

HIPAA Notice of Privacy Practices

SAMATA NEUROPSYCHOLOGICAL SERVICES

621 Forest Avenue, Suite 3E

Pacific Grove, CA- 93950

HIPAA NOTICE OF PRIVACY PRACTICES

1. THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.
2. IT IS THE LEGAL DUTY OF SAMATA NEUROPSYCHOLOGICAL SERVICES TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (“PHI”).

By law, Samata Neuropsychological Services is required to assure that your PHI is kept private. PHI constitutes information created by Samata Neuropsychological Services that can be used to identify you. It contains data about your past, present, or future health or condition, the provision of health care services to you, or the payment for such health care. Samata Neuropsychological Services is required to provide you with this Notice about Samata Neuropsychological Services’ privacy procedures and practices. This notice must explain when, why, and how Samata Neuropsychological Services would use and/or disclose your PHI. Use of PHI means when Samata Neuropsychological Services shares, applies, utilizes, examines, or analyzes information within Samata Neuropsychological Services practice; PHI is disclosed when Samata Neuropsychological Services releases, transfers, gives, or otherwise reveals it to a third party outside Samata Neuropsychological Services. With some exceptions, Samata Neuropsychological Services may not use or disclose more of your PHI than is necessary to accomplish the purpose for which the use or disclosure is made; however, Samata Neuropsychological Services is always legally required to follow the privacy practices described in this notice. Please note that Samata Neuropsychological Services reserves the right to change the terms of this notice and Samata Neuropsychological Services’ privacy policies at any time as permitted by law. Any changes will apply to PHI already on file with Samata Neuropsychological Services. Before important changes are made to the policies, Samata Neuropsychological Services will immediately change this notice and post a new copy of it in Samata Neuropsychological Services’ office. You may also request a copy of this notice.

HOW SAMATA NEUROPSYCHOLOGICAL SERVICES WILL USE AND DISCLOSE YOUR PHI.

Samata Neuropsychological Services will use and disclose your PHI for many different reasons. Some of the uses or disclosures will require your prior written authorization; others, however, will not. Below you will find the different categories of the

Samata Neuropsychological Services' uses and disclosures, with some examples.

A. Uses and Disclosures Related to Treatment, Payment, or Health Care Operations Do Not Require Your Prior Written Consent. Samata Neuropsychological Services may use and disclose your PHI without your consent for the following reasons:

I. For treatment. Samata Neuropsychological Services can use your PHI within Samata Neuropsychological Services' practice to provide you with mental health treatment, including discussing or sharing your PHI with Samata Neuropsychological Services' trainees and interns. Samata Neuropsychological Services may disclose your PHI to physicians, psychiatrists, psychologists, and other licensed health care providers who provide you with health care services or are otherwise involved in your care. Example: If a psychiatrist is treating you, Samata Neuropsychological Services may disclose your PHI to her/him in order to coordinate your care.

2. For health care operations. Samata Neuropsychological Services may disclose your PHI to facilitate the efficient and correct operation of Samata Neuropsychological Services' practice. Example: Quality control. Samata Neuropsychological Services might use your PHI in the evaluation of the quality of health care services that you have received or to evaluate the performance of the health care professionals who provided you with these services. Samata Neuropsychological Services may also provide your PHI to our attorneys, accountants, consultants, and others to make sure that we are in compliance with applicable laws.

3. To obtain payment for treatment. Samata Neuropsychological Services may use and disclose your PHI to bill and collect payment for the treatment and services that were provided to you at the Samata Neuropsychological Services. Example: Samata Neuropsychological Services might send your PHI to your insurance company or health plan in order to obtain payment for the health care services that we have provided to you. Samata Neuropsychological Services could also provide your PHI to business associates, such as billing companies, claims processing companies, and others that process health care claims for Samata Neuropsychological Services' office.

4. Other disclosures. Examples: Your consent is not required if you need emergency treatment provided that Samata Neuropsychological Services attempts to obtain your consent after treatment is rendered. In the event that Samata Neuropsychological Services tries to obtain your consent but you are unable to communicate (for example, if you are unconscious or in severe pain), and Samata Neuropsychological Services personnel believe that you would consent to such treatment if you could, Samata Neuropsychological Services staff may disclose your PHI.

