

Torrey Hills Health

Patient Notice of Privacy Practices

The Department of Health and Human Services has established a "Privacy Rule" to help insure that personal healthcare information is protected for privacy. The Privacy Rule was also created in order to provide a standard for healthcare providers to obtain their patients' consent for uses and disclosures of health information about the patient to carry out treatment, payment, or healthcare operations. As my client I want you to know that I respect the privacy of your personal medical records and will do all I can to secure and protect that privacy. When appropriate I provide the minimum necessary information to only those I feel are in need of your healthcare information. Please read carefully your signed "Consent Form" that outlines more details and your rights below.

Right to request how we contact you.

I will normally communicate with you during normal scheduled visits. There may come a time when I need to communicate with you outside of this normal routine. You have the right to request that I communicate with you as you choose.

May I contact you at home? YES NO Phone number _____

May I contact you at work? YES NO Phone number _____

May I contact you by cell phone? YES NO Phone number _____

Where may I contact you? _____.

Your right to release your medical records.

In order for me to release your records for normal routine events, I will need permission in writing from you. You have the right to revoke this authorization, in writing, at any time. You may not, however, revoke actions that have already been taken which relied on this or a previously signed consent.

Your right to inspect and copy your medical and billing records.

You have the right to inspect and obtain a copy of your clinical record. If you need to access your billing or health information, you will need to contact myself, Angela L. Phillips, M.A., M.F.T.. Under limited circumstances, I may release that information to you within 5 working days. I may also deny your request to inspect and copy your clinical chart if I believe it may be harmful. If you ask for a copy of any information, I will charge a reasonable fee for the costs of copying, mailing and supplies.

Your right to add information or amend your medical records .

To request an authorization for an amendment, you must contact Angela L. Phillips during normal business hours Monday through Friday. I will require a written request providing an explanation. This must be signed by you and dated within 48 hours of the request. If I deny your request, you have a right to file a statement that you disagree. Your statement and my response will be added to your clinical record.

Your right to an accounting of disclosures.

You may request an accounting of any disclosures, if any, that I have made related to your medical information. There are exceptions for this and they are information that I used for treatment, payment, or health care operational purposes or that I shared with you or your family, or information that you gave specific consent to release. It also excludes information that I was required to release.

Your right to request restrictions on uses and disclosures of your health information.

You have the right to ask for restrictions on certain uses and disclosures of your health information. This request must be submitted in writing. Under this law, if you refuse to disclose your personal health information, I have the right to refuse to treat you.

Your right to complain.

If you believe your privacy rights have been violated, please contact myself, Angela L. Phillips, and I will make every effort within my professional capacity to rectify the situation. You may also file a complaint to the Secretary of Health and Human Services.

Your right to receive changes in policy.

You have the right to receive any future policy changes secondary to changes in state and federal laws.