



The Center for  
Mind & Body Wellness  
*Psychotherapy & Healing Arts*

**THE CENTER FOR MIND AND BODY WELLNESS**  
9466 Black Mountain Rd. Suite #130  
San Diego, California 92126  
858-536-8985

<p style="text-align: center;"><b>HIPPA NOTICE OF PRIVACY PRACTICES</b></p>
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This notice describes how medical information about you or you or your child may be used and disclosed, and how you can get access to this information. Please review it carefully:

**I. IT IS OUR LEGAL DUTY TO SAFEGUARD YOU OR YOU OR YOUR CHILD'S PROTECTED HEALTH INFORMATION (PHI).**

By law, Socialization Training and Reinforcement Program, Inc. (STAR) is required to insure that you or your child's PHI is kept private. The PHI constitutes information created or noted by staff with STAR that can be used to identify you or your child. It contains data about you or your child's past, present, or future health or condition, the provision of health services to you or your child, or the payment for such health care. STAR is required to provide you, as the parent of the child our agency is serving, with his Notice about our privacy procedures. This Notice must explain when, why, and how staff with STAR would use and/or disclose you or your child's PHI. Use of PHI means when STAR staff share, apply, utilize, examine, or analyze information within our agency, PHI is disclosed when STAR staff release, transfer, give or otherwise reveal it to a third party outside our agency. With some exceptions, STAR staff may not use or disclose more of you or your child's PHI than is necessary to accomplish the purpose for which the use or disclosure is made; however, STAR staff are always legally required to follow privacy practices decried in this notice.

Please note that STAR reserves the right to change the terms of this Notice and our privacy policies at any time. Any changes will apply to PHI already on file with our agency. Before STAR makes any important changes to our policies, our staff will immediately change this Notice and post a new copy of it in our office. You may also receive a copy of this Notice.



The Center for  
Mind & Body Wellness  
*Psychotherapy & Healing Arts*

## II. HOW STAR PROGRAM WILL USE AND DISCLOSURE YOUR PHI:

STAR will use and disclose you or your child's PHI for many different reasons. Some of the uses or disclosures will require your prior authorization; others, however, will not. Below you will find the different categories of our uses and disclosures, with some examples:

### A. Uses and Disclosures Related to Treatment, Payment or Healthcare Operations, Which Do Not Require Your Written Consent. STAR may use and disclose you or your child's PHI without your consent for the following reasons:

- 1) **For Healthcare Operations:** STAR may disclose you or your child's PHI to facilitate the efficient and correct operations of our agency. Examples: Quality control-we might use you or your child's PHI in the evaluation of the quality of healthcare services you have received or to evaluate the performance of the healthcare professionals who provided you with these services. We may also provide you or your child's PHI to our attorneys, accountants, consultants and others to make sure that we are in compliance with applicable laws.
- 2) **To obtain payment for treatment.** STAR may use and disclose you or your child's PHI to bill and collect payment for treatment and services provided to you or your child. Example: We might send you or your child's PHI to the San Diego Regional Center or (at your request) your insurance company or health plan in order to get payment for the healthcare services that STAR has provided to you or your child. We could also provide you or your child's PHI to business associates, such as billing departments/companies, claims processing departments/companies, and others that process healthcare claims for our agency.
- 3) **Other Disclosures:** Example: Your consent is not required if you or your child needs emergency treatment provided that we attempt to get your consent after treatment is rendered. In the event that we try to obtain your consent or unable to communicate with you, but think your consent would be provided if you could, we may disclose you or your child's PHI.

### B. Certain Other Uses and Disclosures That Do Not Require Your Consent: STAR may use and/or disclose you or your child's PHI without your consent or authorization for the following reasons:

- 1) When disclosure is required by federal, state or local law, judicial, board, or administrative procedures; or law enforcement. Example: STAR may make a disclosure to the appropriate officials when a law requires us to report information to government agencies, law enforcement personnel and/or in an administrative proceeding.
- 2) If disclosure is compelled by a party to a proceeding before a court of an administrative agency pursuant to its lawful authority.
- 3) If disclosure is required by a search warrant lawfully issued to a government enforcement agency.



