



5150 El Camino Real, Suite 15, Building C
Los Altos, CA 94022

HIPAA NOTICE OF PRIVACY PRACTICES

I. 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.

II. IT IS THE LEGAL DUTY OF THE GRONOWSKI CENTER TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (“PHI”).

By law, The Gronowski Center is required to assure that your PHI is kept private. PHI constitutes information created by the Center that can be used to identify you. It contains data about your past, present, or future health or condition, the provision of health care services to you, or the payment for such health care. The Center is required to provide you with this Notice about the Center’s privacy procedures and practices. This Notice must explain when, why, and how the Center would use and/or disclose your PHI. Use of PHI means when the Center shares, applies, utilizes, examines, or analyzes information within The Gronowski Center’s practice; PHI is disclosed when the Center releases, transfers, gives, or otherwise reveals it to a third party outside The Gronowski Center. With some exceptions, the Center may not use or disclose more of your PHI than is necessary to accomplish the purpose for which the use or disclosure is made; however, the Center is always legally required to follow the privacy practices described in this Notice.

Please note that The Gronowski Center reserves the right to change the terms of this Notice and the Center’s privacy policies at any time as permitted by law. Any changes will apply to PHI already on file with the Center. Before important changes are made to the policies, the Center will immediately change this Notice and post a new copy of it in the Center’s office and/or on The Gronowski Center’s website). You may also request a copy of this Notice.

III. HOW THE GRONOWSKI CENTER WILL USE AND DISCLOSE YOUR PHI.

The Center will use and disclose your PHI for many different reasons. Some of the uses or disclosures will require your prior written authorization; others, however, will not. Below you will find the different categories of the Center’s uses and disclosures, with some examples.

A. Uses and Disclosures Related to Treatment, Payment, or Health Care Operations Do Not Require Your Prior Written Consent. The Gronowski Center may use and disclose your PHI without your consent for the following reasons:

I. For treatment. The Center can use your PHI within the Center’s practice to provide you with mental health treatment, including discussing or sharing your PHI with The Gronowski Center’s trainees and interns. The Center 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 care. Example: If a psychiatrist is treating you, the Center may disclose your PHI to her/him in order to coordinate your care.

2. For health care operations. The Gronowski Center may disclose your PHI to facilitate the efficient and correct operation of the Center’s practice. Example: Quality control. The Center might use your PHI in the evaluation of

the quality of health care services that you have received or to evaluate the performance of the health care professionals who provided you with these services. The Center may also provide your PHI to our attorneys, accountants, consultants, and others to make sure that we are in compliance with applicable laws.

3. To obtain payment for treatment. The Gronowski Center may use and disclose your PHI to bill, and collect payment for, the treatment and services that we provided you. Example: The Center might send your PHI to your insurance company or health plan in order to get payment for the health care services that we have provided to you. The Center could also provide your PHI to business associates, such as billing companies, claims processing companies, and others that process health care claims for The Gronowski Center's office.

4. Other disclosures. Examples: Your consent is not required if you need emergency treatment provided that The Gronowski Center attempts to get your consent after treatment is rendered. In the event that the Center tries to get your consent but you are unable to communicate (for example, if you are unconscious or in severe pain), and Center staff believe that you would consent to such treatment if you could, Center staff may disclose your PHI.

B. Certain Other Uses and Disclosures Do Not Require Your Consent. THE GRONOWSKI CENTER may use and/or disclose your PHI without your consent or authorization for any of the following reasons:

1. When disclosure is required by federal, state, or local law; judicial, board, or administrative proceedings; or, law enforcement. Example: We may make a disclosure to the appropriate officials when a law requires the Center to report information to government agencies, law enforcement personnel, and/or in 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 governmental law enforcement agency.
4. If disclosure is compelled by the patient or the patient's representative pursuant to California Health and Safety Codes or to corresponding federal statutes of regulations, such as the Privacy Rule that requires this Notice.
5. To avoid harm. We may provide PHI to law enforcement personnel or persons able to prevent or mitigate a serious threat to the health or safety of a person or the public (e.g., an adverse reaction to medications).
6. 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 another person, or property of others, and if the Center can determine that disclosure is necessary to prevent the threatened danger.
7. If disclosure is mandated by the California Child Abuse and Neglect Reporting law. For example, if the Center has a reasonable suspicion of child abuse or neglect.
8. If disclosure is mandated by the California Elder/Dependent Adult Abuse Reporting law. For example, if the Center has a reasonable suspicion of elder abuse or dependent adult abuse.
9. If disclosure is compelled or permitted by the fact that you make a serious/imminent threat of physical violence by you against a reasonably identifiable victim or victims.
10. For public health activities. Example: In the event of your death, if a disclosure is permitted or compelled, The Center may need to give the county coroner information about you.
11. For health oversight activities. Example: The Center may be required to provide information to assist the government in the course of an investigation or inspection of a health care organization or provider.
12. For specific government functions. Examples: The Center may disclose PHI of military personnel and veterans under certain circumstances. Also, the Center may disclose PHI in the interests of national security, such as protecting the President of the United States or assisting with intelligence operations.
13. For research purposes. In certain circumstances, the Center may provide PHI in order to conduct medical research.
14. For Workers' Compensation purposes. The Center may provide PHI in order to comply with Workers' Compensation laws.

