

# WESTERN PACIFIC PSYCHOLOGICAL NETWORK INC.

15233 Ventura Blvd Suite 350  
Sherman Oaks, CA 91403

Phone: 818-501-4700  
Fax: 818-985-7898

---

## Summary of Notice of Privacy Practices

This Notice Describes How Health Information About You May Be Used And Disclosed And How You May Obtain Access To This Information. Please review it carefully.

All information describing your medical and mental health treatment is personal and we are committed to protecting the privacy of the personal and health related information you disclose to us. We are required by law to safeguard your Protected Health Information (PHI) and maintain the confidentiality of information that identifies you and the care you receive. When we disclose information to other persons and companies to perform services for us, we require them to protect your privacy too. This Notice applies to all health care professionals who provide care to you. We must also provide you with this Notice about our privacy practices, your rights, and our legal responsibilities.

### WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION:

**For Treatment:** For example, we may give medical and mental health related information to other health care professionals to facilitate your treatment, referrals or consultations.

**For Payment:** For example, we may contact your insurer to verify what benefits you are eligible for, to obtain authorizations, and to receive payment from your insurance company.

**For Healthcare Operations:** For example, we may use patient information to review the quality of care provided, for performance improvement or for training of health professionals.

**For Appointments and Services:** In order to remind you of or to change an appointment, or tell you about treatment alternatives or health related benefits/services.

**Individuals Involved In Your Care:** For example, your parents, if you are a minor or your conservator.

**With Your Written Authorization:** We may use or disclose medical and mental health information for purposes not described in this Notice only with your written authorization. Even if you have signed an authorization to disclose your health information, you may later revoke that authorization, in writing, to stop any future uses and disclosures (assuming that we have not taken any action subsequent to the original authorization) of your health information by us.

**Other disclosures:** For example, your consent is not required if you need emergency treatment provided that we attempt to get your consent after treatment is rendered. In the event that we try to get your consent but you are unable to communicate with us (for example, if you are unconscious or in severe pain) but we think that you would consent to such treatment if you could, we may disclose your health information.

# WESTERN PACIFIC PSYCHOLOGICAL NETWORK INC.

15233 Ventura Blvd Suite 350  
Sherman Oaks, CA 91403

Phone: 818-501-4700  
Fax: 818-985-7898

WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION FOR OTHER PURPOSES WITHOUT YOUR WRITTEN AUTHORIZATION:

**As REQUIRED BY LAW** when required or authorized by other laws to report information to government agencies, law enforcement, etc. such as reporting of child, elder or dependent adult abuse.

**For HEALTH OVERSIGHT ACTIVITIES** to governmental, licensing, auditing, and accrediting agencies as authorized or required by law including audits; civil, administrative, or criminal investigations; licensure or disciplinary actions; and monitoring of compliance with law.

**In JUDICIAL PROCEEDINGS** in response to court/administrative orders, subpoenas, discovery requests or other legal processes such as workers' compensation laws.

**To PUBLIC HEALTH AUTHORITIES** to prevent or control communicable disease, injury or disability, or ensure the safety of drugs and medical devices, or in the event of your death, if a disclosure is permitted or compelled, we may need to give the county coroner information about you.

**To LAW ENFORCEMENT** for example, to assist in an involuntary hospitalization processes or required by a lawfully issued search warrant.

**To THE STATE LEGISLATIVE SENATE OR ASSEMBLY RULES COMMITTEES** for legislative investigations.

**For RESEARCH PURPOSES** subject to a special review process, and the confidentiality requirements of state and federal law.

**To PREVENT A SERIOUS THREAT TO HEALTH OR SAFETY** of an individual (s). We may notify the person (s), tell someone who could prevent harm, and tell law enforcement officials.

**To PROTECT CERTAIN ELECTIVE OFFICERS** We may disclose PHI of military personnel and veterans under certain circumstances. Also, we may disclose PHI in the interests of national security, such as protecting the President of the United States or assisting with intelligence operations.

## **CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT:**

Disclosures to family, friends, or others: we may provide your PHI to a family member, friend, or other individual who you indicate is involved in your care or responsible for the payment for your health care, unless you object in whole or in part. Retroactive consent may be obtained in emergency situations.

**Other Uses and Disclosures Require Your Prior Written Authorization:** In any other situation not described in the previous sections above, we will request your written authorization before using or disclosing any of your PHI (including marketing disclosures, fundraising disclosures, and sale of PHI) as these do require prior authorization by you.

# WESTERN PACIFIC PSYCHOLOGICAL NETWORK INC.

15233 Ventura Blvd Suite 350  
Sherman Oaks, CA 91403

Phone: 818-501-4700  
Fax: 818-985-7898

Even if you have signed an authorization to disclose your PHI, you may later revoke that authorization, in writing, to stop any future uses and disclosures (assuming that we have not taken any action subsequent to the original authorization) of your PHI by us.

Listed Below Are Your Rights:

**1. To Receive a Copy of This Notice** when you obtain care. You have the right to get this notice by email. You have the right to request a paper copy of it, as well.

**2. To Request Restrictions** or limitations on the medical and mental health information we disclose about you for treatment, payment or healthcare operations. You must put your request in writing. We are not required to comply with your request. If we do agree with your request, we will comply with it except to the extent that the disclosure has already occurred or if you are in need of emergency treatment and the information is necessary to provide the emergency treatment. You do not have the right to limit the uses and disclosures that we are legally required or permitted to make.