The Center for  
Mind & Body Wellness  
*Psychotherapy & Healing Arts*

- 4) If disclosure is compelled by the patient or the patient's representative pursuant to California Health and Safety Codes or to corresponding federal statutes of regulations, such as the Privacy Rule that requires this Notice.
- 5) To avoid harm. STAR may provide you or your child's PHI to law enforcement personnel or persons able to prevent or mitigate a serious threat to the health or safety of a person or the public.
- 6) If disclosure is compelled or permitted by the fact that you or your child is in such mental or emotional condition as to be dangerous to him/herself or the person or property of others, and if STAR staff determine that disclosure is necessary to prevent the threatened danger.
- 7) If disclosure is mandated by the California Child Abuse and Neglect Reporting law. For example, if STAR staff has a reasonable suspicion of child abuse or neglect.
- 8) If disclosure is mandated by the California Elder/Dependent Abuse Reporting law. Example: if STAR has a reasonable suspicion of elder abuse or dependent adult abuse.
- 9) If disclosure is compelled or permitted by the fact that you or your child tells staff of a serious/imminent threat of physical violence by him/her against a reasonable identifiable victim(s).
- 10) For public health activities. Example: in the event of you or your child's death, if a disclosure is permitted or compelled, STAR may need to give the county coroner information regarding you or your child.
- 11) For health oversight activities. Example: Star staff may be required to provide information to assist the government in the course of an investigation or inspection of a healthcare organization or provider.
- 12) For specific government functions. Example: Star may disclose you or your child's PHI in the interests of national security, such as protecting the President of the United States or assisting with intelligence operations.
- 13) For Workers' Compensation purposes. STAR may provide you or your child's PHI in order to comply with Workers' Compensation laws.
- 14) Appointment reminders and health-related benefits or services. Examples: STAR may use you or your child's PHI to provide appointment reminders. STAR may use you or your child's PHI to give you information about alternative treatment options, or other healthcare services or benefits that we offer.
- 15) If an arbitrator or arbitration panel compels disclosure, when arbitration is lawfully required by either party, pursuant to subpoena duces tectum (e.g., a subpoena for mental health records) or any other provision authorizing disclosure in a proceeding before an arbitrator or arbitrator panel.



The Center for  
Mind & Body Wellness  
*Psychotherapy & Healing Arts*

- 16) STAR staff is permitted to contact you, without your prior authorization, to provide appointment reminders or information about alternative or other health-related benefits and services that may be of interest to you in regards to you or your child.
- 17) If disclosure is required or permitted to a health oversight agency for oversight activities authorized by law. Example: When compelled by US Secretary of Health and Human Services to investigate or assess our compliance with HIPPA regulations.
- 18) If disclosure is otherwise specially required by law.

**C. Certain Uses and Disclosures Require You to Have the Opportunity to Object.** STAR staff may provide you or your child's PHI to a family member, friend, or other individual who you indicate is involved in you or your child's care or responsible for payment of you or your child's healthcare, unless you object in whole or in part. Retroactive consent may be obtained in emergency situations.

**D. Other Uses and Disclosures Require Your Prior Written Authorization.** In any other situation not described in Sections III A-C, we will require your written authorization before using or disclosing any of you or your child's PHI. Even if you have signed an authorization to disclose you or your child's PHI. Even if you have signed an authorization to disclose you or your child's PHI, you may later revoke that authorization, in writing, to stop any future uses and disclosures (assuming that we haven't taken any action subsequent to the original authorization) of you or your child's PHI by our staff.

