

NOTICE OF PRIVACY PRACTICES

PLEASE READ THE FOLLOWING CAREFULLY AS IT DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED.

Privacy practices:

We are obligated by law to safeguard your health information. We may only disclose your health information under the following condition:

1. For Treatment:

We may need to communicate with other health care professionals about you¹. This communication would be in the service of improving our understanding of you and your health. Prior to disclosing information about you, we will obtain your specific and written consent to do so.

2. For Payment:

We may need to disclose your health information for billing and collection activities. At times, insurance companies wish to review detailed information about our services. We will disclose only the information needed to procure payment for services rendered.

3. For Office Purposes:

We need to share your health information without our clinic office staff. Our administrative staff is instrumental to billing, record review, and quality care management. We may also have someone in the office make reminder appointment calls or call to reschedule an appointment. If you do not want to be contacted for appointment reminders or changes in appointment times, please provide alternative instructions in writing.

The following are conditions which your health information may be disclosed without your authorization:

1. When we are required to do so by law. This would occur whenever abuse, neglect, or domestic violence is suspected.
2. For public health activities, as required by Federal or State law.
3. During judicial and administrative proceedings, as requested via a court order, subpoena discovery request, or other lawful process.

¹“You” pertains to an individual adult patient or a minor patient. A parent or other legal representative must review this document on behalf of the minor.

4. For law enforcement activities, such as identifying or locating a suspect, fugitive, material witness or missing person, or reporting crimes in emergencies, or reporting a fatality.
5. When relating to survivors of patients who have died.
6. To avert a serious threat to your health and safety, or the health and safety of another.

Your Rights Regarding Your Health Information:

You have the right to view and obtain copies of your health information within our clinic. You must make this request in writing. Under certain circumstances, we may deny your request. If this occurs, we will provide you with the reasons for this denial. You will not be charged more than \$.25 per page for a copy of your health information.

You have the right to request limits on the uses and disclosures of your health information. If we do not agree on these limitations, a rationale will be provided to you in writing.

You can choose how your health information is sent to you. Some individuals prefer regular mail. Others prefer email or alternative delivery options.

You have a right to know to whom we have made disclosures about your health information.

You have a right to amend your health information.

You have a right to a paper copy of this notice.

Complaints:

If you think that your privacy rights have been violated you may contact Sovereign Health of California, (949) 369-1300 or you may file a complaint to the Secretary of the United States Department of Health and Human Services at 200 Independence Avenue S.W., Washington D.C. 20201. You will not be penalized for filing a complaint.

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Sovereign Health of California (SHoCA)
209 Avenida Fabricante, Suite #100, San Clemente, California 92672
Tel. 949.369.1300 Fax 949.498.2619

Acknowledge of Receipt of Notice of Privacy Practices

Client's Name

Date of Birth:

Parent/Guardian's Name if applicable:

By signing below, I hereby acknowledge receipt of Sovereign Health of California's Notice of Privacy Practices.

Signature of Client:
(Parent or Guardian if applicable)

Date:

For doctor use only:

Sovereign Health of California has made good faith efforts to obtain written acknowledgement of receipt of the Notice of Privacy Practices, but has been unable to obtain it. The following efforts were made.

Melissa Huy, Ph.D.
Director, Neuropsychological Services

Date: