminent threat to the health or safety of a person or the public.
- For Specialized Governmental Functions: We may disclose your protected health information for specialized government functions as authorized by law such as to Armed Forces personnel, for national security purposes, or to public assistance program personnel.

Client Rights

- Request a restriction on certain uses and disclosures of your protected health information by delivering the request in writing to our office. We are not required to grant the request, but we will comply with any request that has been granted.
- Obtain a paper copy of the Notice of Privacy Practices for Protected Health Information by making a request at our office.
- Request that you be allowed to inspect and receive a copy of your health record. You may exercise this right by delivering the request in writing to our office. You may also appeal a denial of access to your protected health information except in certain circumstances.
- Request that your health care record be amended to correct incomplete or incorrect information by delivering a written request to our office. We are not required to grant the request, but if denied you have the right to file a disagreement statement.

- Obtain an accounting of disclosures of your health information by delivering a written request to our office. The accounting will not include internal uses of information for treatment, payment, or operations, disclosures made to you or made at your request.
- Request that we release your medical records to others by delivering a written request to our office. Ability to revoke this release in writing.
- To receive any changes in this Notice by calling or requesting a copy of our Notice or by visiting the office to obtain a copy.
- To Request Information or File a Complaint. If you have questions, would like additional information, or want to report a problem regarding the handling of your information, you may contact the following person: Melanie Hale, LCSW, at 650-949-7910. You may also file a complaint by mailing or e-mailing it to the Secretary of Health and Human Services. We cannot, and will not, require you to waive the right to file a complaint with the Secretary of Health and Human Services (HHS) as a condition of receiving treatment from our office. We cannot, and will not, retaliate against you for filing a complaint with the Secretary.

I have read, understood, and received a copy of HIPAA NOTICE OF PRIVACY PRACTICES from Foothill College Psychological Services and Personal Counseling.

Signature of Patient or Responsible Party: _____

Date: _____