



HIPAA 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. Please review this notice carefully.

This practice is required by law to provide you with this Notice so that you will understand how we may use and share your information from your Designated Record Set. The Designated Record set includes financial and health information referred to in this notice as "Protected Health Information (PHI)" or simply "health information." We are required to adhere to the terms outlined in this Notice. If you have any questions about this Notice, please contact the Privacy Office for this business, Dr. Leslie Sanders via email drsanders@atoncenter.com or via mail at P.O. Box 230746 Encinitas, CA 92023.

Understanding Your Protected Health Information (PHI)

Each time you receive AToN Center Inc. services, a record is made of your symptoms, examinations, test results, diagnoses, treatment plan, and other mental health or medical information. Your record is the physical property of the health care provider. The information within belongs to you. Being aware of what is in your record will help you to make more informed decisions when authorizing disclosures to others. It also gives you an opportunity to ensure it is accurate. In using and disclosing your PHI, it is our objective to follow the Privacy Standards of the Federal Health Insurance Portability and Accountability Act (HIPAA) and requirement of state law.

Your Mental Health and/or Medical Record Serves as:

- A basis for planning your care and treatment.
- A means of communication among the health professionals who may contribute to your care.
- A legal document describing the care you received.
- A means by which you or our business can verify that services billed were actually provided.
- A source of information for public health officials charged with improving the health of the nation.
- A source of data for business planning.
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Responsibilities of AToN Center

We are required to:

- Maintain the privacy of your PHI as required by law and provide you with notice of legal duties and privacy practices with respect to the PHI that we collect and maintain about you.
- Abide by the terms of this notice currently in effect. We have the right to change our notice of privacy practices and to make the new provisions effective for all protected health information that we maintain, including that obtained prior to the change. Should our information practices change, we will post new changes on the resident schedule board and provide you with a copy.
- Notify you if we are unable to agree to a requested restriction.
- Use or disclose your health information only with your authorization except as described in this notice.
- Maintain an accounting of disclosures made of your PHI and notify you of an unauthorized breach.

Your Protected Health Information (PHI) Rights

You have the right to:

- Review and obtain a paper copy of the notice of information practices and your health information upon request. A few exceptions apply. Copy charges may apply for your records. Pro-rated charges may apply for requested reports and specialized correspondence.



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- Since psychological records contain personal and sensitive information, non-clinicians often misunderstand them. It is thus recommended that you obtain general reports or summaries provided by your therapist, or that you have your records released directly to a licensed mental health clinician for interpretation. Should you request access to your entire record, it is important that your therapist reviews the information with you and explains the use of any abbreviations, clinical terms, results of psychological tests and raw data, and diagnoses and their rationale.
- Records may not be released if it is clear that their release would directly result in serious harm to the requestor.
- Request and provide written authorization and permission to release PHI for purposes of outside treatment and health care. This authorization excludes psychotherapy notes and any audio/video tapes that may have been made with your permission for training purposes.
- Revoke your authorization in writing at any time to use, disclose, or restrict health information except to the extent that action has already been taken.
- Request a restriction on certain uses and disclosures of PHI, but we are not required to agree to the restriction request. You should address your restriction in writing to the Privacy Officer by asking for name of Privacy Officer, address, and phone. We will notify you within 10 days if we cannot agree to the restriction.
- Request that we amend your health information by submitting a written request with reasons supporting the request to the Privacy Officer. We are not required to agree with the requested amendment.
- Obtain an accounting of disclosures of your health information for purposes other than treatment, payment, health care operations, and certain other activities for the past six years but not before April 14, 2003.
- Request confidential communications of your health information by alternative means or at alternative locations.

Disclosures for Treatment, Payment, and Health Operations

AToN will use your PHI, with your consent, in the following circumstances:

Treatment: Information obtained by your providers will be recorded in your record and used to determine the management and coordination of treatment that will be provided for you. The information collected will include your psychiatric and medical history, presenting problem, psychological symptoms, results of psychological tests and exams, life stressors, de-identified information on social relationships and relationships relevant to your psychological and medical well-being, treatment plan, progress updates, and general psychotherapy notes.

