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NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I. ANGELA T. WILLIAMS, LCSW, INC. HAS A LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI)

a. ANGELA T. WILLIAMS, LCSW, INC. is legally required to protect the privacy of your PHI, which includes information that can be used to identify you that has been created or received about your past, present, or future health or condition, the provision of health care to you, or the payments for this health care. I must provide you with this Notice about my privacy practices, and such Notice must explain how, when, and why I will "use" and "disclose" your PHI. A "use" of PHI occurs when I share, examine, utilize, apply, or analyze such information within my practice; PHI is "disclosed" when it is released, transferred, has been given to, or is otherwise divulged to a third party outside of my practice. With some exceptions, I will not use or disclose any more of your PHI than is necessary to accomplish the purpose for which the use or disclosure is made. I am legally and ethically required to follow the privacy practices described in this Notice.

b. ANGELA T. WILLIAMS, LCSW, INC. reserves the right to change the terms of this Notice and its privacy policies at any time. Any changes will apply to PHI on file with ANGELA T. WILLIAMS, LCSW, INC. already. Before ANGELA T. WILLIAMS, LCSW, INC. makes any important changes to its policies, ANGELA T. WILLIAMS, LCSW, INC. will promptly change this Notice and post a new copy of it in my office. You can also request a copy of this Notice, or you can view a copy of it in my office, which is located at the above-listed address.

II. HOW ANGELA T. WILLIAMS, LCSW, INC. MAY USE AND DISCLOSE YOUR PHI

a. For some disclosures, ANGELA T. WILLIAMS, LCSW, INC. will need your prior authorization; for others (i.e. medical emergency) your prior authorization is not required.

b. The following use and disclosures may be done and do not require your prior written consent:

- i. Treatment: PHI disclosure to a physician or other healthcare provider to coordinate treatment.
- ii. Payment: PHI disclosure to obtain payment for services ANGELA T. WILLIAMS, LCSW, INC. provides to you.
- iii. Healthcare Operations: PHI disclosure in the course of operations for this practice including quality assessment and improvement activities. ANGELA T. WILLIAMS, LCSW, INC. may also use or disclose your PHI to accountants, attorneys, consultants, and others to make sure I am complying with applicable laws.
- iv. Medical or Psychiatric Emergency:
 1. Therapists must notify relevant others if a clinical determination is made that you intend to harm another individual
 2. Therapists must notify support personnel (e.g. police, family, emergency contact, friends, social support system) to help protect you should you become self-destructive
 3. Therapists must notify the police and/or appropriate child protective service if there is any suspected incidence(s) of child abuse, neglect, or molestation
 4. Therapists must notify the police and/or appropriate adult protective service if there is any incidence(s) of physical abuse of an elderly person or dependent adult
 5. Therapists must release information subpoenaed by the court as appropriate
 6. Therapists may choose to not release information where, in the therapist's judgment, such disclosure would be destructive to the individual client.

c. The following use and disclosures may be done and do not require your consent:

- i. Disclosure is required by federal, state, or local law; judicial or administrative proceedings; or law enforcement.
- ii. For public health activities.
- iii. For health oversight activities.
- iv. To avoid harm (as described under the above section iv.)
- v. For specific government functions.
- vi. For workers' compensation purposes.

d. You have the opportunity to object to the following use and purposes:

- i. Disclosure to family, friends, or others involved in your healthcare. ANGELA T. WILLIAMS, LCSW, INC. may obtain your consent retroactively in emergency situations.
- ii. Revocation of written consent to disclose and/or use PHI. You must make a request to revoke any authorization in writing. Any request to revoke authorization will apply to future use and/or disclosure of your PHI but cannot be applied retroactively to any disclosure ANGELA T. WILLIAMS, LCSW, INC. has made in reliance to the original authorization to disclose.

