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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. PLEASE REVIEW IT CAREFULLY.

Privacy is a very important concern for all those who come to this office. Because of the many federal and state laws and the rules of my professional ethics that govern the privacy of all information that you give me (whether you say it or write it), maintaining your privacy is also complicated. Because the rules are so complicated, some parts of this notice are very detailed. If you have any questions, Dr. Franklin will be happy to help you understand procedures and your rights.

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### **A. Introduction: To my clients**

This notice will tell you how we handle your medical information. It tells how we use this information here in this office, how we share it with other professionals and organizations, and how you can see it. We want you to know all of this so that you can make the best decisions for yourself and your family. If you have any questions or want to know more about anything in this notice, please ask me for more explanations or more details.

### **B. Privacy and the laws about privacy**

We are required to tell you about privacy because of a federal law, the Health Insurance Portability and Accountability Act of 1996 (HIPAA). HIPAA requires us to carefully protect your private medical information and to give you this notice about our legal duties and our privacy practices. We will obey the rules described in this notice. If we change our privacy practices, they will apply to all the private medical information we keep. We will also post the new notice of privacy practices in our office where everyone can see. You or anyone else can also get a copy from me at any time.

### **C. What we mean by your medical information**

Each time you visit us or any doctor's office, hospital, clinic, or other health care provider, information is collected about you and your physical and mental health. This information may be about your past, present, or future health or conditions, or the tests and treatment you got from us or from others, or about payment for health care. The information we collect from you is called "protected health information" or "PHI." This information goes into your medical or

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health care records in our office.

In this office, your PHI is likely to include these kinds of information:

- Your history: Things that happened to you as a child; your school and work experiences; your marriage and other personal history.
- Reasons you came for treatment: Your problems, complaints, symptoms, or needs.
- Diagnoses: These are the medical terms for your problems or symptoms.
- Treatment plans: This is a list of the treatments and other services that we think will best help you.
- Progress notes: Each time you come in, we write down some things about how you are doing, what we notice about you, and what you tell us.
- Records we get from others who treated you or evaluated you.
- Psychological test scores, school records, and other reports.
- Information about medications you took or are taking.
- Legal matters.
- Billing and insurance information.

Beyond this list, other kinds of information may also go into your health care records here.

We use PHI for many purposes. For example, we may use it for any other following purposes:

- To plan your care and treatment.
- To decide how well our treatments are working for you.
- To facilitate conversations that we have with other health care professionals who are also treating you, such as your family doctor or the professional who referred you to us.
- To show that you actually received services from us, which we billed to you or to your health insurance company.
- To teach and train other health care professionals.
- To assist medical or psychological research.
- To support public health officials trying to improve health care in this area of the country.
- To improve the way we do our job by measuring the results of our work.

When you understand what is in your record and what it is used for, you can make better

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decisions about who, when, and why others should have this information.

Although your health care records in our office are our physical property, the information belongs to you. You can read your records, and if you want a copy, we can make one for you (but we may charge you for the costs of copying and mailing, if you want it mailed to you). In some very rare situations, you cannot see all of what is in your records. If you find anything in your records that you think is incorrect or believe that something important is missing, you can ask us to amend (add information to) your records, although in some rare situations we don't have to agree to do that. I am happy to explain this policy in greater detail.

#### **D. How your protected health information can be used and shared**

Except in some special circumstances, when we use your PHI in this office or disclose it to others, we share only the minimum necessary PHI needed for those other people to do their jobs. The law gives you rights to know about your PHI, to know how it is used, and to have a say in how it is shared. So we will tell you more about what we do with your information.

Mainly, we will use and disclose your PHI for routine purposes to provide for your care, and we will explain more about these below. For other uses, we must tell you about them and ask you to sign a written authorization form. However, the law also says that some uses and disclosures don't need your consent or authorization.

