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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. I will provide you with a copy. Please review it carefully. I encourage you to ask any questions you might have and am happy to discuss any aspect of this form.

I am required by law to maintain the privacy and security of your protected health information ("PHI") and to provide you with this Notice of Privacy Practices ("Notice"). I must abide by the terms of this Notice, and I must notify you if a breach of your unsecured PHI occurs. I can change the terms of this Notice, and such changes will apply to all information I have about you. The new Notice will be available upon request, in my office, and on my website.

Except for the specific purposes set forth below, I will use and disclose your PHI only with your written authorization ("Authorization"). It is your right to revoke such Authorization at any time by giving me written notice of your revocation.

Certain Uses (Inside Practice) and Disclosures (Outside Practice) Do Not Require Your Written Consent

Although my preference is always to obtain your Authorization to disclose your PHI, I can use and disclose your PHI without your Authorization for the following reasons:

1. For your treatment. I can use and disclose your PHI to treat you, which may include disclosing your PHI to another health care professional. For example, if you are being treated by a physician or a psychiatrist, I can disclose your PHI to them to help coordinate your care.
2. To obtain payment for your treatment. I can use and disclose your PHI to bill and collect payment for the treatment and services provided by me to you. For example, I might send your PHI to your insurance company to get paid for the health care services that I have provided to you.
3. For health care operations. I can use and disclose your PHI for purposes of conducting health care operations pertaining to my practice, including contacting you when necessary. For example, I may

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need to disclose your PHI to my attorney to obtain advice about complying with applicable law.

4. For mandated reporter requirements. I can use and disclose your PHI for the purposes of reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone's health or safety.
5. To comply with the law. I can use and disclose your PHI when disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.

Your Rights Regarding Your PHI

You have the following rights with respect to your PHI:

1. The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask me not to use or disclose certain PHI for treatment, payment, or health care operations purposes. I am not required to agree to your request, and I may say "no" if I believe it would adversely affect your health care.
2. The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full. You have the right to request restrictions on disclosures of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full.
3. The Right to Choose How I Send PHI to You. You have the right to ask me to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and I will agree to all reasonable requests.
4. The Right to See and Get Copies of Your PHI. Other than "psychotherapy notes," you have the right to get an electronic or paper copy of your medical record and other information that I have about you. I will provide you with a copy of your record, or a summary of it, if you agree to receive a summary, within 30 days of receiving your written request, and I may charge a reasonable, cost based fee for doing so.
5. The Right to Get a List of the Disclosures I Have Made. You have the right to request a list of instances in which I have disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided me with an Authorization. I will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list I will give

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you will include disclosures made in the last six years unless you request a shorter time. I will provide the list to you at no charge, but if you make more than one request in the same year, I will charge you a reasonable cost based fee for each additional request.

6. The Right to Correct or Update Your PHI. If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that I correct the existing information or add the missing information. I may say "no" to your request, but I will tell you why in writing within 60 days of receiving your request.
7. The Right to Get a Paper or Electronic Copy of this Notice. You have the right get a paper copy of this Notice, and you have the right to get a copy of this notice by e-mail. And, even if you have agreed to receive this Notice via e-mail, you also have the right to request a paper copy of it.

Uses and Disclosures I Will Never Make

In addition to the restricted uses and disclosures of your PHI as described above, I will never use or disclose your PHI for the following:

1. Marketing Purposes. I will not use or disclose your PHI for marketing purposes.
2. Sale of PHI. I will not sell your PHI in the regular course of my business.

How to Submit a Complaint About My Privacy Practices

If you think I may have violated your privacy rights, you may file a complaint with me, as the Privacy Officer for my practice. I will not retaliate against you in any manner if you file a complaint about my privacy practices.

My address and telephone number are: Tara Ingram, PhD (PSY28067), 3101 I Street, Suite 103, Sacramento, CA 95816. (916) 890-0279.

You can also file a complaint with the *U.S. Department of Health and Human Services Office for Civil Rights* by:

1. Sending a letter to: Centralized Case Management Operations, US Dept of Health and Human Services, 200 Independence Avenue, S.W., Room 509F HH Bldg, Washington, D.C. 20201
2. Calling 1-877-696-6775
3. Visiting www.hhs.gov/ocr/privacy/hipaa/complaints.

EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on October 1, 2018

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ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

By signing this form, you acknowledge receipt of the *Notice of Privacy Practices* that I have given to you. My *Notice of Privacy Practices* is subject to change. If I change my notice, you may obtain a copy of the revised notice from me by contacting me. If you have any questions about my *Notice of Privacy Practices*, please contact me.

I HAVE READ, UNDERSTAND, AND AM IN AGREEMENT WITH THE INFORMATION. I WAS PROVIDED WITH A COPY OF THIS FORM.

Name of Patient (please print)

Signature of Patient

Date

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