III. WHAT RIGHTS YOU HAVE REGARDING YOUR PHI

a. **The right to request limits on uses and disclosures of your PHI.** You have the right to ask that ANGELA T. WILLIAMS, LCSW, INC. limit how I use and disclose your PHI. I will consider your request, but I am not legally required to accept it. If I can accept your request, I will put any limits in writing and abide by them except in emergency situations. You may not limit the uses and disclosures that I am legally required or allowed to make.

b. **The right to choose how I send PHI to you.** You have the right to ask that ANGELA T. WILLIAMS, LCSW, INC. send information to you at an alternative address (for example, sending information to your work address rather than to your home address) or by alternate means (for example, electronic format instead of regular mail). I must agree to your request so long as I can easily provide the PHI to you in the format you requested.

c. **The right to see and get copies of your PHI.** In most cases, you have the right to look at or get copies of your PHI that ANGELA T. WILLIAMS, LCSW, INC. has, but you must make the request in writing. If I don't have your PHI but I know who does, I will tell you how to get it. I will respond to you within 30 days of receiving your written request. In certain situations, I may deny your request. If I do, I will tell you, in writing, the reasons for the denial and explain your right to have the denial reviewed. If you request copies of your PHI, I will charge you \$.25 for each page copied. Instead of providing the PHI you requested, I may provide you with a summary explanation of the PHI as long as you agree to that and to the cost in advance. ANGELA T. WILLIAMS, LCSW, INC. will charge \$50 per hour to prepare summary reports of PHI, copies of PHI, or other reports as you request (i.e. to coordinate care with other health providers or in the course of legal proceedings).

d. **The right to get a list of the disclosures ANGELA T. WILLIAMS, LCSW, INC. has made.** You have the right to get a list of instances in which ANGELA T. WILLIAMS, LCSW, INC. has disclosed your PHI. The list will not include uses or disclosures that you have already consented to, such as those made for treatment, payment, or health care operations, directly to you, or to your family. The list also won't include uses or disclosures made for national security purposes, or to corrections or law enforcement personnel. I will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list you'll receive will include disclosures made in the last six years unless you request a shorter time period. The list will include the date of the disclosure, to whom PHI was disclosed (including their address if known), a description of the information disclosed, and the reason for the disclosure. I will provide the list to you at no charge, but if you make more than one request in the same year, I will charge you a reasonable cost-based fee for each additional request. ANGELA T. WILLIAMS, LCSW, INC. will charge \$50 per hour to prepare additional disclosure listings requested during the same calendar year.

e. **The right to correct or update your PHI.** If you believe that there is a mistake in your PHI or that a piece of important information is missing, you have the right to request that ANGELA T. WILLIAMS, LCSW, INC. corrects the existing information or add the missing information. You must provide the request and your reason for the request in writing. I will respond within 60 days of receiving your request to correct or update your PHI. I may deny your request in writing if the PHI is correct and complete, not created by ANGELA T. WILLIAMS, LCSW, INC., not allowed to be disclosed, and/or not part of my records. My written denial will state the reason(s) for the denial and explain your right to file a written statement of disagreement with the denial. If you don't file one, you have the right to request that your initial request and the denial be attached to all future disclosures of your PHI. If I approve your request, I'll make the change to your PHI, tell you that I've done it, and tell others that need to know about the change to your PHI.

f. **The right to get this notice by e-mail.** You have the right to get a copy of this notice by e-mail. Even if you have agreed to receive notice via e-mail, you also have the right to request a paper copy of it.

IV. **HOW TO COMPLAIN ABOUT MY PRIVACY PRACTICES.** If you think that I may have violated your privacy rights, or you disagree with a decision I have made about access to your PHI, you may file a complaint with the Secretary of the Department of Health and Human Services. Otherwise, for questions or other concerns, please contact Angela T. Williams, LCSW (ANGELA T. WILLIAMS, LCSW, INC. Privacy Officer) at the above-listed telephone number and address.

V. **EFFECTIVE DATE OF THIS NOTICE:** Opening date of business – June 1, 2010