Disclosure to others outside of the agency: If you give us written authorization, you may revoke it in writing at any time but that revocation will not affect any use or disclosures permitted by your authorization while it was in effect. ***We may have to use or disclose your health information without your authorization, to report an incident of abuse of a child and/or dependent or elder adult, or in the event of disclosure of the imminent danger to yourself, someone else, or in the event that you become unable to provide for your food, clothing, and shelter as the direct result of a mental illness. Please note that any serious threat to harm an identifiable victim will be reported as a duty to warn and protect and the police will be contacted as law mandates. By signing this document you certify that you understand these conditions, and recognize that this business and your therapist are mandated reporters and are granted civil and criminal immunity when reporting in good faith. This applies to information disclosed through use of our website, by phone, email, written, verbal, or web contact, and through your therapeutic interactions. In some cases, reports from third parties related to you may also be eligible for mandated reporting.***



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For payment, if applicable: We may charge your credit card, send a bill to you, require you to pay in advance, and/or send you a receipt of your payment. The information on or accompanying the bill, receipt, or credit card statement will include information that identifies you and your status as a client of AToN Center Inc. IRS regulations require that we bill under our official corporate name. If you choose to receive services at AToN Center Inc. you understand and approve that your credit card statement will show the name of the business. Should you pursue a chargeback through your credit card company, or otherwise accrue an unpaid balance, you forfeit your right to privacy and the information required to pursue collection and/or legal action will be disclosed in seeking remuneration.

It is your responsibility to use an encrypted email service to communicate with your provider and through which to receive appointment details and receipts. You will be asked to list your preferred email address in your medical record. In the event that you do not choose an encrypted email address and provide an insecure address, it will be at your own risk and AToN Center Inc. will not be held liable for any breach of your PHI as a result of that choice. AToN Center Inc. discourages the disclosure of your status as a client of AToN Center Inc. through social media use, and use of such websites and applications will be solely at your own risk.

Electronic communications are considered a part of the legal medical record. This applies to email, SMS messages and exchanges on social networking sites. AToN Center staff are directed to print out email and text message exchanges, and include them as part of their official record. It is also important for clients/patients to know that from a legal standpoint, all electronic exchanges are discoverable, whether or not they are included in the chart.

In addition, clients are warned that use of “passive location based cell phone tracking” through services like Google Places or Foursquare have the potential for compromising confidentiality and “check-ins” can broadcast your personal comings-and goings in your local geographic environment throughout the Internet and are discouraged.

We may contact you to provide appointment reminders or information about treatment alternatives or other services that may be of interest to you if you inquire about our services. You agree that by requesting information and by providing contact information, that you authorize a response. You agree to release from harm AToN Center Inc. for any breach of your PHI as a result of that contact in the medium that you request.

Regarding security, AToN Center Inc. advises protection of your PHI and suggests you ensure your internet connection is secure. It is recommended you address any deficiencies such as lack of adequate firewalls, lack of virus protection, and inadequate password protections for information transmitted on the devices with which you connect to our services and website.

For health care operations:

Your providers and members of the quality improvement team may use the information in your health record to assess the performance and operations of our services. This information will be used in an effort to continually improve the quality and effectiveness of the mental health care and services we provide.

We may use or disclose your PHI in the following situations without your authorization: as required by law, public health issues as required by law, communicable diseases, health oversight, abuse/neglect or mandated reporting instances, Food and Drug Administration requirements, legal proceedings, law enforcement, coroners and organ donation, research, or workers' compensation. Under the law, we must make disclosures when required by the Secretary of the U.S. Department of Health and Human Services to investigate or determine our compliance with



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the requirements.

Your provider may seek consultation with another professional bound by confidentiality on your case and will make every effort to disguise your identity in this endeavor.