B. Certain Other Uses and Disclosures Do Not Require Your Consent.

Samata Neuropsychological Services may use and/or disclose your PHI without your consent or authorization for any of the following reasons:

1. When disclosure is required by federal, state, or local law; judicial, board, or administrative proceedings; or law enforcement. Example: We may make a disclosure to the appropriate officials when a law requires Samata Neuropsychological Services

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 governmental law enforcement agency.
4. If disclosure is compelled by the patient or the patient's legally authorized 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. We may provide 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 (for example, an adverse reaction to medications).
6. If disclosure is compelled or permitted by the fact that you are in such a mental or emotional condition as to be dangerous to yourself, or another person, or property of others, and if Samata Neuropsychological Services can 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 Samata Neuropsychological Services has a reasonable suspicion of child abuse or neglect.
8. If disclosure is mandated by the California Elder/Dependent Adult Abuse Reporting law. For example, if Samata Neuropsychological Services has a reasonable suspicion of elder abuse or dependent adult abuse.
9. If disclosure is compelled or permitted by the fact that you make a serious/imminent threat of physical violence by you against a reasonably identifiable victim or victims.
10. For public health activities. Example: In the event of your death, if a disclosure is permitted or compelled, Samata Neuropsychological Services may need to give the county coroner information about you.
11. For health oversight activities. Example: Samata Neuropsychological Services may be required to provide information to assist the government in the course of an investigation or inspection of a health care organization or provider.
12. For specific government functions. Examples: Samata Neuropsychological Services may disclose PHI of military personnel and veterans under certain circumstances. Also, Samata Neuropsychological Services may disclose PHI in the interests of national security, such as protecting the President of the United States or assisting with intelligence operations.
13. For research purposes. In certain circumstances, Samata Neuropsychological Services may provide PHI in order to conduct medical research.

14. For Workers' Compensation purposes. Samata Neuropsychological Services may provide PHI in order to comply with Workers' Compensation laws.

15. Appointment reminders and health related benefits or services. Examples: Samata Neuropsychological Services may use PHI to provide appointment reminders. Samata Neuropsychological Services may use PHI to give you information about alternative treatment options, or other health care services or benefits that Samata Neuropsychological Services offers.

16. If an arbitrator or arbitration panel compels disclosure. When arbitration is lawfully requested by either party, pursuant to subpoena duces tecum (for example, a subpoena for mental health records), or any other provision authorizing disclosure in a proceeding before an arbitrator or arbitration panel.

17. If disclosure is required or permitted to a health oversight agency for oversight activities authorized by law. Example: When compelled by the U.S. Secretary of Health and Human Services to investigate or assess Samata Neuropsychological Services compliance with HIPAA regulations.

18. If disclosure is otherwise specifically required by law.

C. Certain Uses and Disclosures Require That You to Have the Opportunity to Object.

1. Disclosures to family, friends, or others. Samata Neuropsychological Services may provide your PHI to a family member, or other individual whom 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.

2. Other Uses and Disclosures Require Your Prior Written Authorization. In any other situation not described in Sections IIIA, IIIB, and IIIC above, Samata Neuropsychological Services will request your written authorization before using or disclosing any of your PHI. 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 Samata Neuropsychological Services has not taken any action subsequent to the original authorization) of your PHI by us.

IV. WHAT RIGHTS YOU HAVE REGARDING YOUR PHI.

These are your rights with respect to your PHI:

A. The Right to Review and Obtain Copies of Your PHI. In general, you have the right to review your PHI that is in Samata Neuropsychological Services possession, or to obtain copies of it; however, you must request it in writing. If Samata Neuropsychological Services does not have your PHI, but knows who does, Samata Neuropsychological Services will advise you on how you can obtain it. You will receive a response from Samata Neuropsychological Services within 30 days of Samata Neuropsychological Services' receiving your written request. Under certain circumstances, your request may be denied. However, if Samata Neuropsychological Services denies your request, you have the right to receive the reasons for the denial

in writing. This letter of denial will also explain your right to have Samata Neuropsychological Services' denial reviewed. If you request for copies of your PHI, Samata Neuropsychological Services will charge you \$0.10 per photocopy page. Samata Neuropsychological Services may see fit to provide you with a summary or explanation of your PHI. In certain circumstances, Samata Neuropsychological Services may deny your request; for example, where it is felt that review of your PHI would cause you significant distress, psychological or emotional harm, or be clinically inappropriate.