##### **1. Uses and disclosures with your consent**

We need information about you and your condition and the ability to share it to provide care to you. But you control your information, and we can collect, use, or share it only if you give us permission to do so. In other words, you have to agree to let us collect the information, use it, and share it. Therefore, you must sign a consent form before we begin to treat you. If you do not agree and consent we cannot treat you. That is why after you have read this notice, you will be asked to sign a separate consent form to allow us to use and share your PHI. Please know

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that in almost all cases we intend to use your PHI here or share it with other people or organizations to provide treatment to you, arrange for payment for our services, or some other business functions called “health care operations.”

**a. The basic uses and disclosure: For treatment, payment, and health care operations**

Next we will tell you more about how your information will be used for treatment, payment, and health care operations.

For treatment. We use your medical information to provide you with psychological treatments or services. These might include individual, family, or group therapy; psychological, educational, or vocational testing; treatment planning; or measuring the benefits of our services.

We may share your PHI with others who provide treatment to you. We are likely to share your information with your personal physician. If you are being treated by a team, we can share some of your PHI with the team members, so that the services you receive will work best together. The other professionals treating you will also enter their findings, the actions they took, and their plans into your medical record, and so we all can decide what treatments work best for you and make up a treatment plan. We may refer you to other professionals or consultants for services we cannot provide. When we do this, we need to tell them things about you and your conditions. We will get back their findings and opinions, and those will go into your records here. If you receive treatment in the future from other professionals, we can also share your PHI with them. These are some examples so that you can see how we use and disclose your PHI for treatment.

For payment. We may use your information to bill you, your insurance, or others, so we can be paid for the treatments we provide to you. We may contact your insurance company to find out exactly what your insurance covers. We may have to tell them about your diagnoses, what treatments you have received, and the changes we expect in your conditions. We will need to

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tell them about when we met, your progress, and other similar things.

For health care operations. Using or disclosing your PHI for health care operations goes beyond our care and your payment. For example, we may use your PHI to see where we can make improvements in the care and services we provide. We may be required to supply some information to some government health agencies, so they can study disorders and treatment and make plans for services that are needed. If we do, your name and personal information will be removed from what we send.

#### **b. Other uses and disclosures in health care**

*Appointment reminders.* We may use and disclose your PHI to reschedule or remind you of appointments for treatment or other care. If you want us to call or write to you only at your home or only your work, or only in some other way you prefer, we usually can arrange that. Just tell us.

*Treatment alternatives.* We may use and disclose your PHI to tell you about or recommend possible treatments or alternatives that may be of help to you.

*Other benefits and services.* We may use and disclose your PHI to tell you about health-related benefits or services that may be of interest to you.

*Research.* We may use or share your PHI to do research to improve treatments—for example, comparing two treatments for the same disorder, to see which works better or faster or costs less. In all cases, your name, address, and other personal information will be removed from the information given to researchers. If they need to know who you are, we will discuss the research project with you, and we will not send any information unless you give us permission in writing to do so.

*Business associates.* We hire other businesses to do some jobs for us. In the law, they are called our “business associates.” Examples include a copy service to make copies of your health records, and a billing service to figure out, print, and mail our bills. These business associates need to receive some of your PHI to do their jobs properly. To protect your privacy, they have

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agreed in their contract with us to safeguard your information.

## **2. Uses and disclosures that require your authorization**

If we want to use your information for any purpose besides those described above, we need your permission on an authorization form. We don't expect to need this very often. If you do allow us to use or disclose your PHI, you can cancel that permission in writing at any time. We would then stop using or disclosing your information for that purpose. Of course, we cannot take back any information we have already disclosed or used with your permission.

## **3. Uses and disclosures that don't require your consent or authorization**

The law lets us use and disclose some of your PHI without your consent or authorization in some cases. Here are some examples of when we might do this.

### **a. When required by law**

Some federal, state, or local laws require us to disclose PHI:

- We have to report suspected child abuse.
- If you are involved in a lawsuit or legal proceeding, and we receive a subpoena, discovery request, or other lawful process, we may have to release some of your PHI. We will only do so after trying to tell you about the request, consulting your lawyer, or trying to get a court order to protect the information they requested.
- We have to disclose some information to the government agencies that check on us to see that we are obeying the privacy laws.

### **b. For law enforcement purposes**

We may release medical information if asked to do so by a law enforcement official to investigate a crime or criminal.