**3. To Inspect and Request a Copy of Your Health Record** except in certain circumstances. A fee will be charged to copy your records. You must put your request for a copy of your records in writing. If you are denied access to your health record for certain reasons, we will disclose to you why and what your rights are to challenge the denial. We may see fit to provide you with a summary or explanation of your health record, but only if you agree to it, as well as to the cost, in advance.

**4. To Request an Amendment and/or Addendum** to your health record. If you believe that information is incorrect or incomplete, you may request that we amend the information or add an addendum of no longer than 250 words for each inaccuracy. Your request must be made in writing and include a reason for the request. We may deny your request if the information was not created by us, is not a part of the information which you would be permitted to inspect and copy, or if the information is already accurate and complete. If you do not file a written objection, you still have the right to ask that your request and our denial be attached to any future disclosures of your PHI. Even if such requests are honored, we do not delete any information that already exists in your records. 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 your PHI.

**5. To Receive an Accounting of Certain Disclosures** we have made of your medical and mental health information. You must put your request for accounting in writing. 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 to your family; neither will the list include disclosures made for national security purposes or to corrections or law enforcement personnel. Disclosure records will be held for six years.

**6. To Request That We Contact You by Alternative Means** or at alternate location/address. Your request must be made in writing, and we must honor reasonable requests.

**7. To Choose That We Send Your PHI to You** at an alternate address (for example, sending information to your work address rather than your home address) or by an alternate method (for example, via email instead of by regular mail). We are obliged to agree to your request providing that we can give

# WESTERN PACIFIC PSYCHOLOGICAL NETWORK INC.

15233 Ventura Blvd Suite 350  
Sherman Oaks, CA 91403

Phone: 818-501-4700  
Fax: 818-985-7898

you the PHI, in the format you requested, without undue inconvenience. We may not require an explanation from you as to the basis of your request as a condition of providing communications on a confidential basis.

## **NOTIFICATIONS OF BREACHES**

In case of a breach (when unauthorized people have accessed unsecured PHI) when there is significant risk of harm in the breach, we are required to notify each affected individual whose unsecured PHI has been compromised. Even if such a breach was caused by a business associate, we are ultimately responsible for providing the notification directly or via the business associate. If such a breach involves more than 500 persons, the Office for Civil Rights (OCR) will be notified in accordance with instructions posted on its website. We bear the ultimate burden of proof to demonstrate that all notifications were given or that the impermissible use or disclosure of PHI did not constitute a breach and must maintain supporting documentation.

## **PHI AFTER DEATH**

Generally, PHI excludes any health information of a person who has been deceased for more than 50 years after the date of death. We may disclose deceased individuals' PHI to non-family members, as well as family members, who were involved in the care or payment for healthcare of the decedent prior to death; however, the disclosure must be limited to PHI relevant to such care or payment and cannot be inconsistent with any prior expressed preference of the deceased individual.

## **INDIVIDUAL'S RIGHT TO RESTRICT DISCLOSURES; RIGHT OF ACCESS**

To implement the 2013 HITECH Act, the Privacy Rule is amended. We are required to restrict the disclosure of PHI about you, the patient, to a health plan, upon request, if the disclosure is for the purpose of carrying out payment or healthcare operations and is not otherwise required by law. The PHI must pertain solely to a healthcare item or service for which you have paid us already in full. (Health care providers are not required to create separate medical records or otherwise segregate PHI subject to a restrict healthcare item or service; rather, providers need to employ a method to flag or note restrictions of PHI to ensure that such PHI is not inadvertently sent or made accessible to a health plan.)

The 2013 Amendments also require us to provide you, the patient, a copy of PHI to any individual patient requesting it in electronic form. The electronic format must be provided to you if it is readily producible. We must provide you only with an electronic copy of you PHI, not direct access to our electronic health record systems. The 2013 Amendments also give you the right to direct us to transmit an electronic copy of PHI to an entity or person designated by you. Furthermore, the amendments restrict the fees that we may charge you for handling and reproduction of PHI, which must be reasonable, cost-based, and identify separately the labor for copying PHI (if any). Finally, the 2013 Amendments' timeliness requirement for right of access is within 30 days, with a one-time extension of 30 additional days.

## **Changes to This Notice:**

We reserve the right to make changes to this Notice and privacy policies as permitted by law. We reserve the right to make a revised or changed Notice effective for information we already have about you as well

# WESTERN PACIFIC PSYCHOLOGICAL NETWORK INC.

15233 Ventura Blvd Suite 350  
Sherman Oaks, CA 91403

Phone: 818-501-4700  
Fax: 818-985-7898

as any information we receive in the future. We will post a new/revised copy at our office. You may also request a copy of this Notice from us.

## Contact Information:

If you have any questions about this Notice please contact the UHS HIPAA Privacy Officer Zara Ashikyan, Ph.D. at Western Pacific Psychological Network, Inc., 15233 Ventura Blvd Suite 350 Sherman Oaks, CA 91403:

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing.

**You will not be penalized for filing a complaint.**

Effective Date: November 1, 2007  
Revised Date: August 30, 2013

**---THIS COPY IS FOR YOUR RECORDS---**