**PATIENT BILL OF RIGHTS**

You have the right to:

\* Request and receive information about the psychologist's professional capabilities, including licensure, education, training, experience, professional association membership, specialization, and limitations.

\* Verify licensure/registration of the psychologist/psychological assistant with the Board of Psychology and receive information about any license discipline. You can do this on the Board's website at www.psychboard.ca.gov. Click on "DCABreeze,” then “To Verify a License.”

\* Have written information about fees, methods of payment, insurance reimbursement, number of sessions, length of sessions, professional assistance when your therapist is not available (in cases of vacation and emergencies) and cancellation policies before beginning therapy. This kind of information is referred to as informed consent.

\* Know the limits of confidentiality and the circumstances in which a therapist is legally required to disclose information to others.

\* Receive a verbal or written treatment plan.

\* Have a safe environment, free from sexual, physical or emotional abuse.

\* Expect that your therapist should not involve you in any social or business relationship that conflicts with your therapy relationship.

\* Ask questions about your therapy or psychological assessment.

\* Refuse to answer any question or disclose any information you choose not to reveal.

\* Request that the therapist inform you of your progress.

\* Know if there are supervisors, consultants, students, registered psychological assistants or others with whom your psychologist will discuss your case.

\* Refuse a particular type of treatment or end treatment at any time without obligation or harassment.

\* Refuse or request electronic recording of your sessions.

\* Request and (in most cases) receive a summary of your records, including the diagnosis, treatment plan, your progress, and type of treatment.

\* Report unprofessional behavior by a therapist.

\* Receive a second opinion at any time about your therapy or about your therapist’s methods.

\* Receive referral names, addresses and telephone numbers in the event that your therapy needs to be transferred to someone else and to request that a copy or a summary of your records be sent to any therapist or agency you choose.

**WHAT DOES HIPAA MEAN TO YOU?**

An Introduction to Privacy Rights for Clients

You may have heard about the complex new federal privacy rule under the Health Insurance Portability and Accountability Act, better known as HIPAA. It is important that, as a client of Burbank Therapeutic Centers, A Psychological Corporation, you understand what this rule means, and how it could affect you.

In general, HIPAA establishes requirements for how your therapist -- as well as other health care professionals and organizations -- use and disclose your records. HIPAA also provides certain basic privacy rights and helps clarify all patient privacy rights, including those that exist under state law. Following is a brief summary of the HIPAA rule. Attached you will also find a detailed notice of your privacy rights, which is a requirement of HIPAA.

Under the HIPAA rules:

* We will exercise even greater care in handling your records to prevent unauthorized individuals from seeing them.
* You generally have the right to review your records, receive a copy of them, and request that any errors be corrected. In certain situations, we have the right to deny such requests.
* You have increased protection from insurance companies and others who may ask to see your records.
* You are able to request certain restrictions on the disclosure of your records –although we may use our best judgment about whether to comply with your request.
* You have the right to receive confidential communications of health information at any location you specify. For example, a client may request that a bill be sent to an address other than his or her home, or ask me not to leave any messages on a home answering machine.

Be assured that Burbank Therapeutic Centers, Inc. considers maintaining our patients’ privacy a critical component of our practice. The Notice of Private Practices attached to this letter explains our privacy practices in greater detail, which is a requirement of HIPAA.

Please let us know if you have any questions about our Notice of Privacy Practices.

You may contact us at: 716 South Victory Blvd in Burbank 91502 at (818)208-1833, or discuss any questions you may have with your therapist.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Client's Name), have received a copy of Burbank Treatment Center, A Psychological Corporation’s Notice Of Privacy Practices.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Client Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Guardian/ Representative Date

**NOTICE OF PRIVACY PRACTICES**

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Burbank Therapeutic Centers, A Psychological Corporation (BTC) is a private group of independent mental health providers who deliver direct psychological services. The therapists of BTC create and maintain treatment records that contain individually identifiable health information about their clients. These records are generally referred to as medical records or mental health records, and this notice, concerns the privacy and confidentiality of those records and the information contained therein.

I. Disclosures For Treatment, Payment, or Health Care Operations

We may use and disclose your protected health information for certain treatment, payment, and healthcare operations purposes without your authorization. In certain circumstances we can only do so when the person or business requesting your PHI gives me a written request that includes certain promises regarding protecting the confidentiality of your PHI. To help clarify these terms, here are some definitions:

 “PHI” refers to information in your health record that could identify you.

 “Treatment and Payment Operations:”

—“Treatment” is when I provide or another healthcare provider diagnoses or treats you. An example of treatment would be when I consult with another healthcare provider, such as your family physician or another psychologist, regarding your treatment.

—“Payment” is when I obtain reimbursement for your healthcare. Examples of payment are when I disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.

—“Health Care Operations” is when I disclose your PHI to your health care service plan (e.g. your health care insurer), or to other health care providers contracting with your plan, for administering the plan, such as case management and care coordination.

 “Use” applies only to activities outside of my office/practice, such as sharing, employing, applying, utilizing, examining and analyzing information that identifies you.

