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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 get access to this information. Review it carefully. After you have read this information, you will be asked to sign a separate acknowledgement form to allow this office to use and disclose your PHI in accordance with HIPAA. This policy takes effect on August 25, 2016 and remains in place until it is updated.

1. Commitment to Protecting Your Medical Information

Your medical information is personal and maintaining the privacy and confidentiality of this information is important. This office is committed to protecting your privacy. To treat you, this office creates a record of the care and services you receive. Record keeping is required for compliance with certain legal requirements and to assist in providing good care. This notice will tell you about the ways this office may use and share information about you. Your rights and the overall duties this office has regarding the use and disclosure of your medical information are also described.

The Health Insurance Portability and Accountability Act (HIPAA) requires that all medical records and other information in your health record that could identify you be kept confidential. This confidentiality applies to all forms of disclosure of protected health information, whether electronically, on paper or orally. Protected Health Information (PHI) refers to information in your health record that could identify you. PHI may not be used or disclosed in violation of HIPAA.

2. Legal Duties

The law requires this office to maintain the privacy of your PHI, give you this notice describing this office's legal duties, privacy practices and your rights regarding your PHI, and follow the terms of the current notice.

This office has the right to change the privacy practices and the terms of this notice at any time provided the changes are permitted within the law. The changes are applicable to all PHI that is kept, including information previously created or received, before the changes.

Unless you are notified of such changes, however, this office is required to abide by the terms currently in effect. If this office revises any policies or procedures and you are still actively in treatment, you will be provided with an updated version of the privacy practices at your next visit. Revisions of this notice will also be posted online at: www.drkimberlytangen.com.

3. Use & Disclosure of Your PHI

The following section describes different ways that your PHI is used and disclosed. Not every use or disclosure will be listed. However, all of the different ways this office is permitted to use and disclose your PHI has been listed.

This office will not use or disclose your PHI for any purpose not listed below without your specific written authorization. Any specific written authorization you provide may be modified or revoked at any time. The modification or revocation must be made in writing with signature. However, the modification or revocation is not effective until it is received and it is not retroactive.

Treatment: This office may use PHI about you to provide you with medical treatment or services. This office may also disclose your PHI to other people who are taking care of you or to other health care providers to assist them in treating you.

Payment: This office may use and disclose your PHI for payment purposes. A bill may be sent to you or your health insurer. The information on the bill may include your PHI.

Health Care Operations: This office may use and disclose your PHI for activities related to the performance and operation of this practice.

Notification: Your PHI may be used and disclosed to notify or help notify a family member, your personal representative or another person responsible for your care. This office will share information about your location, general condition or death. If you are present, this office will get your permission if possible before your PHI is shared or give you the opportunity to refuse permission. In emergency situations if you are not able to give permission, or decline to, only the information that is directly necessary for your health care will be shared. Professional judgment will also be used in allowing someone to obtain PHI on your behalf.

Victims of Abuse, Neglect or Domestic Violence: Your PHI may be shared if it is necessary to prevent a serious threat to your health or safety or to the health or safety of others.

Public Health Activities: As required by law, your PHI may be disclosed to public health or legal authorities charged with preventing or controlling disease, injury or disability including child abuse or neglect.

Law Enforcement: Under certain circumstances, your PHI may be disclosed to law enforcement officials. These circumstances include reporting pursuant to certain subpoenas or court orders and crimes on the premises.

Health Oversight Activities: Your PHI may be disclosed to a health agency for oversight activities authorized by law.

Court Orders & Judicial or Administrative Proceedings: Your PHI may be disclosed in response to a court or administrative order, subpoena, discovery request or other lawful processes under certain circumstances.

Specialized Government Functions: Subject to certain requirements, your PHI may be used and disclosed for national security and intelligence activities.

Medical-Legal Claims or Cases: If you file a claim or suit for a mental health injury, including a Workers' Compensation claim, are involved in a medical-legal case or evaluated for issues pertaining to the law, this office may provide a report which will incorporate your PHI as required to determine your eligibility for benefits or other findings.

Appointment Reminders: Your PHI may be used and disclosed for the purposes of reminding you of your appointments.

Alternative & Additional Medical Services: Your PHI may be used and disclosed to furnish you with information about health-related benefits and services that may be of interest to you and to describe or recommend treatment alternatives.

4. Your Individual Rights

Right to Inspect & Copy: You have the right to obtain a copy of certain parts of your file or a summary of that information as determined to be the most appropriate and beneficial to you. This request must be made in writing. A fee is assessed to copy records (\$0.25 per page) or to cover the costs of preparing the summary. Postage fees also apply for mail delivery. Your access to PHI under certain circumstances may be denied, but you may have this decision reviewed in some cases. Upon your request, this office will discuss with you the details of the request and denial process.

Right to an Accounting: You have the right to receive a list of all the times this office or its business associates shared your PHI for purposes other than treatment, payment, health care operations or other specified exceptions.

Right to Request Restrictions: You have the right to request that additional restrictions on the use or disclosure of your PHI be put in place. This office is not required to agree to these additional restrictions but will abide by any agreements made (except in the case of an emergency).

Right to Receive Confidential Communications by Alternative Means or Alternative Locations: You have the right to request that this office communicate with you about your PHI by different means or at a different location. This request must be made in writing.

Right to Amend: You have the right to request that this office change certain parts of your PHI. This request may be denied if this office did not create the information you want changed or for certain other reasons. If your request is denied, you will be given a written explanation. You may respond with a statement of disagreement that will be added to the information you wanted changed. If this office accepts your request to change the information, reasonable efforts will be made to inform others, including individuals you identify, of the change and to include the changes in any future disclosures of that information.

Right to a Paper Copy: If you have received this notice electronically and wish to receive a paper copy, you have the right to obtain a paper copy by making a written request.

5. Questions & Complaints

If you have any questions about this notice or if you think that this office has violated your privacy rights, you may contact Dr. Tangen, who also acts as The Privacy Officer. A written complaint may also be submitted to the US Department of Health & Human Services.