### **c. For public health activities**

We may disclose some of your PHI to agencies that investigate diseases or injuries.

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**d. Relating to decedents**

We may disclose PHI to coroners, medical examiners, or funeral directors, and to organizations that specialize in organ, eye, or tissue donations or transplants.

**e. For specific government functions**

We may disclose PHI of military personnel and veterans to government benefit programs relating to eligibility and enrollment. We may disclose your PHI to workers' compensation and disability programs, to correctional facilities if you are an inmate, or to other government agencies for national security reasons.

**f. To prevent a serious threat to health or safety**

If we come to believe that there is a serious threat to your health or safety or to that of another person or the public, we can disclose some of your PHI. We will share information only with those persons or agencies who can prevent the danger.

**4. Uses and disclosures where you have an opportunity to object**

We can share some information about you with your family or close others. We will share information only with those involved in your care and anyone else you choose, such as close friends or clergy. We will ask you which persons you want us to tell and what information you want us to tell them about your condition or treatment. You can tell us what you want, and we will honor your wishes as long as some legal or ethical obligation does not prevent us from doing so.

If an emergency arises, and we cannot ask you for your guidance, we can share information if we believe that you would have wanted to share the information and if we believe sharing it will help you. If we do share information, in an emergency, we will tell you as soon as we can. If you don't approve we will stop, as long as some legal or ethical obligation does not prevent us from doing so..

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## **E. Your rights concerning your health information**

### **1. Right to choose how we communicate**

You can ask us to communicate with you about your health and related issues in a particular way or at a certain place that is more private for you. For example, you can ask us to call you at home, and not at work, to schedule or cancel an appointment. We will try our best to do as you ask.

### **2. Right to set limits regarding what we share**

You have the right to ask us to limit what we tell people (for example, family members and friends) who are involved in your care or with payment for your care. We will honor your request except (a) when doing so violates the law or our ethical responsibilities, (b) in an emergency, or (c) when the information is necessary to treat you.

### **3. Right to inspect and copy your records**

You have the right to look at the health information we have about you, such as your medical and billing records. You have the right to a copy of this notice. If we change this notice, we will post the new one in our waiting area, and you can always get a copy from me. We may charge you for copies. Let me know if you would like to see your records.

### **4. Right to amend your records**

If you believe that the information in your records is incorrect or missing something important, you can ask us to make additions to your records to correct the situation. You have to make this request in writing and send it to me. You must also tell us the reasons why you want to make the changes.

### **5. Right to complain**

You have the right to file a complaint if you believe your privacy rights have been violated. You can file a complaint with me and with the Secretary of the U.S. Department of Health and

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Human Services. All complaints must be in writing. Filing a complaint will not change the health care we provide to you in any way.

You may have other rights that are granted to you by the laws of our state, and these may be the same as or different from the rights described above. We will be happy to discuss these situations with you now or as they arise.

#### **6. Right to an accounting of disclosures**

When we disclose your PHI, we may keep records noting whom we sent it to, when we sent it, and what we sent. You can get an accounting (a list) of many of these disclosures.

#### **F. If you have questions or problems**

If you need more information or have questions about the privacy practices described above, please speak to the privacy officer, whose name and telephone number are listed below. If you have a problem with how your PHI has been handled, or if you believe your privacy rights have been violated, contact the privacy officer. As stated above, you have the right to file a complaint with us and with the Secretary of the U.S. Department of Health and Human Services. We promise that we will not in any way limit your care here or take any actions against you if you complain. If you have any questions or problems about this notice or our health information privacy policies, please contact Dr. Franklin.

The effective date of this notice is June 16, 2010, the date this practice became HIPAA-compliant.

#### **G. Changes to this policy**

I reserve the right to change this notice and to make changes to my privacy practices. Any changes will be effective for all PHI that I maintain. Including health or mental health information created or received before I made the changes. I will post a copy of the current notice in my reception area and on my Web site. You may also request a current copy of this

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notice from me.

For more information about my privacy practices and how I will protect your privacy and private information, please contact me by phone or mail.