

**Kathleen V. Williams, Ph.D.**

Clinical Psychology Lic. PSY 12786  
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**Health Insurance Portability and Accountability Act of 1996  
(HIPAA)**

**Notice of Privacy Practices**

**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. This notice takes effect on 2/1/2009.**

This notice is being given to you because I understand how important it is to protect the privacy of your medical information. This notice explains how I use your medical information and your rights to access your medical information. I respect the confidentiality of your medical information and will follow the privacy rule. I will ask you to sign an acknowledgement that you received this notice. Please read this notice and save it for future reference.

**How I use your medical information.**

In the day-to-day activities of a psychologist's office, information in your medical record is used and shared in order to provide treatment to you, receive payment for treatment and to carry out the daily operations of my office. Here are some examples of treatment, payment, and health care operations:

- **Treatment** - arranging for the coordination of care including management, consultation and referral of health care by one or more health care staff.
- **Payment** - activities related to obtaining reimbursement for giving health care services such as determination of coverage, appropriate payment of health benefit claims, billing, claims management, medical data processing, utilization review, and review of health care services with respect to medical necessity.
- **Health care operations** - are administrative, financial, legal, and quality improvement activities necessary to run my business. They include many activities such as quality assessment, case management, and coordinating care between doctors and nurses, training, activities of licensing agencies, underwriting, auditing, and business planning.

**Additional day-to-day activities may include:**

- Appointment reminders.
- Treatment alternatives.
- Other health-related benefits or service of interest to you.

Additionally, there are other times, with certain exceptions, when I may use or share your medical information., Many of the following situations apply more to a medical doctor than a psychologist.

**Other permitted uses and disclosures:**

- To report incidents of child, elder, or dependent abuse, neglect, or domestic violence.
- To avert a serious threat to health and safety, except when certain information is learned through counseling or psychotherapy.
- Public Health Activities such as reporting of flu, vital events (birth, death), FDA investigations.
- Health oversight activities such as licensing, investigations of the health care system, beneficiary eligibility of government benefit programs, compliance standards.
- In response to judicial and administrative proceedings such as lawsuit or court order.
- For law enforcement purposes such as reporting certain types of wounds or injuries.
- About people who have died - for example, to coroners, medical examiners, funeral directors.
- For organ donation.
- For research purposes.
- For specialized government functions such as for military and veterans activities, national security and intelligence, to jails regarding an inmate.
- Workers' Compensation.

**If required by law . . .**

In certain circumstances, I may share your medical information if it is permitted or required by law.

**In California, there are additional laws that limit or restrict how I can use or disclose your medical information.**

- HIV-AIDS-Related Tests - require written informed consent by you.

**Any other uses and disclosures of your medical information not already described in this Notice will only be made with your written authorization. You may revoke your authorization at any time, as long as you do so in writing.**

Psychotherapy notes are given extra privacy protection and will only be disclosed if you give permission with a written authorization.

## My Responsibilities.

- I am required by law to maintain the privacy of protected health information.
- This Notice serves as my notice to you of my legal duties.
- I will follow the terms of the Notice currently in effect.

I reserve the right to change this Notice of Privacy Practices and to make the revised terms applicable to all medical information that I maintain. If I do change my privacy practices, a revised Notice will be provided to you.

## Your rights regarding your medical information.

You have the right to:

- Request restrictions on your medical information; however, I am not required to agree to the requested restriction.
- Receive confidential communications regarding your medical information at another location or by other means. If you wish to receive confidential communications, let me know in writing: 1) Another address or other means by which to contact you. 2) How payment, if any, will be handled. You do not need to give me an explanation of why you wish to receive confidential communications. I am required to honor all reasonable requests.
- Review and copy your medical information except psychotherapy notes.
- Change your medical information.
- Receive a listing of disclosures of your medical information.
- Receive a paper copy of this Notice. If you have agreed to receive this Notice electronically, you still have the right to request a paper copy.

## Contact

If you would like more information or have questions about this Notice of Privacy Practices, please contact:

Privacy Official  
Kathleen V. Williams, Ph.D.  
220 South Kenwood Street, Suite 202  
Glendale, California 91205 (818) 247-4751

## Complaints

If you believe your privacy rights have been violated, you may write or email a complaint to our office by contacting Privacy Officer at (818) 247-4751 and/or by contacting the Office for Civil Rights, Department of Health and Human Services. There will be no retaliation for filing a complaint with either my office or the Office for Civil Rights (OCR). To file a complaint with OCR, it must be done within 180 days of when the violation occurred.

Office for Civil Rights  
Department of Health and Human Services  
50 United Nations Plaza - Room 322  
San Francisco, California 94102  
(415) 437-8310  
(415) 437-8311 (TDD)  
(415) 437-8329 (FAX)  
[www.hhs.gov/ocr/hipaa](http://www.hhs.gov/ocr/hipaa)

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**Acknowledgement  
of  
Notice of Privacy Practices**

Client Name: \_\_\_\_\_

I acknowledge that I have received the HIPAA Notice of Privacy Practices.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Client if other than client.

\_\_\_\_\_  
\_\_\_\_\_  
For office use only:

\_\_\_ Client declined to sign acknowledgement.