15. Appointment reminders and health related benefits or services. Examples: The Center may use PHI to provide appointment reminders. The Center may use PHI to give you information about alternative treatment options, or other health care services or benefits that the Center offers.
16. If an arbitrator or arbitration panel compels disclosure. When arbitration is lawfully requested by either party, pursuant to subpoena *duces tecum* (e.g., a subpoena for mental health records) or any other provision authorizing disclosure in a proceeding before an arbitrator or arbitration panel.
17. If disclosure is required or permitted to a health oversight agency for oversight activities authorized by law. Example: When compelled by the U.S. Secretary of Health and Human Services to investigate or assess The Gronowski Center's compliance with HIPAA regulations.
18. If disclosure is otherwise specifically required by law.

C. Certain Uses and Disclosures Require That You to Have the Opportunity to Object.

I. Disclosures to family, friends, or others. The Center may provide your PHI to a family member, or other individual who you indicate is involved in 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.

II. Other Uses and Disclosures Require Your Prior Written Authorization. In any other situation not described in Sections IIIA, IIIB, and IIIC above, the Center 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 (assuming that the Center has not taken any action subsequent to the original authorization) of your PHI by us.

IV. WHAT RIGHTS YOU HAVE REGARDING YOUR PHI.

These are your rights with respect to 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 the Center's possession, or to get copies of it; however, you must request it in writing. If the Center does not have your PHI, but knows who does, the Center will advise you how you can get it. You will receive a response from the Center within 30 days of The Gronowski Center's receiving your written request. Under certain circumstances, your request may be denied, but if the Center denies your request, you have the right to receive the reasons for the denial in writing. This letter of denial will also explain your right to have The Gronowski Center's denial reviewed.

If you ask for copies of your PHI, the Center will charge you \$.10 per page. The Center may see fit to provide you with a summary or explanation of your PHI. In certain circumstances, the Center may deny your request, e.g. where it is felt that review of your PHI would cause you significant distress, psychological or emotional harm, or be clinically inappropriate.

B. The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask that the Center to limit use and disclosure of your PHI. While the Center will consider your request, the Center is not legally bound to agree. If the Center does agree to your request, then the Center will put those limits in writing and abide by them except in emergency situations. You do not have the right to limit the uses and disclosures that the Center is legally required or permitted to make.

C. The Right to Choose How To Send Your PHI to You. It is your right to ask that your PHI be sent to you at an alternate address (for example, sending information to your work address rather than your home address) or by an alternate method (for example, via email instead of regular mail). The Center is obliged to agree to your request, providing that the Center can give you your PHI, in the format you requested, without undue inconvenience. The Center may not require an explanation from you as to the basis of your request as a condition of providing communications on a confidential basis.

D. The Right to Get a List of the Disclosures that the Center Has Made. You are entitled to a list of disclosures of your PHI that the Center has made. The list will not include uses or disclosures to which you have already consented, e.g., those for treatment, payment, or health care operations, sent directly to you, or to your family; neither will the list include disclosures made for national security purposes, to corrections or law enforcement personnel, or disclosures made before April 5, 2003. After April 15, 2003, disclosure records will be maintained for six years.

The Center will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list that the Center gives you will include disclosures made in the previous six years (the first six year period being 2003-2009) unless you indicate a shorter period. The list will include the dates of the disclosures, to whom PHI was disclosed (including their address, if known), a description of the information disclosed, and the reason for the disclosure. The Center will provide the list to you at no cost unless you make more than one request in the same year, in which case the Center will charge you a customary sum based on a set fee for each additional request.

E. The Right to Amend Your PHI. If you believe that there is an error in your PHI or that important information has been omitted, it is your right to request that the Center correct the existing information or add the missing information. Your request including the reason for the request must be made in writing. You will receive a response within 60 days of The Gronowski Center's receipt of your request. The Center may deny your request, in writing, if the Center finds that: the PHI is (a) correct and complete, (b) forbidden to be disclosed, (c) not part of The Gronowski Center's records, or (d) written by *someone* other than Center staff. The Gronowski Center's 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. If you do not file a written objection, you still have the right to ask that your request and The Gronowski Center's denial be attached to any future disclosures of your PHI. If the Center approves your request, the Center will make the change(s) to your PHI. Additionally, the Center will tell you that the changes have been made and will advise all others who need to know about the change(s) to your PHI.

F. The Right to Get This Notice by Email. You have the right to get this notice by email. You have the right to request a paper copy of it, as well.

V. HOW TO COMPLAIN ABOUT THE CENTER'S PRIVACY PRACTICES

If, in *your* opinion, the Center may have violated your privacy rights, or if you object to a decision the Center made about access to your PHI, you are entitled to file a complaint with the person listed in *Section VI* below. *You may* also send a written complaint to the Secretary of the Department of Health and Human Services at 200 Independence Avenue SW. Washington, D.C. 20201. If you file a complaint about The Gronowski Center's privacy practices, the Center will take no retaliatory action against you.

VI. PERSON TO CONTACT FOR INFORMATION ABOUT THIS NOTICE OR TO COMPLAIN ABOUT THE CENTER'S PRIVACY PRACTICES

If you have any questions about this notice or any complaints about The Gronowski Center's 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 the Center Director at: [The Gronowski Center, 5150 El Camino Real, Building C-15, Los Altos, CA 94022, Tel (650) 961-9300.]

VII. EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on April 14, 2003.

I acknowledge receipt of this notice.

Patient Name	Date	Signature
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Patient Name	Date	Signature:
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Patient Name	Date	Signature
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