

HIPAA Forms

NOTICE OF PRIVACY PRACTICES

This form serves to inform privacy practices of Jessica St.Clair, MFT as required by HIPAA.

Jessica St. Clair MS MFT

5001 Birch St.

Newport Beach CA, 92660

714.568.1111, stclair5681111@gmail.com

HIPAA Privacy Procedures and Policies

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

Te privacy of your health information is important to this office.

Please review it carefully

LEGALLY DEFINED DUTY OF THIS OFFICE

This office is required by legal statute to protect the privacy of your health information. This “personal health information” is defined as that health information that can be used to identify you, has been created by this office, or has been received from another office or entity. It applies to past, present and future health or condition, your treatment, payment for services, and other health practices which will be explained to you.

This office has the duty to provide you with this **NOTICE**, which contains a description of how your health information will be used and disclosed for purposes of treatment, payment, and other health practices. The “use” of this information applies to the sharing, utilization, examination, or analysis of this information within this treatment facility. Your health information is “disclosed” when it is released or transferred out of this office to another party or entity. These practices will be explained to you in this **NOTICE**. This office has the legal duty, with some exceptions, to disclose or use only the necessary information to accomplish the task at hand. Additionally, this office is legally required to apply and follow the practices described in this **NOTICE**.

This office has the right to change the privacy practices as describe in this **NOTICE** at any time, as permitted by law. The changes will apply to your health information held by this office. You will receive an updated copy of the **NOTICE** and it will be posted in this office. You can request a copy of this **NOTICE** at any time by notifying our **CONTACT OFFICER** at the address and telephone number located at the end of this **NOTICE**.

USE AND DISCLOSURE OF YOUR HEALTH INFORMATION

This office is permitted to use and disclose your health information for the purposes of providing treatment, payment for services rendered, and healthcare operations. Some of these require your authorization and others do not.

Some examples that do not require your authorization include:

Treatment: This office may use and disclose your health information to a physician, psychiatrist, or other mental health clinicians who provide treatment to you. The purpose of this disclosure is for coordination of your treatment.

Payment: This office may use and disclose your health information to obtain payment for services provided to you. The disclosure may be to your health insurance company or health plan. If this office uses a third party for billing services, we will make sure they comply with the safe management of your health information.

Healthcare Operations: This office may disclose and use your health information for the purpose of maintaining and running this office. This includes quality assessment protocols reviewing the competence of clinicians providing treatment, or conducting training, certification or licensing activities.

Emergency Situations: This office may use and disclose your health information to emergency personnel in case a situation warrants such treatment.

Federal, State, Local, or Administrative Law: This office may use or disclose your health information when mandated by law. This includes reporting child and/or elder/dependent abuse, harm to self or others, when required by judicial or administrative actions, or when required by government agencies such as a county coroner or workers' compensation laws.

National Security: This office may disclose your health information to military authorities of the Armed Forces under specific situations. For example, we may disclose to intelligence, counterintelligence, and other national security agencies information required by them.

Authorization: This office may obtain your written authorization for use or disclosure of your health information for situations not listed above. You may give this office your written authorization for use of your health information or to disclose it to anyone for any purpose as defined by the written **AUTHORIZATION DOCUMENT**. You may revoke your authorization in writing at any time.

Family, Friends, or Others Involved in Your Healthcare: This office may provide your health information to a family member, friend, or other individual designated by you as being involved in your healthcare or for the payment of your healthcare, unless you object.

Appointment Reminders and Other Communications: This office, at times, may use or disclose your health information to provide you with appointment reminders, appointment changes, or other office communications. These may include voicemail messages, letters, or E-mails.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

Access To Your Health Information: You have the right to examine or obtain copies of your health information, with some limited exceptions. This office will attempt to comply with the requested format, unless we are unable to do so. The request must be made in writing and we will comply within 30 days of receiving your written request. You will be charged \$1.00 per page. We may choose to provide you with a summary or synopsis of your health information if you agree. Should this office deny your request, you will be provided a reason in writing and an explanation of your rights to initiate a review of the denial.

Requesting Limits on Uses and Disclosures of Your Health Information: You have the right to request limitation on the use and disclosure of your health information. This office will review your request and may choose not to accept it. If your request is accepted, a written format will be included in your records and this office will abide by the request. The request may not interfere with the legally defined uses and disclosures of your health information.

Receiving Health Information: You may request that health information be sent to you to a specific location and by specific means such as E-mail. This office will attempt to comply as long as it is feasible.

Accounting for Disclosures: You have the right to request and receive a list of disclosures made on your behalf by this office for reasons other than treatment, payment, or healthcare operations. The request is valid for the last six years to begin on April 14, 2003. You may make one such request every year. There will be a reasonable charge for additional request made in one 12-month period.

The Right to Amend Your Health Information: You have the right to request an amendment or correction to your health information. The request must be made in writing and a reason for your request must also be included. This office must respond to your request within 60 days of the request. The request will be granted or denied. If your request is granted, the appropriate changes will be made, you will be informed of the changes made and third parties needing to know about the changes will be notified.

This office can deny your request if the information is complete and correct, it was not created by this office, not part of the office records, or cannot be disclosed. You will receive a written statement stating the reason for a denial. You will be provided with the format to file a written disagreement with the denial. You also have the right to request that your original request and my denial be attached to all future disclosures of your health information.

Electronic Notification: You have the right to receive this **NOTICE** by E-mail or in written format.

QUESTIONS

Should you require additional information, please contact our **ELISE ST.CLAIR** at: (714)568-1111.

COMPLAINT PROCEDURES

Should you believe that this office has violated your privacy rights, you disagree with a decision made about access to your health information, you disagree with a response to your request to amend or restrict the use or disclosure of you health information, or disagree with our decision to contact you via a specific method or location, you may complain to our **CONTACT OFFICER** at (714)568-1111 or submit a written complaint to the United States Department of Health and Human Services, 200 Independence Avenue, S.W., Washington, D.C., 20201. This office will not retaliate against you in any way should you choose to file a complaint.

Contact Officer: ELISE ST.CLAIR

Telephone: (714)568-1111. Fax: 714-242-7381

E-mail: stclair5681111@gmail.com

Address: 5001 Birch Street

City: Newpoet Beach state: CA

Zip: 92660

The effective date of this **NOTICE** is April 14, 2011

COMPLAINT FORM

Name of: Jessica St. Clair MS MFT

5001 Birch St.
Newport Beach CA, 92660
714.568.1111, stclair5681111@gmail.com

Elise St.Clair, contact person

Complaint Form

Patient Rights

Under HIPAA, you have the right to file a complaint with this office regarding our **PRIVACY PRACTICES**, our compliance with our **NOTICE OF PRIVACY PRATICES**, and office procedures to manage our **PRIVACY PRACTICES**. This office will not retaliate against you for filing this complaint nor will your treatment be compromised. Please complete this form fully and submit it to:

Contact Officer: Elise St Clair
Address: 5001 Birch St.
City: Newport Beach State: CA Zip: 92660
Telephone Number: (714)568-1111 Fax Number: (714)242-7381
E-mail: stclair5681111@gmail.com

You additionally have the right to file a complaint with Secretary of the United States Department of Health and Human Services at 200 Independence Avenue S.W., Washington, D.C., 20201.

Patient Information

Name of Patient: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone Number: _____ Fax Number: _____
Patient ID #: _____

Reason for Complaint

(Please be thorough)

Expected Results

(Please be thorough)

Patient Signature and Date

Patient's Name: _____

Signature: _____

Date: _____

Your are entitled to receive a copy of this complaint