

DIANE PUCHBAUER, PSY.D.

LICENSED CLINICAL PSYCHOLOGIST #21870

225 N.EUCLID AVE. UPLAND, CA 91786
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112 W. BENNETT AVE. GLENDORA, CA 91741
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HIPPA 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.

I. It is my legal duty to safeguard you protected health information (PHI)

By law I am required to insure that your PHI is kept private. The PHI consists of information created or noted by me that can be used to identify you. It contains data about your health or condition, the provision of health care services to you, or the payment for such health services. This Notice explains when, why, and how I would use and/or disclose your PHI.

II. How I will use and disclose your PHI

A. Uses and disclosures related to treatment, payment, or Health Care Operations do not require your prior written consent. I may use and disclose your PHI without your consent for the following reasons:

1. For treatment. I may disclose your PHI to physicians, psychiatrists, psychologists, and other licensed health care providers who provide you with health care services or are otherwise involved in your case. For example, if a psychiatrist is treating you, I may disclose your PHI to her or him in order to coordinate care for you.

2. To obtain payment for treatment. I may use and disclose your PHI to bill and collect payment for the treatment and services I provided you. For example, I might send your PHI to your insurance company or health plan in order to get payment.

3. Other disclosures. Your consent is not required if you need emergency treatment, provided that I attempt to get your consent after treatment is rendered. In the event that I try to get your consent but you are unable to communicate with me (for example, you are unconscious or in severe pain), but I think that you would consent to treatment if you could, I may disclose your PHI.

B. Certain other uses and disclosures that do not require your consent. I may use or disclose your PHI without your consent or authorization for the following reasons:

1. When disclosure is required by law; judicial, board, or administrative proceedings; or law enforcement. For example, I may make a disclosure to the appropriate officials when a law requires me to report information to government agencies, law enforcement personnel, and/or an administrative proceeding.

2. If disclosure is compelled by a party to a proceeding before a court of an administrative agency pursuant to its lawful authority.

3. If disclosure is required by a search warrant lawfully issued to a law enforcement agency.

4. To avoid harm. I may provide PHI to law enforcement personnel or persons able to prevent or mitigate serious threat to the health or safety of a person or the public.

5. If disclosure is compelled or permitted by the fact that you are in such a mental or emotional condition as to be dangerous to yourself or to a reasonably identifiable victim/s, and if I determine that disclosure is necessary to prevent the threatened danger.

6. If disclosure is mandated by the California Child Abuse and Neglect Reporting law or by the California Elder/Dependent Adult Abuse Reporting law.

7. If disclosure is required or permitted to a health agency for oversight activities authorized by law.

C. Certain uses and disclosures require you to have the opportunity to object.

1. Disclosures to family, friends, or others. I may provide your PHI to a family member, friend, or other individual whom you indicate is involved with your care or responsible for the payment for your health care, unless you object in whole or in part. Retroactive consent may be obtained in emergency situations.

2. Other uses and disclosures require your prior written authorization. In any other situation not described above, I will request your written authorization before using or disclosing any of your PHI. Even if you have signed an authorization to disclose your PHI, you may later revoke that authorization, in writing, to stop any future uses and disclosures of your PHI by me.

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III. RIGHTS YOU HAVE REGARDING YOUR PHI

A. The right to see and get copies of your PHI. In general, you have the right to see your PHI that is in my possession or to get copies of it; however, you must request it in writing. You will receive a response from me within working 5 days of my receiving your written request. Under certain circumstances, I may deny your request, but if I do, I will provide the reasons for the denial. I will also explain your right to have my denial reviewed by an appropriate health care provider. If you ask for copies of your PHI, I will charge you not more than \$.25 per page. I may see fit to provide you with a summary or explanation of the PHI instead of the entire file.

B. The right to request limits on uses and disclosures of your PHI. While I will consider your request, I am not legally bound to agree. If I do agree to your request, I will put those limits in writing and abide by them except in emergency situations.

C. The right to choose how I send you PHI to you. You may request that I send your PHI to an alternate address rather than your home address, or by an alternate method (email rather than Postal Service). I am obliged to agree to your request providing that I can give you the PHI, in the format you requested, without undue inconvenience.

D. The right to get a list of disclosures that I have made. The list will not include uses or disclosures to which you have already consented, such as those for treatment, payment, or health care operations, sent directly to you or your family; neither will the list include disclosures made to corrections or law enforcement personnel. I will respond to your request for an accounting of disclosures within 60 days of receiving your request.

E. The right to amend your PHI. If you believe there is some error in your PHI or that important information has been omitted, it is your right to request that I correct the existing information. Your request and your reason for the request must be made in writing and you will receive a response within 60 days of my receipt of the request. I may deny your request if I find that the PHI is (a) correct and complete, (b) forbidden to be disclosed, (c) not part of my records, or (d) written by someone other than me. My denial must be in writing and must state the reasons for the denial. It must also explain your right to file a written statement objecting to the denial.

F. The right to get this notice by email or by a paper copy.

IV. HOW TO COMPLAIN ABOUT MY PRIVACY PRACTICES

If you have any questions about this notice or any complaints about my privacy practices, or would like to know how to file a complaint with the Secretary of the Department of Health and Human Services, please contact me at: Dr. Diane Puchbauer, PsyD (562) 547-0137

V. EFFECTIVE DATE OF THIS NOTICE: April 4, 2008

I acknowledge that I have read and have received a copy of this notice if requested.

_____ SIGNATURE-Client	_____ PRINT NAME	_____ DATE
_____ SIGNATURE-Client	_____ PRINT NAME	_____ DATE
_____ SIGNATURE-Dr. Puchbauer		_____ DATE