

VIA PSYCHOLOGY NOTICE OF HIPAA-COMPLIANT PRIVACY PRACTICES

I. This Notice Describes How Medical Information about You May Be Used and Disclosed and How You Can Get Access to This Information. Please Review It Carefully.

II. It Is Our Legal Duty to Safeguard Your Protected Health Information (PHI)

By law, Via Psychology, Inc. and its providers are required to ensure that your PHI is kept private. The PHI constitutes information created or noted by Via Psychology, Inc. that can be used to identify you. It contains data about your past, present, or future health or condition, the provision of healthcare services to you, or the payment for such healthcare. Via Psychology, Inc. is required to provide you with this notice about your privacy procedures. This notice must explain when, why, and how Via Psychology, Inc. would use and/or disclose your PHI. Use of PHI means when we share, apply, utilize, examine, or analyze information within our practice; PHI is disclosed when we release, transfer, gift, or otherwise reveal it to a third-party outside our practice. With some exceptions, we 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, we are always legally required to follow the privacy practices described in this notice.

Please note that Via Psychology, Inc. reserves the right to change the terms of this notice and our privacy policies at any time, as permitted by law. Any changes will apply to PHI already on file with Via Psychology, Inc. Before we make any important changes to our policies, we will immediately change this notice and post a new copy of it in our office and on our website. You may request a copy of this notice from us, or you can view a copy of it on our website: viapsy.com.

III. How We Will Use and Disclose Your PHI

We will use and disclose your PHI for many reasons. Some of the uses and disclosures will require your prior written 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 Do Not Require Your Prior Written Consent. We may use and disclosure PHI without your consent for the following reasons:

1. For treatment. We can use your PHI within our practice to provide you with mental health treatment, including discussing or sharing your PHI with other Via Psychology, Inc. providers. We may also disclosure PHI to physicians, psychiatrists, psychologists, and other licensed healthcare providers who provide you with healthcare services or are otherwise involved in your care. Example: if a psychiatrist is treating you, we may disclosure PHI to her/him in order to coordinate your care.

2. For health care operations. We may disclose your PHI to facilitate the efficient and correct operation of our practice. Examples: For quality control purposes, we might use your PHI in evaluating the quality of healthcare services that you have received or to evaluate the

performance of the healthcare professionals who provided you with these services. We may also provide your PHI to our attorneys, accountants, consultants, and others to make sure we are following applicable laws.

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

4. *Other disclosures.* Examples: 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 tried to get your consent, you were unable to communicate with us (for example, if unconscious or in severe pain), but we think you would consent to such treatment if you could, we may disclose your PHI.

B. Certain Other Uses and Disclosures Do Not Require Your Consent. We may use and/or disclose your 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 proceedings; or, law enforcement.* Example: We 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 governmental law enforcement agency.*

4. *If disclosure is compelled by the patient or 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.* 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 (i.e., adverse reaction to medications).

6. *If disclosure is compelled or permitted by the fact that you are in such mental or emotional condition as to be dangerous to yourself or the person or property of others, and if we 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 we have 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 we have a reasonable suspicion of elder or dependent adult abuse.

9. *If disclosure is compelled or permitted by the fact that you tell your treatment provider of a serious/eminent 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 the disclosure is permitted or compelled, we may need to give the county coroner information about you.

11. *For health oversight activities.* Example: We 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.* Examples: We may disclose PHI of military personnel and veterans under certain circumstances. Also, we may disclose PHI in the interest of national security, such as protecting the President of the United States or assisting with intelligence operations.

13. *For research purposes.* In certain circumstances, we may provide PHI in order to conduct medical research.

14. *For Workers' Compensation purposes.* We may provide PHI in order to comply with Workers' Compensation laws.

15. *Appointment reminders and health related benefits or services.* Examples: We may use PHI to provide appointment reminders. We may use PHI to give you information about alternative treatment options, or other healthcare services or benefits we offer.

16. *If an arbitrator or arbitration panel compels disclosure, when arbitration is lawfully requested 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 arbitration panel.*

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

18. *If disclosure is otherwise specifically required by law.*

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

1. *Disclosures to family, friends, or others.* Your treatment provider 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 of your 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 IIIA, IIIB, and IIIC above, we 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 we have not taken any action subsequent to the original authorization) of your PHI by Via Psychology, Inc. In summary, most uses and disclosures of psychotherapy notes, marketing disclosures, and sale of PHI do require prior authorization by you, and you have the right to be notified in case of a breach of unsecured PHI.

