

Richard J. Moyer III, Psy.D.
Psychologist, PSY 21503

3101 4th Avenue
San Diego, CA 92103
Office (619) 980-1435
Fax (619) 542-0332

CALIFORNIA NOTICE FORM

Notice of Psychologists' Policies and Practices to Protect the Privacy of Your Health Information

I may use or disclose protected health information (PHI) for purposes outside of treatment, payment, and health care operations when your authorization is obtained. You may revoke or modify all such authorizations of PHI at any time in writing.

I may disclose PHI without your consent or authorization in the following situations:

- **Child Abuse:** If there is reason to suspect that a child is the victim of abuse or neglect, I am required to file a report with the appropriate agency.
- **Elder/Dependent Adult Abuse:** If there is reason to suspect physical or fiduciary abuse of an elder (or dependent adult), abandonment or abduction, I am required to report the abuse to the appropriate agency.
- **Health Oversight:** If a complaint is filed against me with the California Board of Psychology (BOP), the Board has the authority to subpoena confidential mental health information relevant to the complaint.
- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made about the services I have rendered, I cannot release the information without (1) your written consent, (2) a court order, or (3) a subpoena duces tecum where the party seeking your records provides me with a showing that you or our attorney have been served with a copy of the subpoena, affidavit, and the appropriate notice. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court-ordered.
- **Serious threat to Health or Safety:** If a patient or family member communicates a threat of violence against a victim or a victim's property, I must take protective actions, including warning the potential victim and contacting law enforcement.

Patient's Rights

- **Right to Request Restrictions:** You have the right to request restrictions on certain uses and disclosures of protected health information about you.
- **Right to Receive Confidential Communications by Alternate Means and at Alternate Locations:** You have the right to request and receive confidential communications of PHI by alternate means and at alternate locations.
- **Right to Inspect and Copy:** You have the right to inspect or obtain a copy 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. In some circumstances, access may be denied, but you may have the decision reviewed.
- **Right to Amend:** You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. The request may be denied.
- **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.

Questions and Complaints: If you believe that your privacy rights have been violated and wish to file a complaint, you may send a written complaint to the U.S. Secretary of the U.S. Department of Health and Human Services: 200 Independence Aye, SW Washington. D.C. 20201

Your signature below indicates your consent for evaluation and treatment and that you have been informed of the limits of confidentiality and provided a HIPAA notice form.

Client Signature: _____

Date: _____

Therapist Signature: _____

Date: _____