B. The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to request that Samata Neuropsychological Services limit use and disclosure of your PHI. While Samata Neuropsychological Services will consider your request, Samata Neuropsychological Services is not legally bound to agree. If Samata Neuropsychological Services does agree to your request, then Samata Neuropsychological Services will put those limits in writing and abide by them except in emergency situations. You do not have the right to limit the uses and disclosures that Samata Neuropsychological Services is legally required or permitted to make.

C. The Right to Choose How To Send Your PHI to You. It is your right to request that your PHI be sent 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 regular mail). Samata Neuropsychological Services is obliged to agree to your request, providing that Samata Neuropsychological Services can give you your PHI, in the format you requested, without undue inconvenience. Samata Neuropsychological Services may not require an explanation from you as to the basis of your request as a condition of providing communications on a confidential basis.

D. The Right to Obtain a List of the Disclosures that Samata Neuropsychological Services Has Made. You are entitled to a list of disclosures of your PHI that Samata Neuropsychological Services has made. The list will not include uses or disclosures to which you have already consented. For example, 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, to corrections or law enforcement personnel, or disclosures made before April 5, 2003. After April 15, 2003, disclosure records will be maintained for six years. Samata Neuropsychological Services will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list that Samata Neuropsychological Services provides 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 dates of the disclosures, to whom PHI was disclosed (including their address, if known), a description of the information disclosed, and the reason for the disclosure. Samata Neuropsychological Services will provide the list to you at no cost unless you make more than one request in the same year, in which case Samata Neuropsychological Services will charge you a customary sum based on a set fee for each additional request.

E. The Right to Amend Your PHI. If you believe that there is an error in your PHI or that important information has been omitted, it is your right to request that Samata Neuropsychological Services correct the existing information or add the missing

information. Your request including the reason for the request must be made in writing. You will receive a response within 60 days of Samata Neuropsychological Services' receipt of your request. Samata Neuropsychological Services may deny your request, in writing, if Samata Neuropsychological Services finds that: the PHI is (a) correct and complete, (b) forbidden to be disclosed, (c) not part of Samata Neuropsychological Services' records, or (d) written by someone other than Samata Neuropsychological Services personnel. Samata Neuropsychological Services' 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 request for Samata Neuropsychological Services' denial to be attached to any future disclosures of your PHI. If Samata Neuropsychological Services approves your request, Samata Neuropsychological Services will make the change(s) to your PHI. Additionally, Samata Neuropsychological Services will tell you that the changes have been made and will advise all others who need to know about the change(s) to your PHI.

F. The Right to Obtain This Notice by Email. You have the right to obtain this notice by email. You have the right to request a paper copy of it, as well.

V. HOW TO COMPLAIN ABOUT SAMATA NEUROPSYCHOLOGICAL SERVICES' PRIVACY PRACTICES

If, in your opinion, Samata Neuropsychological Services may have violated your privacy rights, or if you object to a decision Samata Neuropsychological Services made about access to your 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 SW, Washington, D.C. 20201. If you file a complaint about Samata Neuropsychological Services' privacy practices, Samata Neuropsychological Services will take no retaliatory action against you.

VI. PERSON TO CONTACT FOR INFORMATION ABOUT THIS NOTICE OR TO COMPLAIN ABOUT SAMATA NEUROPSYCHOLOGICAL SERVICES' PRIVACY PRACTICES

If you have any questions about this notice or any complaints about Samata Neuropsychological Services' 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 Samata Neuropsychological Services at: [Samata Neuropsychological Services, 621 Forest Avenue, Suite 3E, Pacific Grove, CA-93950]

VII. EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on August 6th, 2021

Acknowledgement of Receipt of Privacy Notice

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health

information. By checking the box below, you are acknowledging that you have received a copy of HIPAA Notice of Privacy Practices.

BY SIGNING THIS DOCUMENT BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

Patient Signature

Date