IV. What Rights You Have Regarding Your PHI

These are your rights with respect to your PHI:

A. The Right to See and Get Copies of Your PHI. In general, you have the right to see your PHI that is in Via Psychology, Inc.'s possession, or to get copies of it; however, you must request this in writing. If we do not have your PHI, but we know who does, we will advise you how you can get it. You will receive a response from your treatment provider within 30 days of receiving your written request. Under certain circumstances, your treatment provider may feel they must deny your request, but if we do, we will give you, in writing, the reasons for the denial. Your treatment provider will also explain your right to have a denial reviewed. If you ask for copies of your PHI, Via Psychology, Inc. will charge you not more than \$.25 per page. We may see fit to provide you with a summary or explanation of the 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 Your PHI. You have the right to ask that Via Psychology, Inc. limit how we use and disclose your PHI. While we will consider your request, Via Psychology, Inc. is not legally bound to agree. If your treatment provider does agree to your request, they will put those limits in writing and abide by them except in emergency situations. You do not have the right to limit the use in disclosures that we are legally required or permitted to make.

C. The Right to Choose How We Send Your PHI to You. It is your right to ask that your PHI be sent to you at an alternate address (for example, sending information to your work address rather than home address) or by an alternate method (for example, via email instead of regular mail). Your treatment provider is obliged to agree to your request providing that we can give 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.

D. The Right to Get a List of the Disclosures We Have Made. You are entitled to a list of disclosures of your PHI that your treatment provider has made. The list will not include uses or disclosures to which you have already consented (i.e., those for treatment, payment, or healthcare operations), or those sent directly to you or your family; neither will the list include disclosures made for national security purposes, or to corrections or law enforcement personnel. After April 15, 2003, disclosure records will be held for 6 years.

Your treatment provider will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list we gave you will include disclosures made in the previous 6 years unless you indicate a shorter period. The list will include the date of the disclosure, to whom PHI was disclosed (including their address, if known), a description of the information disclosed, and the reason for the disclosure. Your treatment provider will provide the list to you at no cost, unless you make more than one request in the same year, in which case you will be charge a reasonable fee based on a set fee for each additional request.

E. The Right to Amend Your PHI. If you believe that there is some error in your PHI or that important information has been omitted, it is your right to request that your treatment provider correctly 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 your treatment provider's receipt of your request. Your treatment provider may deny your request, in writing, if they find that: the PHI is (a) correct and complete, (b) forbidden to be disclosed, (c) not part of your records, or (d) written by someone other than the treatment provider. The denial must be in writing and 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 for your request and that your denial to be attached to any future disclosures of your PHI. If we approve your request, your treatment provider will make the change(s) to your PHI. Additionally, your treatment provider 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.

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

V. How to Complain about My Privacy Practices

If, in your opinion, Via Psychology, Inc. may have violated your privacy rights, or if you object to a decision your treatment provider made about access 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 Ave. S.W. Washington, D.C. 20201. If you file a complaint about Via Psychology, Inc.'s privacy practices, your treatment provider will take no retaliatory action against you.

VI. Person to Contact for Information about This Notice or To Complain about My Privacy Practices

If you have questions about this notice or any complaints about Via Psychology, Inc.'s 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 Via Psychology, Inc. at: (858) 900-9393.

VII. Notifications of Breaches

In case of a breach, your treatment provider is required to notify each affected individual whose unsecured PHI has been compromised. Even if such a breach was caused by a business associate, Via Psychology, Inc. is ultimately responsible for providing the notification directly or via the business associate. If the breach involves more than 500 persons, the Office for Civil Rights (OCR) must be notified in accordance with instructions posted on its website. Via Psychology, Inc. bears the ultimate burden of proof to demonstrate that all notifications were given or that the

impermissible use of disclosure of PHI did not constitute a breach and must maintain supporting documentation, including documentation pertaining to the risk assessment.

VIII. 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 breach. Via Psychology, Inc. 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.

IX. Individuals' Right to Restrict Disclosures; Right of Access

To implement the 2013 HITECH Act, the Privacy Rule is amended. Via Psychology, Inc. is 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 the covered entity in full.

The 2013 Amendments also adopt the proposal in the interim rule requiring Via Psychology, Inc. to provide you, the patient, a copy of PHI requested in electronic form. The electronic format must be provided to you if it is readily producible. OCR clarifies that Via Psychology, Inc. must provide you only with an electronic copy of their PHI, not direct access to their electronic health record systems. The 2013 Amendments also give you the right to direct Via Psychology, Inc. to transmit an electronic copy of PHI to an entity or person designated by you. Furthermore, the amendments restrict the fees that Via Psychology, Inc. 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 modify the timeliness requirement for right of access, from up to 90 days currently permitted to 30 days, with a one-time extension of 30 additional days.

X. Effective Date of This Notice

This notice went into effect on September 30, 2020.