### III. WHAT RIGHTS YOU HAVE REGARDING YOUR PHI

- A. The Right to See and Get Copies of You or Your Child's PHI.** In general, you have the right to see you or your child's PHI that is in our possession, or to get copies of it; however, you must request it in writing. If we do not have you or your child's PHI, but we know who does, we will advise you how you can get it. You will receive a response from us within 30 days of receiving your written request. Under certain circumstances, STAR Program, Inc. may feel that we must deny your request, but we do, we will give you, in writing, the reason for the denial. We will also explain your right to have our denial reviewed. If you ask for copies of you or your child's PHI, we will charge you not more than \$.25 per page. We may provide you with a summary or explanation of you or your child's PHI, but only if you agree to it, as well as to the cost, in advance.
- B. The Right to Request Limits on Uses and Disclosures of You or your child's PHI.** You have the right to ask that we limit how we use and disclose you or your child's PHI. While we will consider your request, we are not legally bound to agree. If we do agree to your request, we will put those limits in writing and abide by them except in emergency situations. You do not have the right to limit uses and disclosures that we are legally required or permitted to make.
- C. The Right to Choose How We Send You or your child's PHI to You.** You have the right to ask that you or your child's PHI be sent to you at an alternate address (for example, sending information to your work address rather than to your home address) or by an alternate method (for example, via e-mail instead of by regular mail). We are obliged to agree to your request providing that we can give you or your child's PHI, in the format you requested, without undue inconvenience.



The Center for  
Mind & Body Wellness  
*Psychotherapy & Healing Arts*

- D. The Right to Get a List of the Disclosures We Have Made.** You are entitled to a list of disclosures of you or your child's PHI that we have made. The list will not include uses or disclosures to which you have already consented, i.e., those for treatment, payment, or health care operations, sent directly to you, or your family; neither will the list include disclosures made for national security purposes, to corrections or law enforcement personnel, or disclosures made before April 15, 2003. After April 15, 2003, disclosure records will be held for six years.

We will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list we give you will include disclosures made in the previous six years (the first six year period being 2003-2009) unless you indicate a shorter period. The list will include the date of disclosure, to whom you or your child's PHI was disclosed (including their address, if known), a description of the information disclosed, and the reason for the disclosure. We will provide the list to you at no cost, unless you make more than one request in the same year, in which case we will charge you a reasonable sum based on a set fee for each additional request.

- E. The Right to Amend You or Your child's PHI.** If you believe that there is an error in you or your child's PHI or that important information has been omitted, it is your right to request that we correct the existing information or add the missing information. Your request and the reason for the request must be made in writing. You will receive a response within 60 days of our receipt of your request. We may deny your request, in writing, if we find that: you or your child's PHI is a) correct and complete, b) forbidden to be disclosed, c) not part of our records, or d) written by someone other than staff of our agency. Our denial must be in writing and must state the reasons for the denial. It must also explain your right to file a written statement objecting to the denial. If you do not file a written objection, you still have the right to ask that your request and my denial be attached to future disclosures of you or your child's PHI. If we approve your request, we will make the change (s) to you or your child's PHI. Additionally, we will tell you that the changes have been made, and we will advise all others who need to know about the change (s) to you or your child's PHI.
- F. The Right to Get This Notice by Email.** You have the right to get this notice by email. You have the right to receive/request a paper copy of it, as well.

## **V. HOW TO COMPLAIN ABOUT MY PRIVACY PRACTICES**

If in your opinion, STAR Program, Inc. may have violated you or your child's privacy rights, or if you object to a decision we have made about your access to you or your child's PHI, you are entitled to file a complaint with the person listed in Section VI below. You may also send a written complaint to the Secretary of the Department of Health and Human Services at 200 Independence Avenue S.W., Washington D.C. 20201. If you file a complaint about our privacy practices, we will take no retaliatory action against you.

## **IV. PERSON TO CONTACT FOR INFORMATION ABOUT THIS NOTICE OR TO COMPLAIN ABOUT MY PRIVACY PRACTICES**

If you have any questions about this notice or any complaints about my privacy practices, or would like to know how to file a complaint with the Secretary of the Department of Health and Human Services, please contact Dr. Linda Collins, at 6150 Lusk Blvd., Ste. B205, San Diego, California 92121 at (858) 450-4785.



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Mind & Body Wellness  
*Psychotherapy & Healing Arts*

**V. EFFECTIVE DATE OF THIS NOTICE**

This notice went into effect on April 14, 2003.

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**I acknowledge receipt of this notice.**

**Child's Name** \_\_\_\_\_  
*(Please Print)*

**PARENT/CUSTODIAN'S NAME** \_\_\_\_\_  
*(Please Print)*

**PARENT/CUSTODIAN'S SIGNATURE** \_\_\_\_\_

**DATED: Month** \_\_\_\_\_ **Day** \_\_\_\_\_ **Year** \_\_\_\_\_

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