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**HIPAA Notice of Privacy Practices**

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It is important to me that our sessions remain confidential and private. I am conscientious to maintain and preserve your privacy at all times. In addition to my high standards in maintaining your private and confidential file, I am also required by Federal law to provide the following notice.

This notice is in compliance with California and Federal Health Insurance Portability and Accountability Act (HIPAA), which provides privacy protection regarding the disclosure and use of your protected health information (PHI) used for treatment, health care operations, and payment.

**CALIFORNIA NOTICE FORM**

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW.

**I. Disclosures for Treatment, Payment, and Health Care Operations**

Your protected health information (PHI) may be used or disclosed without your authorization for certain payment, treatment, and health care operations. I can only do so when the business or person requesting your PHI provides me with a written request ensuring the protection of PHI and confidentiality. Here are some definitions to help clarify terms.

- PHI – The information in your health record that could identify you.
- Treatment – When I or another healthcare provider diagnoses and/or treats you. When I consult with another health care provider (family physician, another therapist, psychiatrist) is an example of treatment.
- Payment Operations – When I disclose your PHI to your health insurer to determine eligibility/coverage or to obtain reimbursement for your health care.
- Health Care Operations – When your PHI is disclosed to your health insurer or other health care providers contracting with your plan who provide case management or care coordination.
- Use – Applies only to activities within my office. Sharing, applying, employing, examining, utilizing, and analyzing information that identifies you.

- Disclosure – Applies to activities outside of my office. Transferring, releasing, or providing access to your PHI to other parties.
- Authorization – Written permission for specific disclosures or uses.

## II. Disclosures and Uses Requiring Authorization

When your authorization is obtained, I may disclose or use your PHI for purposes outside of payment, treatment, and health care operations. When I am asked for information for purposes outside of payment and treatment operations, I will have your written permission before releasing the requested information. Your authorization will also be needed when releasing psychotherapy notes. “Psychotherapy notes” are written accounts of our conversation during a private individual, conjoint, group, or family therapy session, which have been kept separate from the rest of your medical record. Psychotherapy notes are given a greater degree of protection than PHI.

You may modify or revoke all authorizations (PHI or psychotherapy notes) at any time. The modification or revocation is not effective until I receive a letter specifying what information shall be modified or revoked.

## III. Uses and Disclosures with Neither Consent nor Authorization

I may disclose or use PHI without your authorization or consent as follows:

- **Child Abuse and/or Neglect:** If in my professional capacity, I observe or have knowledge of a child I reasonably suspect has been neglected or abused, I am mandated to report such occurrence/s to the sheriff’s department, police department, county probation department, or county welfare department. In addition, if I reasonably suspect or have knowledge that mental suffering has been inflicted on a child or that said child’s emotional well being is endangered in any other way, I may report such to above agencies.
- **Adult and Domestic Abuse:** If in my professional capacity, I have knowledge of or have observed an incident that appears to be abandonment, physical abuse, isolation, abduction, financial abuse or neglect of a dependent adult or elder, or if I am told by a dependent adult or elder that he or she has been subject of these, or if I suspect such, I am mandated to report the suspected or known abuse immediately to local law enforcement agency.
- **Health Oversight:** If a complaint is filed against me with the Board of Behavioral Sciences, the Board can request a subpoena for confidential mental health information relative to the complaint.
- **Administrative or Judicial Proceedings:** If you are involved in a court proceeding and a request is made about the professional services that I have provided, I must not release your information without 1) your written authorization or the authorization of your attorney or personal representative; 2) a court order; or 3) a subpoena duces tecum (a subpoena to produce records) where the party seeking your records provides me with a showing that you or your attorney have been served with a copy of the affidavit, subpoena, and you have not notified me

that you are bringing a motion in the court to quash (block) or modify the subpoena. Privilege does not apply when you are being evaluated for a third party or where the evaluation is court-ordered. If this is the case, I will inform you in advance.

- **Serious Threat to Health or Safety:** If you communicate to me a serious threat of physical violence against an identifiable victim, I am required to make reasonable efforts to communicate that information to law enforcement and the potential victim. If I have reasonable cause to believe you are in such a condition as to be dangerous to yourself and/or others, I may release relevant information to prevent the threatened danger.
- **Worker's Compensation:** If you file a worker's compensation claim, I must provide a report to your employer, incorporating my findings about your treatment and injury, within five working days from the date of your initial assessment, and at subsequent intervals that may be required by the administrative director of the Worker's Compensation Commission in order to determine your eligibility for worker's compensation.

#### **IV. Patient's Rights and Psychotherapist's Duties**

##### Patient's Rights:

- **Right to Request Restrictions:** You have the right to request restrictions on certain disclosures and uses of your PHI. However, I am not required to agree to a restriction you request.
- **Right to Receive Confidential Communications by Alternative Means and at Alternative Locations:** You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. For example, you may not want a family member to know that you are in therapy. At your request, I would send your bills to an address you specify.
- **Right to Inspect and Copy:** You have the right to inspect or obtain a copy (or both) of PHI in my mental health and billing records used to make decisions about you for as long as the PHI is maintained in your file. I may deny your access to protected health information under certain circumstances. In some cases this decision can be reviewed. Upon your request, I will discuss with you the details of the request and denial process.
- **Right to Amend:** You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. However, I can deny your request. I will discuss with you the details of the amendment process.
- **Right to an Accounting:** You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in Section III of this Notice). I will discuss with you the details of the accounting process if requested.
- **Right to a Paper Copy:** You have the right to obtain a paper copy of the notice even if you have agreed to receive the notice electronically.

##### Psychotherapist's Duties:

- I am required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI.
- I reserve the right to change the privacy policies and practices described in this document and am required to abide by the terms currently in effect.
- I will notify you as indicated in section VI below if I revise my policies and procedures.

## **V. Complaints**

If you feel your privacy rights have been violated, or you disagree with the access to your records, kindly address your concern with me during an office visit, or by mail or telephone. You may also send a written complaint to the Secretary of the U.S. Department of Health. Upon request, I can provide you with the appropriate address.

## **VI. Effective Date, Changes and Restrictions to Privacy Policy**

This notice will go into effect on December 12, 2017. I reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that I maintain. I will notify you of any revisions herein by US mail, by instructing you to review revisions on my website, or by giving you a copy of the revision during an office visit.