 “Disclosure” applies to activities outside of my office/practice, such as releasing, transferring, or providing access to information about you to other parties.

 “Authorization” means written permission for specific uses or disclosures

II. Uses and Disclosures Requiring Authorization

We may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. In those instances when I am asked for information, we will obtain an authorization from you before releasing this information. We will also need to obtain an authorization before releasing psychotherapy notes. “Psychotherapy notes” are notes we have made about our conversation during a private, group, joint or family counseling session, which we have kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

You may revoke or modify all such authorizations (of PHI or psychotherapy notes) at any time, however, the revocation or modification is not effective until we receive it.

III. Uses and Disclosures with Neither Consent nor Authorization

We may disclose PHI without your consent or authorization in the following circumstances:

• Child Abuse: Whenever we, in our professional capacity, have knowledge of or observe a child we know, or reasonable suspect, has been the victim of child abuse or neglect, we must immediately report such to a police department or sheriff’s department, county probation department, county welfare department (e.g. Child Protective Services). Additionally, if we have knowledge of or reasonably suspect that mental suffering has been inflicted upon a child, or that

his/her emotional wellbeing is endangered in any other way, we must report such to the above agencies.

• Adult and Domestic Abuse: If we, in our professional capacity, have observed or have knowledge of an incident that reasonably appears to be physical abuse, abandonment, abduction, isolation, financial abuse or neglect of an elder or dependent adult, or if we are told by an elder or dependent adult that he or she has experienced these or if we reasonably suspect such, we must report the known or suspected abuse immediately to the local ombudsman or local law enforcement agency.

• 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.

• Judicial or Administrative Proceedings: 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; 3). A subpoena duces tectum (a subpoena to produce records) where the party seeking your records provides me with a showing that your 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 where the evaluation is court ordered. We will inform you in advance if this is the case.

• Serious Threat to Health or Safety: If you communicate to me a serious threat of physical violence against an identifiable victim, we must make reasonable efforts to communicate that information to the potential victim and the police. The aforementioned also applies to yourself if you communicate that you are at risk of being the recipient of physical violence arising from a family member. If we have reasonable cause to believe that you are in such a condition, as to be dangerous to yourself or others, or are in danger yourself of being physically harmed by a family member, we may release relevant information as necessary to prevent the threatened danger.

• Workers Compensation: If you file a Worker’s Compensation claim, we must furnish a report to your employer, incorporating my findings about your injury and treatment, within five working days from the date of your initial examination, and at subsequent intervals as may be required by the administrative director of the Worker’s Compensation Commission in order to determine your eligibility for worker’s compensation.

IV. Patient’s Rights and Psychologist’s Duties

1. Right to Request Restrictions – You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, we are not required to agree to a restriction you request.

2. Right to Receive Confidential Communications by Alternative Means and at Alternative Locations – You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are seeing me. Upon your request, we will send your bills to another address.)

3. Right to Inspect and Copy – You have the right to inspect or obtain a copy (or both) of PHI in my mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. We may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. On your request, we will discuss with you the details of the request and denial process.

4. Right to Amend – You have a right to an amendment of PHI for as long as the PHI is

maintained in the record. We may deny your request. On your request we will

discuss with you the details of the amendment process.

5. Right to an Accounting – You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in section III of this notice). On your request, we will discuss with you the details of the accounting process.

6. Right to a Paper Copy – You have the right to obtain a paper copy of this notice from me upon request, even if you have agreed to receive the notice electronically.

7. Right to File a Complaint – You have the right to file a complaint if you feel your privacy rights have been violated. Upon request, your therapist will provide you with the information needed to file your complaint. Under no circumstances will we retaliate against you for filing a complaint.

If a client wishes to learn more detailed information about any of the above rights, or their limitations, please let your therapist know. They are willing to discuss any of these matters with their clients. Additionally, you may discuss any concerns with the Privacy Officer.

**The Duties of The Mental Health Professionals of Burbank Therapeutic Centers:**

The mental health professionals of Burbank Therapeutic Centers, A Psychological Corporation (BTC) are required by law to maintain the privacy and confidentiality of their clients' personal health information. This notice is intended to let our clients know of our legal duties, their rights, and our privacy practices with respect to such information. BTC is required to abide by the terms of the notice currently in effect. BTC reserves the right to change the terms of this notice and/or privacy practices and to make the changes effective for all protected health information that we maintain, even if it was created or received prior to the effective date of the notice revision. If we make a revision to this notice, BTC will make the notice available at the office upon request on or after the effective date of the revision and the revised notice will be posted in a clear and prominent location.

If a client of BTC needs or desires further information related to this Notice or its contents, or if he or she have any questions about this Notice or its contents, please feel free to contact the Privacy Officer. As the Contact Person for this practice, the Privacy Officer will do their best to answer questions and to provide him or her with additional information.

**Privacy Officer Contact Information:**

Aileen Garibyan, Psy.D. Licensed Psychologist and CEO

Voice phone: (818)208-1883

-This notice first became effective on May 1, 2015