

**Psychotherapy Offices of Tony Madril, L.C.S.W.  
NOTICE OF PRIVACY PRACTICES**

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- I. THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAYBE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**
- II. I HAVE A LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI)**
- a. I am legally required to protect the privacy of your PHI, which included information that can be used to identify you that I've created or received about your past, present, or future health or condition, the provision of health care to you, or the payments of this health care. I must provide you with this Notice about my privacy practices, and such Notice must explain how, when, and why I will "use" and "disclose" your PHI. A "use" of PHI occurs when I share, examine, utilize, apply, or analyze such information within my practice; PHI is "disclosed" when it is released, transferred, has been given to, or is otherwise divulged to a third party outside of my practice. With some exceptions, I may not use or disclose any more of your PHI than is necessary to accomplish the purpose for which the use or disclosure is made. And, I am legally required to follow the privacy practices described in this Notice.
- b. I reserve the right to change the terms of this Notice and my privacy policies at any time. Any changes will apply to PHI on file with me already. Before I make any important changes to my policies, I will promptly change this Notice and post a new copy of it in my office. You can also request a copy of this Notice from me, or you can view a copy of it in my office, which is located at the below-listed address.
- III. HOW I MAY USE AND DISCLOSE YOUR PHI**
- a. For some disclosures, I will need your prior authorization; for others (i.e. medical emergency) I do not.
- b. The following use and disclosures may be done and do not require your prior written consent:
- i. **Treatment:** I may use or disclose your PHI to a physician or other healthcare provider to coordinate treatment.
  - ii. **Payment:** I may use or disclose your PHI to obtain payment for services I provide to you.
  - iii. **Healthcare Operations:** I may use or disclose your PHI in the course of operations for this practice including quality assessment and improvement activities. I may also use or disclose your PHI to accountants, attorneys, consultants, and others to make sure I am complying with applicable laws.
  - iv. **Medical or Psychiatric Emergency:**
    1. Therapists must notify relevant others if a clinical determination is made that you intend to harm another individual
    2. Therapists must notify support personnel (e.g. police, family, emergency contact, friends, social support system) to help protect you should you become self-destructive
    3. Therapists must notify the police and/or appropriate child protective service if there is any suspected incidence(s) of child abuse, neglect, or molestation
    4. Therapists must notify the police and/or appropriate adult protective service if there is any incidence(s) of physical abuse of an elderly person
    5. Therapists must release information subpoenaed by the court as appropriate
    6. Therapists may not choose to not release information where, in the therapist's judgment, such disclosure would be destructive to the individual client. In such cases, I will discuss the alternatives with you and you will have to final decision as to whether or not to release confidential information.
- c. The following use and disclosures may be done and do not require your consent:
- i. **Disclosure is required by federal, state, or local law; judicial or administrative proceedings; or law enforcement.**
  - ii. **For public health activities.**
  - iii. **For health oversight activities.**
  - iv. **To avoid harm (as described under the above section iv.)**
  - v. **For specific government functions.**
  - vi. **For workers' compensation purposes.**
- d. You have the opportunity to object to the following use and purposes:
- i. **Disclosure to family, friends, or others involved in your healthcare.** I may obtain your consent retroactively in emergency situations.
  - ii. **Revocation of written consent to disclose and/or use PHI.** You must make a request to revoke any authorization in writing. Any request to revoke authorization will apply to future use and/or disclosure of your PHI but cannot be applied retroactively to any disclosure I have made in reliance to the original authorization to disclose.
- IV. WHAT RIGHTS YOU HAVE REGARDING YOUR PHI**

- a. **The right to request limits on uses and disclosures of your PHI.** You have the right to ask that I limit how I use and disclose your PHI. I will consider your request, but I am not legally required to accept it. If I accept your request, I will put any limits in writing and abide by them except in emergency situations. You may not limit the uses and disclosures that I am legally required or allowed to make.
  - b. **The right to choose how I send PHI to you.** You have the right to ask that I send information to you at an alternative address (for example, sending information to your work address rather than to your home address) or by alternate means (for example, e-mail instead of regular mail). I must agree to your request so long as I can easily provide the PHI to you in the format you requested.
  - c. **The right to see and get copies of your PHI.** In most cases, you have the right to look at or get copies of your PHI that I have, but you must make the request in writing. If I don't have your PHI but I know who does, I will tell you how to get it. I will respond to you within 30 days of receiving your written request. In certain situations, I may deny your request. If I do, I will tell you, in writing, my reasons for the denial and explain your right to have my denial reviewed. If you request copies of your PHI, I will charge you not more than \$.25 for each page. Instead, of providing the PHI you requested, I may provide you with a summary of explanation of the PHI as long as you agree to that and to the cost in advance.
  - d. **The right to get a list of the disclosures I have made.** You have the right to get a list of instances in which I have disclosed your PHI. The list will not include uses or disclosures that you have already consented to, such as those made for treatment, payment, or health care operations, directly to you, or to your family. The list also won't include uses or disclosures made for national security purposes, to corrections or law enforcement personnel, or disclosures made before April 15th, 2003. I will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list I will give you will include disclosures made in the last six years unless you request a shorter time. The list will include the date of the disclosure, to whom PHI was disclosed (including their address if known), a description of the information disclosed, and the reason for the disclosure. I will provide the list to you at no charge, but if you make more than one request in the same year, I will charge you a reasonable cost based fee for each additional request.
  - e. **The right to correct or update your PHI.** If you believe that there is a mistake in your PHI or that a piece of important information is missing, you have the right to request that I correct the existing information or add the missing information. You must provide the request and your reason for the request in writing. I will respond within 60 days of receiving your request to correct or update your PHI. I may deny your request in writing if the PHI is correct and complete, not created by me, not allowed to be disclosed, and/or not part of my records.  
My written denial will state the reason(s) for the denial and explain your right to file a written statement of disagreement with the denial. If you don't file one, you have the right to request that your request and my denial be attached to all future disclosures of your PHI. If I approve your request, I will make the change to your PHI, tell you that I have done it, and tell others that need to know about the change to your PHI.
  - f. **The right to get this notice by e-mail.** You have the right to get a copy of this notice by e-mail. Even if you have agreed to receive notice via e-mail, you also have the right to request a paper copy of it.
- V. **HOW TO COMPLAIN ABOUT MY PRIVACY PRACTICES.** If you think that I may have violated your privacy rights, or you disagree with a decision I made about access to your PHI, you may file a complaint with the Secretary of the Department of Health and Human Services. Otherwise, for questions or other concerns, please contact me at the below-listed telephone number and address.
- VI. **EFFECTIVE DATE OF THIS NOTICE:** This notice went into effect on April 14th, 2003.

Form created/revised: April 14th, 2003