

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW CONFIDENTIAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION

PLEASE REVIEW IT CAREFULLY

GENERAL RULES

I respect my legal obligation to keep private any confidential information that identifies you. I am obligated by law to give you notice of my privacy practices.

Generally, I cannot use your confidential information outside of my office without your written permission. Sometimes the written permission will be called a consent form, and sometimes it will be called an authorization form. The type of permission form will depend upon the kind of use or disclosure that is involved. In some limited situations, the law allows or requires me to disclose your confidential information without either a written consent or authorization.

USES OR DISCLOSURES WITH CONSENT

I will ask you to sign a consent form to allow us to use and disclose your confidential information for purposes of treatment or payment. I am allowed to refuse to treat you if you do not sign the consent form.

I use this information for treatment purposes when, for example, I set up an appointment for you or when I meet with you. I may disclose your confidential information outside of my office for treatment purposes if, for example, I refer you to another doctor or clinic for treatment or when I provide a referral on your behalf.

I use your confidential information for payment purposes when, for example, I ask you about

confidential care plans that you may belong to, or about other sources of payment for our services, when I prepare bills to send to you or your confidential

provider, if I process payment by credit card, and when I try to collect unpaid amounts due. I may disclose your confidential information outside of my office for payment purposes when, for example, bills or claims for payment are mailed, faxed, or sent by computer to you or your confidential provider, or when I occasionally have to ask a collection agency or attorney to help me with unpaid amounts due.

I may use or disclose your confidential information, for example for financial or billing audits, for internal quality assurance, for personnel decisions, to enable me to participate in managed care plans, for the defense of legal matters, and for outside storage of my records.

USES AND DISCLOSURES WITHOUT CONSENT OR AUTHORIZATION

In some limited situations the law allows or requires me to use or disclose your confidential information without your permission.

- If there is a reason to believe there is an occurrence of child, elder or dependent adult abuse or neglect.
- If there is reason to believe that you have serious intent to harm yourself, someone else, or property by a violent act you may commit.
- If you introduce your emotional condition into a legal proceeding, or your counselor is subpoenaed to give testimony.

APPOINTMENT REMINDERS

I may call to remind you of scheduled appointments. I may also call to notify you of other available treatments or services that might be helpful to you.

OTHER DISCLOSURES

I will not make any other uses or disclosures of your confidential information unless you sign a written authorization form. You do not have to sign such a form. If you do sign one, you may revoke it at any time unless I have already acted upon it.

YOUR RIGHTS REGARDING YOUR MENTAL HEALTH INFORMATION

The law gives you many rights regarding your mental health information. You can:

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- Ask me to restrict our uses and disclosures for purposes of treatment (except emergency treatment) and payment of confidential care operations. I do not have to agree to do this, but if I agree, I must honor the restrictions that you want. To ask for a restriction, send a written request to me.
- Ask me to communicate with you in a confidential way, such as by phoning your cell rather than your home, by mailing information to a different address, or by using email for your personal email address. I will accommodate these requests if they are reasonable, and if you pay me for any extra cost. If you want to ask for confidential communication, send a written request to me.
- Ask to see or to get photocopies of your files. By law, there are a few limited situations in which I can refuse to permit access or copying. For the most part, however, you will be able to review or have a copy of your mental health information within 30 days of asking me. You may have to pay for photocopies in advance. If I deny your request, I will send you a written explanation, and instruction about how to get an impartial review of our denial if one is legally required. By law, I can have one 30 day extension of the time for me to give you access or photocopies if I send you a written notice of the extension. If you want to review or get photocopies of your confidential information, send a written request to me.
- Ask me to amend your confidential information if you think that it is incorrect or incomplete. If I agree, I will amend the information within 60 days from when you ask me. I will send the corrected information to persons who received the wrong information, and others that you specify. If I do not agree, you can write a statement of your position, and I will include it with your confidential information along with any rebuttal statement that I may write. Once your statement of position and/or our rebuttal is included in your confidential information, I will send it along whenever I make a permitted disclosure of your confidential information. By law, I can have one 30-day extension of time to consider a request for amendment if I notify you in writing of the extension. If you want to ask me to amend your mental health information, send a written request, including your reasons for the amendment, to me.
- Get a list of the disclosures that I have made of your confidential information within the past six years (or a shorter period if you want), except disclosures for purposes of treatment, payment or confidential care operations and some other limited disclosures. You are entitled to one such list per year without charge. If you want more frequent lists, you will have to pay for them in advance.
- Get additional paper copies of this Notice of Privacy Practices upon request.

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By law, I must abide by the terms of this Notice of Privacy Practices until I choose to change it. I reserve the right to change this notice at any time in compliance with and as allowed by law. If I change this Notice, the new privacy practices will apply to your mental health information that I already have as well as to such information that I may generate in the future. If I change my Notice of Privacy Practices, I will post the new notice in my office, have copies available in the office, and post it on my web site.

COMPLAINTS

If you think that I have not properly respected the privacy of your confidential information, you are free to raise your concerns with me or with the US Department of Human Services, Office for Civil Rights. I will not retaliate against you if you make a complaint. If you want to complain to me, send a written complaint to me. If you prefer, you can discuss your complaint in person or by phone.

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