

Monique Pollard, Psy.D.

33 Quail Ct, Suite 101, Walnut Creek, CA 94506

CA License PSY 16734

925-964-0438

HIPPA Notice of Privacy Practices

This notice describes how personal health information (PHI) about you may be used and disclosed and how you can get access to this information. Please review it carefully.

I understand the importance of privacy and am committed to maintaining the confidentiality of your records. I make a record of the treatment I provide and may receive such records from others. I use these records to provide or enable other health care providers to provide quality care, to obtain payment for services and to enable me to meet professional and legal obligations to operate this practice properly. I am required by law to maintain the privacy of protected health information and to provide individuals with notice of my legal duties and privacy practices with respect to protected health information. This notice describes how I may use and disclose your information. It also describes your rights and our legal obligations with respect to your information. If you have any questions, please contact me at 925-964-0438 or speak with me at our next session.

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This practice collects health information about you and stores it in a chart and on a computer. This is your treatment record. The record is property of this practice but the information in the record belongs to you. The law permits me to use or disclose your health information for the following purposes.

1. Treatment: I use information about you to provide your care. I disclose treatment information to others who are involved in providing the care you need. For example, I may share your information with other providers (eg. Psychiatrists, primary care doctors) who provide services that I do not provide. I may also disclose information to members of your family or others who can help you when you are sick or injured.
2. Payment: I use and disclose information about you to obtain payment for the services I provide. For example, I give your health plan the information it required before it will pay for services.
3. Appointments: I will use home, work and cell phone numbers you provide to me in order to make or confirm appointments. Unless you request otherwise, I will leave messages at these numbers with either appointment information or requests to contact me. I may also contact you to discuss your treatment or other mental health services, which may be of benefit to you.
4. Health Care Operations: I may use and disclose information about you to operate this practice. I may use information to obtain authorization for services or referrals. I may also use and disclose this information as necessary for medical reviews, legal services and audits, including fraud and abuse detection and compliance programs. I may also share your information "business associates" such as a billing service. I have a written contract with each of these business associates that contains terms requiring them to protect the confidentiality of your information. Although federal law does not protect health information which is disclosed to someone other than another healthcare provider, health plan or clearinghouse, under California law all recipients of health care information are prohibited from re-disclosing information except as specifically permitted by law.
5. Notification and communication with family: I may disclose your health information to notify a family member, your personal representative, or another person responsible for your care about your location or your general condition. In the event of an emergency, I may disclose information to public service organizations to facilitate your care. I may also disclose information

- to someone who is involved with your care or helps pay for your care. If you are available to agree or object, I will give you the opportunity to object prior to making these disclosures, although, I may disclose information in the event of a disaster even over your objection if I believe it is necessary to respond to the emergency circumstances. If you are unable or unavailable to agree or object, I will use my best judgment in communication with family and others.
6. Required by law: As required by law, I will use and disclose your information but will limit my use or disclosure to the relevant requirements of the law. In the instances of mandated reporting, child abuse or elder abuse, threats to harm oneself or others, I will comply with the requirements to help achieve safety with the least amount of personal information revealed possible.
 7. Judicial or administrative proceedings: I may, and are sometimes required by law, to disclose your information in the course of any administrative or judicial proceeding to the extent expressly authorized by court or administrative order. I may also disclose information about you in response to a subpoena, discovery request or other lawful process if reasonable efforts have been made to notify you of the request and you have not objected, or if your objections have been resolved by a court or administrative order.
 8. Public safety: I may, and are sometimes required by law, to disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.
 9. Worker's compensation: I may disclose your health information as necessary to comply with worker's compensation laws. I may also be required by law to report cases of occupational injury or occupational illness to the employer or worker's compensation insurer.
 10. Minors: If you are an unemancipated minor under California law, there may be other circumstances in which I disclose health information about you to a parent or guardian in accordance with our legal and ethical responsibilities.

When this practice may not use or disclose your health information

Except as described in this Notice of Privacy Practices, this practice will not use or disclose health information, which identifies you without your written authorization. If you authorize this practice to use or disclose your health information for another purpose, you may revoke this authorization in writing at any time.

Your Health Information Rights

1. Right to request special privacy protections: You have the right to request restrictions on certain uses and disclosures of your health information, by a written request specifying what information you want to limit and what limitations on my use or disclosure of that information you wish to have imposed. I reserve the right to accept or reject your request, and will notify you of the decision.
2. Right to request confidential communications: You have the right to request that you receive your health information in a specific way or at a specific location. For example, you may ask that I send information to a post office box or to your work address. I will comply with all reasonable requests submitted in writing which specify how or where you wish to receive these communications.
3. Right to inspect and copy: You have the right to inspect and copy your health information with limited exceptions. To access your information, you must submit a written request detailing what information you want access to and whether you want to inspect it or get a copy of it. I will charge a reasonable fee, as allowed by California law. I may deny your request under limited circumstances. If I deny your request to access your child's records because I believe access would be reasonably likely to cause substantial harm to your child, you will have the right to appeal that decision. If I deny access to your clinical record, you have the right to have them transferred to another mental health professional.
4. Right to amend or supplement: You have a right to request that I amend your health information that you believe is incorrect or incomplete. You may make a request to amend in writing, and include the reasons you believe the information is inaccurate or incomplete. I am not required to change your health information, and will provide you with information about how you can disagree with this denial. You also have the right to request that I add to your record a statement of up to 250 words concerning any statement or item you believe to be incomplete or incorrect.
5. Right to an accounting of disclosures: You have the right to receive an accounting of disclosures of your health information made by this practice, except that this practice does not have to account for the disclosures provided to you or pursuant to your written authorization, or as described in the paragraphs, treatment, payment, health care operation, notification and communication with parents, and minors from earlier paragraphs in this notice. Disclosures for the purpose of research or public health which exclude direct patient identifiers or which are incident to use or disclosure otherwise permitted or authorized by law, or

the disclosures to a health oversight agency or law enforcement official to the extent this practice has received notice from that agency or official that providing this accounting would be reasonably likely to impede their activities.

6 You have the right to a paper copy of the Notice of Privacy Practices

Changes to this Notice of Privacy Practices

I reserve the right to amend this Notice of Privacy Practices

I reserve the right to amend this Notice of Privacy Practices at any time in the future. Until such amendment is made, I am required by law to comply with this Notice. After an amendment is made, the revised Notice of Privacy Practices will apply to all protected health information that I maintain, regardless of when it was created or received. I will keep a copy of the current Notice available to you at your request.