

Weekend Behavioral Health

Dawei Wang, D.O.

19712 MacArthur Blvd Ste: 110, Irvine, CA 92612

Phone: (909) 317-8650 Fax: (866) 358-0456

E-mail: weekendbehavioralhealth@gmail.com

Website: <https://www.weekendbehavioralhealth.com/>

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.

My Pledge to Safeguard Your Protected Health Information

Your confidentiality is of utmost importance to me, and I am committed to protecting your sensitive medical information. I create a record of the care and services you receive from me solely for use in your care and treatment. This notice is intended to inform you of the ways in which I may use and disclose medical information about you. It describes your rights and my obligations regarding the use and disclosure of your protected health information.

Protected Health Information (PHI) refers to any information in your medical record that could potentially identify you. It includes information about your past, present or future health or condition, the provision of health care to you, or payment for health care. Some examples of PHI include, but are not limited to: name, address, date of birth, age, phone number, diagnosis, medical record, and billing records.

I am required by state and federal law to maintain the security and privacy of your PHI, and to clearly outline my privacy practices, my legal obligations, and your rights in this Notice of Privacy Practices. This notice has been in effect since April 14, 2003, and I must abide by the terms described therein while it remains in effect.

How I May Use and Disclose Your Protected Health Information

According to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the HIPAA Privacy Rule, there are numerous reasons for which I am permitted to use and/or disclose your PHI. The following sections will describe the different ways I may use/disclose your PHI. With the exception of specific circumstances, I will use/disclose only the minimum amount of your PHI necessary to accomplish the purpose for the use/disclosure. Certain information such as substance abuse information, HIV information, and mental health information is subject to special restrictions related to its use/disclosure. I abide by all applicable state and federal laws related to the protection of this information.

Client or responsible party (if application) Initial: _____

In general, I am permitted to use/disclose your PHI for the purposes of treatment, payment for services, and for my normal health care operations. Most other uses/disclosures of your PHI will require your explicit permission via a signed Authorization. Below I outline the potential uses/disclosures of your PHI that do and do not require your written authorization, as described in the HIPPA Privacy Rule. Not every use or disclosure is listed, but they will fall within one of the following categories.

1) Uses and/or Disclosures of PHI for Treatment, Payment, and Health Care Operations That Do Not Require Authorization

Treatment: I may use/disclose your health information to a physician or other health care provider providing treatment to you or for the management of healthcare related services. This includes but not limited to consultations and referrals between one or more providers. I may disclose medical information about you to other physicians, nurses, technicians, medical students and other healthcare personnel that are involved in your care. For example, an insurance company may contact a provider on your behalf to facilitate your access to mental health treatment.

Appointment Scheduling/Reminders: The Privacy Rule allows me to contact you by phone/voicemail to schedule appointments and to leave appointment reminders, unless you specifically request an alternate means of communication.

Payment: I may use/disclose your PHI in order to obtain payment for the services I provide. As an example, your health insurance company may need to determine your eligibility and the coverage you receive for mental health services. In such a case, I am permitted to disclose your PHI to your health insurer.

Health Care Operations: I may use/disclose your PHI for purposes of standard health care operations. For example, I may disclose your PHI to your medical health insurer for case management or care coordination purposes. In addition, your PHI may be used to comply with law and regulations, contractual obligations, patients' claims, grievances or lawsuits.

2) Uses/Disclosures of PHI that Require Authorization

You may permit me via written authorization to use your health information or disclose it to anyone for any purpose. You may revoke that authorization in writing at any time. Any use/disclosure that took place while the authorization was in effect will not be affected by your revocation. Other than the permitted uses/disclosures described in this Notice, I cannot and will not use/disclose your PHI unless you give me written authorization.

Psychotherapy Notes: Written authorization will also be required before releasing your psychotherapy notes. Psychotherapy notes are notes I have made about our conversation during individual, group, conjoint, or family therapy sessions. These notes will be kept separately from your medical record, and require a greater degree of protection than PHI.

3) Uses/disclosures of PHI that Do Not Require Your Authorization or Consent

HIPPA Privacy Rule provides that I may use/disclose your PHI without your Authorization in several different circumstances outlined below.

