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## Privacy Policy

This notice tells you how I make use of your health information, how I might disclose your health information to others, and how you can get access to the same information. Please review this notice carefully and feel free to ask for clarification about anything in this material you might not understand. The privacy of your health information is very important to me and I want to do everything possible to protect that privacy.

I have a legal responsibility under the laws of the United States and the state of California to keep your health information private. Part of my responsibility is to give you this notice about my privacy practices. Another part of my responsibility is to follow the practices in this notice. This notice took effect on December 11<sup>th</sup>, 2023 and will be in effect until I replace it. I have the right to change any of these privacy practices as long as those changes are permitted or required by law.

Any changes in my privacy practices will affect how I protect the privacy of your health information. This includes health information I will receive about you or that I create here. These changes could also affect how I protect the privacy of any of your health information I had before the changes. When I make any of these changes, I will also change this notice and provide you with access to the new notice.

If you have any questions or concerns about the material in this document, please ask me for assistance, which I will provide at no charge to you. Here are some examples of how I use and disclose information about your health information. I may use or disclose your health information:

1. To your physician or other healthcare provider who is also treating you.
2. To any person required by federal, state, or local laws to have lawful access to your treatment program.
3. To receive payment from a third party payer for services I provide for you.
4. To anyone you give us written authorization to have your health information, for any reason you want. You may revoke this authorization in writing anytime you want. When you revoke an authorization it will only effect your health information from that point on.
5. To a family member, a person responsible for your care, or your personal representative in the event of an emergency. If you are present in such a case, I will give you an opportunity to object. If you object, or are not present, or are incapable of responding, I may use my professional judgment, in light of the nature of the emergency, to go ahead and use or disclose your health information in your best interest at that time. In so doing, I will only use or disclose the aspects your health information that is necessary to respond to the emergency.

This is strictly confidential information. Redisclosure or transfer is expressly prohibited by law.

6. To the appropriate State agency if I suspect the neglect or abuse of a minor or adult. If, in my professional judgment, I believe that a client is threatening serious harm to another, I am required to take protective action, which may include notifying the police, or seeking the client's hospitalization. If a client threatens to harm him or herself, I may be required to seek hospitalization and/or additional crisis services.
7. To a qualified mental health professional whom I have designated in the event of an unplanned absence or emergency on my part, whether due to injury, illness, death, or any other reason, who is willing to inform you of my status and ensure your continued care by providing referrals. The client authorizes these designated mental health professionals to access treatment and financial records only in accordance with the terms agreed upon between these mental health professionals and Dr. Smith, only in the event that the therapist experiences an event that has caused or is likely to cause a significant unplanned absence from practice.
8. In the instance of Health Oversight: If a complaint is filed against me with the California Board of Psychology, the Board has the authority to subpoena confidential mental health information from me relevant to that complaint.
9. If you are involved in a court proceeding and a request is made about the professional services that I have provided you, I must not release your information without 1) your written authorization or the authorization of your attorney or personal representative; 2) a court order, or 3) a subpoena duces tecum (a subpoena to produce records) where the party seeking your records provides me with a showing that you or your attorney have been served with a copy of the subpoena, affidavit and the appropriate notice, and you have not notified me that you are bringing a motion in the court to quash (block) or modify the subpoena. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court-ordered. I will inform you in advance if this is the case.
10. If you file a worker's compensation claim, I may disclose to your employer your medical information created as a result of employment-related health care services provided to you at the specific prior written consent and expense of your employer so long as the requested information is relevant to your claim provided that is only used or disclosed in connection with your claim and describes your functional limitations provided that no statement of medical cause is included.
11. I will not use your health information in any of my marketing, development, public relations, or related activities without your written authorization. I cannot use or disclose your health information in any ways other than those described in this notice unless you give me written permission.

As a client with me you have these important rights:

- A. With limited exceptions, you can make a written request to inspect your health information that is maintained by us for my use.
- B. You can ask us for photocopies of the information in part "A" above. There will be a \$5.00 charge for copies I make. If you need copies of your health information due to a Third party request, I will charge a fee of \$25.00 for the first 10 pages, then \$1.00 for each additional page.
- C. You have a right to a copy of this notice at no charge.
- D. You can make a written request to have us communicate with you about your health information by alternative means, at an alternative location. (An example would be if you request that I contact you on an alternative phone number other than your residence) Your written request must specify the alternative means and location.

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- E. You can make a written request that I place other restrictions on the ways I use or disclose your health information. I may deny any or all of your requested restrictions. If I agree to these restrictions, I will abide by them in all situations except those which, in my professional judgment, constitute an emergency.
- F. You can make a written request that I amend the information in part "A" above. If I approve your written amendment, I will change my records accordingly. I will also notify anyone else who may have received this information, and anyone else of your choosing. If I deny your amendment, you can place a written statement in my records disagreeing with my denial of your request.
- G. You may make a written request that I provide you with a list of those occasions where I disclosed your health information for purposes other than treatment, payment, or my operations. This can go back as far as six years, but not before July 4<sup>th</sup>, 2019.
- H. If you request the accounting in "G" above more than once in a 12-month period I may charge you a fee based on my actual costs of tabulating these disclosures.
- I. If you believe I have violated any of your privacy rights, or you disagree with a decision I have made about any of your rights in this notice you may file a complaint with me and with the Secretary of the U.S. Department of Health and Human Services. All complaints must be in writing.