Business Associates or Third Party Vendors (TPA's) may have limited access to your PHI based on their role. All contracted service providers have put in writing their commitment to security standards and may have been asked to sign a Notice of Privacy Practices for business associates.

Judicial and administrative hearings:

If you are involved in a lawsuit or dispute, we may disclose health information about you in response to a court or administrative order, or in defense of any allegation made by you against your providers or AToN Center Inc. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request and you have forfeited privilege. Otherwise, information will be disclosed in legal proceedings if we have received an order to release the information, or in the event that you bring or threaten to file a suit against us. We suggest that you use great discretion in determining whether to introduce your mental health records or status as a client of AToN Center Inc. into a legal proceeding.

Health oversight activities and licensing board inquiries:

We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities may include audits, investigations of complaints, inspections, and licensure requirements. These activities are necessary for the government to monitor the health care system, programs, and compliance with licensing regulations and civil rights laws.

Law enforcement:

We may disclose information about you when requested by a law enforcement official:

- In response to a court order, subpoena, warrant, summons, or similar process.
- To identify or locate a suspect, fugitive, material witness, or missing person if mandated to do so.
- About you if we suspect you were the victim of a crime and we are unable to obtain your agreement.
- About criminal conduct related to your treatment and/or perpetrated against your therapist.
- In emergency situations to prevent a crime, or locate a victim, identify of a perpetrator, and disclose his/her location.
- We may also disclose information to a coroner or medical examiner that is attempting to identify a deceased person or determine the cause of death.
- We may release PHI to authorized federal officials for intelligence, counterintelligence, and other national security activities as authorized by law.

Your Rights Regarding Health Information About You:

You have the right to inspect and copy your record unless doing so would cause imminent danger. You must submit your request in writing to drsanders@atoncenter.com or AToN Center P.O. Box 230746 Encinitas, CA 92023. You may be charged for copy, mailing, and supply costs related to your request.



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You have the right to amend your record if you feel that the health information contained in your record is incorrect or incomplete. AToN Center is allowed to disallow your requested amendment if you ask us to amend information that was not created by us, is believed to be correct and complete, is not part of the health information kept by us, and if the request was not submitted in writing.

You have the right to request an accounting of disclosures of your PHI for a period of 6 years. You must submit your request in writing and it may not be longer than 6 years from the date the request is submitted. Your request should specify in what form you would like the list (ex. Email, or hard copy). We may charge for the costs of furnishing the list.

You have the right to request restrictions of your PHI we use or disclose about you. You are allowed to specify on releases of information what type of information you would like released and to whom unless it is covered by an exception stated above.

We are not required to agree to your request of your PHI with good cause and when required by law to disclose your PHI.

You have the right to request that we communicate with you about your PHI in a specified manner or at a specified location. All reasonable requests will be met, and any unusual or difficult requests will be met at the discretion of your therapist.

You have the right to a paper copy of this notice. Please inform your provider or the Privacy Officer in writing if you would like a paper copy mailed to you.

Changes to this Notice:

We have the right to make changes to this Notice. We reserve the right to make the revised or changed Notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice on the resident schedule board. The Notice will specify the effective date on the first page, in the top of the right hand corner. In addition, if material changes are made to this Notice, the Notice will contain an effective date for the revisions and copies can be obtained via the website or by contacting the Privacy Officer in writing.

For More Information or to Report a Problem

If you have questions and would like additional information, please ask your provider. He/she will provide you with additional information or put you in contact with the designated Privacy Officer. If you are concerned that your privacy rights have been violated or you disagree with a decision we have made about access to your health information, you may contact the Privacy Officer, but you must do so in writing to file an official complaint.

We respect your right to privacy of your health information. There will be no retaliation in any way for filing a complaint with the Privacy Officer of our agency or the U.S. Department of Health and Human Services.

Confidential Document - AToN Center Purposes Only