Client or responsible party (if application) Initial: _____

As Required by Law: I may use/disclose your PHI when required to do so by federal or state law as listed below. **To Avert Serious Threat to Health or Safety:** I may use/disclose your PHI when necessary to prevent or lessen a serious and imminent threat to your health and safety or the health and safety of the public or another person. Any disclosure would be to someone with the capacity to help stop or reduce the threat. For example, if you communicate an intent to harm an identifiable victim, I am required by law to communicate that information to the potential victim and to the police.

Abuse, Neglect, and Domestic Violence: I may disclose your PHI to appropriate authorities if I have a reasonable suspicion you are a possible victim of abuse, neglect, domestic violence or of other crimes.

Child Abuse: Whenever I, in my professional capacity, have knowledge of or observe a child I know or reasonably suspect has been the victim of child abuse or neglect, I must immediately report this to the police/sheriff's department, county probation department, child protective services, or county welfare department. If I have knowledge of or reasonable suspicion that a child has suffered psychological suffering as a result of verbal abuse, or that his/her emotional well-being is endangered in any other way, I may report this to the authorities listed above.

Adult and Domestic Abuse: If I, in my professional capacity, have observed or have knowledge of an incident that reasonably appears to be physical abuse, abandonment, abduction, isolation, fiduciary abuse or neglect of an elder or dependent adult, or if I am told by an elder or dependent adult that he or she has experienced these things, or if I have a reasonable suspicion this has occurred, I must report the known or suspected abuse immediately to the local ombudsman or local law enforcement. I do not have to report such an incident told to me by an elder or dependent adult if (a) I am not aware of any independent evidence that corroborates the statement that the abuse has occurred, (b) the elder or dependent adult has been diagnosed with a mental illness or dementia, or is the subject of a court-ordered conservatorship because of a mental illness or dementia; and (c) in the exercise of clinical judgment, I reasonably believe that the abuse did not occur.

Organ and Tissue Donation: If you are an organ donor, I may disclose your medical information to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Military and Veterans: If you are or were a member of the armed forces, I may release medical information about you to military command authorities as authorized or required by law. We may also release medical information about foreign military personnel to the appropriate military authority as authorized or required by law.

Workers' Compensation: I may use/disclose medical information about you for Workers' Compensation or similar programs as authorized or required by law. These programs provide benefits for work-related injuries or illness.

Public Health Disclosures: I may disclose PHI about you for public health purposes. These purposes include the following:

- Preventing or controlling the spread of disease or injury;
- Public health surveillance or investigations;

Client or responsible party (if application) Initial: _____

- Reporting adverse events with respect to food, medications, dietary supplements or problems with products;
- Notifying persons of recalls, repairs or replacements of products they may be using;
- Notifying a person who may have been exposed to a disease or may be at risk of contracting or spreading a disease or condition;
- Reporting to an employer findings concerning a work-related illness or injury or workplace-related medical surveillance;

Health Oversight Activities: I may use/disclose your PHI to governmental, licensing, auditing, and accrediting agencies as authorized or required by law.

Judicial and Administrative Proceedings: I may disclose PHI to courts, attorneys and court employees in the course of conservatorship and certain other judicial or administrative proceedings.

Lawsuits and Other Legal Actions: In connection with lawsuits or other legal proceedings, I may disclose your PHI in response to a court or administrative order, or in response to a subpoena, discovery request, warrant, summons or other lawful process.

Law Enforcement: I may use/disclose your PHI for the purpose of identifying or locating a suspect, fugitive, material witness, or missing person, or reporting crimes in emergencies, or reporting a death suspected to be the result of criminal conduct.

Coroners, Medical Examiners and Funeral Directors: In a majority of circumstances, I may disclose medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine cause of death. I may also disclose PHI of clients to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities: As authorized or required by law, I may disclose your PHI to authorized federal officials for intelligence, counterintelligence, and other national security activities.

Protective Services for the President and Others: As authorized or required by law, I may disclose your PHI to authorized federal officials so they may conduct special investigations or provide protection to the President, other authorized persons or foreign heads of state.

Inmates: If you are an inmate of a correctional institution or under the custody of law enforcement officials, I may disclose your PHI to the correctional institution as authorized or required by law.

