

**Bonnie Connor, PhD**  
PSY 22446  
PO Box 1216  
Davis CA 95617  
Davis: 530.750.1700 Walnut Creek: 925.407.4774  
F: 800.390.1612

## **NOTICE OF PRIVACY PRACTICES**

By law I am required to insure that your Protected Health Information (PHI) is kept private. The PHI is information created or noted by me that can be used to identify you. It contains information about your past, present, or future health or condition, the provision of health care services to you, or the payment for such health care. I am required to provide you with this Notice about my privacy procedures and explain when, why, and how I would use or disclose your PHI. With some exceptions, I may not use or disclose more of your PHI than is necessary to accomplish the purpose for which the use or disclosure is made. I am, however, always legally required to follow the privacy practices described in this Notice.

### **HOW I WILL USE AND DISCLOSE YOUR PHI**

I may use and disclose your PHI for many different reasons. Some of the uses or disclosures will require your prior written authorization, others will not. Below you will find the different categories of my uses and disclosures, with some examples.

**Treatment.** I will use and disclose your PHI to provide, coordinate, or manage your health care and any related services. I will also disclose PHI to other clinicians or physicians who may be treating you when I have the necessary permission from you to disclose your protected health information.

**For health care operations.** I may disclose your PHI to facilitate the efficient and correct operation of my practice. Examples: Quality control - I 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. I may also provide your PHI to my attorneys, accountants, consultants, and others to make sure that I am in compliance with applicable laws.

**Payment.** I may use and disclose your PHI to bill and collect payment for the treatment and services I provide to you. Example: Obtaining approval for evaluation or treatment may require that relevant PHI be disclosed to your health plan to obtain prior approval.

**Other Permitted and Required Uses and Disclosures.** Will be made only with your consent, authorization or opportunity to object unless required by law.

## **YOUR RIGHTS**

The following is a statement of your rights with respect to your protected health information.

You have the right to inspect and copy your PHI. You may ask that I not use or disclose any part of your PHI for the purpose of treatment, payment or healthcare operations. You may also request that any part of your PHI may not be disclosed to family members or friends who may be involved in your health care for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restrictions to apply.

Your psychologist is not required to agree to a restriction that you may request. If a psychologist believes it is in your best interest to permit disclosure of your PHI, your PHI will not be restricted. You then have the right to use another Healthcare Professional.

You have the right to request to receive confidential communications from me by alternative means or at an alternative location. You have the right to obtain a paper copy of this notice, even if you have agreed to accept this notice alternatively such as electronically.

You have the right to request that your psychologist amend your protected health information. If I deny your request for amendment, you have the right to file a statement of disagreement with me and I may prepare a rebuttal to your statement and will provide you with a copy of the rebuttal.

You have the right to receive an accounting of certain disclosures I have made, if any, of your protected health information.

I reserve the right to change the terms of this notice and will inform you by mail of any changes. You then have the right to object or withdraw as provided in this notice.

## **COMPLAINTS**

You may complain to me or to the Secretary of the Department of Health and Human Services at 200 Independence Avenue S.W. Washington, D.C. 20201 if you believe your privacy rights have been violated by me. If you file a complaint about my privacy practices, I will take no retaliatory action against you.

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 PO Box 1216, Davis, CA 95617 or by phone at 530-750-1700.

## **EFFECTIVE DATE OF THIS NOTICE**

This notice went into effect on April 14, 2003.