**Megan Allen, Ph.D.**

**Licensed Psychologist #22150**

**849 Menlo Ave**

**Menlo Park CA 94025**

**650-503-3175**

**Notice of Privacy Practices**

(Health Insurance Portability and Accountability Act provisions)

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review this document carefully.

**Protecting your privacy**

The following information provides details about the provisions of HIPAA and your rights concerning privacy and your psychological records.

The following individuals are required by HIPAA to comply with the privacy rules:

* Treating psychologist
* Any secretary or receptionist who may have limited access to your identifying information (e.g. name, address, telephone number)
* Any billing agency or collection agency that handles information about you (e.g. name and address, diagnostic codes, treatment codes, consultation dates, but not actual clinical records).

**Your rights regarding psychological information about you or your child:**

As a patient or client in Dr. Allen’s practice, you have the following rights:

1. *The right to inspect and obtain a copy of your child’s psychological record.* Professional records constitute an important part of the treatment and assessment process and help with continuity of care. According to the rules of HIPAA, your treatment, consultations, and assessments with Dr. Allen are recorded in the clinical record, which is a required document that includes the dates of your treatment/assessment sessions, reasons for seeking treatment/assessment, diagnosis, therapeutic or assessment goals, treatment or assessment plan, progress, medical and social history, treatment history, functional status, any past records from other providers, as well as any reports to your insurance carrier. Psychotherapy notes are optional notes kept by some providers to document specific content of therapy communications which may assist in treatment. When used, psychotherapy notes are kept separately from your clinical record in order to maximize privacy and security.

You have a right to inspect and receive a copy of your clinical record. Viewing your record is best done during a professional consultation, rather than on your own in order to clarify any questions you have. You may be charged a nominal fee for accessing and photocopying the record. Psychotherapy notes, are never disclosed to third parties, HMOs, insurance companies, billing agencies, patients, or anyone else. They are for the use of the therapist in tracking the details of the treatment and are far too specific to be included in the clinical record. If your insurance company requests to see the psychotherapy notes, you have a choice about consenting (authorizing release of this information) or denying access. If you refuse, it will not affect your coverage or reimbursement and your insurance provider or HMO is obliged to pay as usual.

1. *The right to request a correction or add an addendum to your psychological record.* **Correction:** if you believe that there is an inaccuracy in your clinical record, you may request a correction. If the information is accurate, or if it has been provided by a third party (e.g. previous therapist), it may remain unchanged and the request denied. In this case, you will receive an explanation in writing with a full description of the rationale. **Addendum:** you also have the right to make an addition to your record if you think it is incomplete.
2. *The right to an accounting of disclosures of your psychological information to third parties*. You have the right to know if, when, and to whom your psychological information has been disclosed (exclusive of treatment, payment, and health care operations.) However, you likely would already be aware of this as you would have signed consent forms allowing such disclosures (such as to other therapists, physicians.) the accounting must extend back for a period of six years.
3. *The right to request restrictions on how your information is used.* You have the right to request restrictions on certain uses or disclosures of your psychological information. These requests must be in writing, and most likely will be honored, although in some cases they may be denied. This office does not use or release your protected health information for any purpose other than treatment, payment, healthcare operations, and other exceptions specified in this notice.
4. *The right to request confidential communications.* You have the right to request that your therapist communicate with you about your treatment in a certain way, or at a certain location. For example, you may prefer to be contacted at work instead of at home, or on a cell phone, in order to schedule or cancel an appointment. Or, you may wish to receive billing statements at a Post Office Box, or some other address.
5. *The right to a copy of this notice upon request.* You have the right to have a copy of this notice of privacy practices.
6. *The right to file a complaint.* You have the right to file a complaint if you believe your privacy rights have been violated. You must do so in writing and may address it directly to Dr. Allen or to the Secretary of the Department of Health and Human Services (address: Office of Civil Rights, 200 Independence Ave, S.W., Washington D.C. 20201). Filing a complaint will not change the health care provided by this office in any way. If you have questions or concerns about this notice or your health information privacy, please do not hesitate to contact Dr. Allen at 650-503-3175.

**How this office may use and disclose psychological information about you**

1) *For Treatment/Assessment*

Dr. Allen will access your record and use psychological information about you to assist in the continuity of your treatment or assessment services. This information is not shared with other health care professionals, unless, however you specifically request it or agree to it, and sign a consent form to that effect.

2) *For Payment*

This office may use and disclose psychological information about you for billing purposes. This generally is restricted to your name and other personal identifiers (address, relevant identifying information, or other needed information), diagnostic and treatment codes, dates of service, and similar information.

3) *For Health Care Operations*

Dr. Allen may share basic identifying information with a secretary or other office staff to assist in scheduling and treatment procedures. This normally would not include the content of your psychological record.

4) *As required by Law*

It is possible (though unlikely) that the Department of Health and Human Services may review who this office complies with the regulations of HIPAA. In such a case, your personal health information could be revealed as part of providing evidence of compliance.

5) *Business Associates*

This office may contract a billing agency or attorney to attend to business issues on an as-needed basis. In this case, there will be a written contact in place with the agency requiring that it maintain the security of your information in compliance with the rules of HIPAA.

6) *Research*

This office is not currently participating in any research studies. However, if research is conducted through this office in the future, you would be informed of the nature of the research, have an opportunity to read and review an Informed Consent describing the research study thoroughly, and ultimately have the opportunity to accept or decline participation. You would never be obliged to participate in a research project and your choice to decline research involvement would not affect your treatment in any way.

**Changes to this notice**

Please note that this privacy notice may be revised from time to time. You will be notified of changes in the laws concerning privacy or your rights as we become aware of them. In the meanwhile, please do not hesitate to raise any questions or concerns about confidentiality with Dr. Allen.