4) Uses/Disclosures Requiring You to Have an Opportunity to Object:

I may disclose your PHI in the following circumstances if I inform you about the disclosure in advance and you do not object. I may use or disclose health information to notify or assist the notification of (including identifying or locating) a family member, your personal representative or another person responsible for our care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your PHI, I will provide you with an opportunity to object to such use/disclosure. However, in the event of your incapacity or emergency circumstances and you cannot be given an opportunity to object, disclosure may be made if it is consistent with any prior expressed wishes and disclosure is determined to be in your best interests. I will disclose only health information that is

Client or responsible party (if application) Initial: _____

directly relevant to the person's involvement in your healthcare. You must be informed and given an opportunity to object to further disclosure as soon as you are able to do so.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

Your medical record is my property. However, HIPAA Privacy Rule grants you the following individual rights regarding your PHI:

Right to Inspect and Copy: You have the right to inspect and/or obtain a copy of your 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. On your request I will locate and copy your health information for a fee of \$1.00 per page, and postage if the copies are to be mailed. Under certain circumstances, I may deny your request to inspect/copy your medical record. In such cases you may have the denial reviewed by another professional, and I will comply with the outcome of the review.

Right to Request an Amendment or Addendum: If you feel that your PHI in the medical record is incorrect or incomplete, you may request that I amend the information or add an addendum to the PHI. The request must be made in writing and must clearly explain your reasons for the request. You have this right as long as the PHI is maintained in the medical record. I may deny your request to amend information if (a) the information was not created by me, (b) it is not part of the PHI kept by me, (c) it is not part of the information which you would be permitted to inspect and/or copy, and (d) it is accurate and complete in the record.

Right to an Accounting of Disclosures: You have the right to receive a list of certain disclosures I have made of your PHI

Your request must be made in writing and state the time period (no longer than six previous years, and not including dates before April 14, 2003). You are entitled to one accounting within any 12-month period at no cost. Any additional requests in the same 12-month period you will be charged for the cost of compiling the accounting. You will be notified of the cost of the accounting before any costs are incurred so that you may choose to withdraw or modify your request.

Right to Request Restrictions: You have the right to request restrictions or limitation on certain uses and disclosures of PHI about you for treatment, payment or health care operations, as well as information disclosed to an individual in your care or the payment for your care, such as a family member or friend. I am not required to agree to a restriction you request. You do not have the right to limit the uses/disclosures that I am legally required or permitted to make according to the Privacy Rule. If I agree to the restriction/limitation, I will put the agreement in writing, and abide by it except in emergency situations.

Right to Receive Confidential Communications by Alternative Means and at Alternative Locations: You have the right to request and receive confidential communication of PHI by alternative means and at alternative locations. For example, if you do not want a family member to know you are receiving my services, you may request that I send your mailings to another address. You must make your request in writing, with specifics as to how and where you wish to be contacted. I will do my best to accommodate all reasonable requests.

Client or responsible party (if application) Initial: _____

Right to a Paper Copy of This Notice: You have the right to obtain a paper copy of this Notice of Privacy Practices from me upon request.

Changes to My Privacy Practices and This Notice:

I reserve the right to change my privacy practices and this notice at any time provided the changes are permitted by applicable law. Prior to any changes, I will change this Notice, and make the new Notice available to you upon request. The revised Notice will be effective for PHI I already have about you as well as any information I receive in the future.

Questions or Complaints:

If you have questions or concerns about this notice, please contact me at the contact information listed below.

If you believe I may have violated your privacy rights or you disagree with a decision I have made about your access to your health information, a request for an amendment, addendum, accounting of disclosure, restriction/limitation, or for alternative means or location of communication of confidential information, you may submit a complaint to me at the contact information listed below. You may also submit a written complaint to the Secretary of the U.S. Department of Health and Human Services. Upon request I will provide you with the address to file your complaint with the U.S. Department of health and Human Services. Any complaint you file, must be received by me, or filed with the Secretary, within 180 days of the date you became aware of the suspected violation.

As stated earlier, your privacy is of utmost importance to me, and I support your right to privacy. I will not retaliate in any way if you make a complaint.

Effective Date: This Notice of Privacy Practices is effective 1/9/2023

Contact Information:

Weekend Behavioral Health

Dawei Wang, D.O.

19712 MacArthur Blvd Ste: 110, Irvine, CA 92612

Phone: (718) 415-6803 Fax: (XXX) XXX-XXXX

E-mail: weekendbehavioralhealth@gmail.com

Website: <https://www.weekendbehavioralhealth.com/>

Client or responsible party (if application) Initial: _____