

YANON VOLCANI, Ph.D.
CLINICAL AND CONSULTING PSYCHOLOGY
1224 PROSPECT ST., STE. 110
LA JOLLA, CA 92037
(858) 459-5557; DRV@VOLCANI.COM
WWW.VOLCANI.COM

HIPAA Notice of Privacy Practices
to Protect the Privacy of your Health Information

This notice describes how psychological and medical information about you may be used and disclosed, and how you can have access to this information. Please read it carefully.

I. My Responsibilities:

The confidentiality of your personal health/psychological information is of paramount importance to me. Your health information includes records that I create and obtain when I provide your care, such as records of what led you to seek treatment or consultation, your symptoms, diagnosis, examination/assessment and test results, treatment, and referrals for future care. Also included are billing records, insurance claims, and other payment information that I maintain related to my services to you.

This notice describes how I handle your health information and your rights regarding this information. In general, I am required to:

maintain the privacy of your health information as required by law;

provide you with this notice of my duties and privacy practices regarding the health information about you that I collect and maintain;

follow the terms of my notice currently in effect.

II. Contact Information:

After reviewing this notice, if you need further information or want to contact me for any reason regarding handling of your health information, please direct any communications to myself:

Yanon Volcani, PhD
1224 Prospect St., Ste. 110
La Jolla, CA 92037
858/459-5557

III. Uses and Disclosure of Information:

It is my policy to obtain a written authorization from you for disclosure of your Protected Health Information (“PHI”)/psychological information prior to disclosure, unless otherwise mandated or required by law as noted below.

Please know that the clients/families involved in a Court-ordered mediation or evaluation have limited confidentiality as a result of the legal nature of the process. Various information, conclusions and recommendations will be forwarded to the attorneys and/or the Court as expected and explained elsewhere during or at conclusion of the mediation/evaluation process.

IV. Other Uses and Disclosures:

- a. If utilized, to office staff of Yanon Volcani, PhD, billing persons and transcribers, for the purpose of processing your case. All staff and business associates are informed of the Rules of Confidentiality regarding your records, and have agreed to abide by these policies and procedures.
- b. As otherwise directed by law. For example, the law requires release of relevant information when there is a reasonable suspicion of child, elder, or “dependent person” abuse, or when the person is a threat to her/himself and/or another person. In those circumstances, authorities and the intended potential victims must be notified. Additionally, information must be released when mandated by a Court Order and/or certain correctly completed subpoenas, as well as for Licensing Board investigations. Other releases also may apply, as mandated by law.

V. Patients’ Rights and Duties of Yanon Volcani, PhD:

- a. Right to request restrictions: You have the right to request restrictions on certain uses and disclosures of your health information. However, I am not necessarily required to agree to the restrictions requested. Furthermore, restrictions are not allowed in Court-ordered evaluations or non-confidential mediation.
- b. Right to receive confidential communications by alternate means at alternate locations: You may request I communicate with you by alternate means, such as making records available to pick-up, or mailing them to an alternate address, such as a PO box. I will accommodate reasonable requests for such confidential communications.
- c. Right to request review and/or receive copies of your health information maintained in my files: If I am unable to fulfill your request, I will inform you in writing the reason for my denial and your right, if any, to request a review of the decision.

- d. Right to request that I amend your health information that is maintained in my files: Your request must explain why you believe my records about you are incorrect or otherwise require amendment. If I am unable to fulfill your request, I will inform you in writing the reason for the denial and tell you how you may contest my position, including your right to submit a statement of disagreement. This statement will be added to your records.
- e. Right to request a list of my disclosures of your health information: The list, known as an “accounting” of disclosures, will not include certain disclosures such as those made for treatment payment, transcriptions, or health care operations. Your request should indicate the period of time in which you are interested (e.g., from January 1, 2010 to June 1, 2010). I likely will be unable to provide you with an accounting of any disclosures made before January 1, 2000, or for a period longer than six years. Your request should be in writing, and I have sixty days in which to respond.
- f. Right to request a paper copy of this notice.
- g. In order to exercise any of your rights listed above, you must submit your request in writing to me. If you have any questions about your rights, please speak with me in person, by telephone, or by written communication to my office address listed above.
- h. You can request a copy of this notice at any time. Before a significant change is made in my policies in this regard, I will change my written notice. You may receive a copy of this notice at 1224 Prospect St., Ste. 110, La Jolla, CA 92037. This notice is effective as of March 15, 2003.
- i. If you believe your privacy rights have been violated, you may file a written complaint by mailing or delivering it to myself as noted above. Furthermore, you can file a complaint to the Secretary of Health and Human Services by writing to the U.S. Department of Health and Human Services. I can provide you with the appropriate address upon request. I cannot and will not make you waive your right to file a complaint as a condition to receiving care or any of my services, nor penalize you in any manner whatsoever for filing a complaint.

VI. Type of Information Available:

Your entire clinical record is available for review. The clinical record may include information about your reasons for seeking my services; your personal and medical history; a description of the ways your concerns and/or symptoms impact your functioning and your life; your diagnosis/es; the treatment goals and any other results you are seeking; your treatment history; your progress toward said goals and results; past treatment records; reports of professional consultations and collateral contacts; billing

records and information regarding reports that have been sent to others (e.g., insurance companies, attorneys). Except in unusual circumstances, such as those in which disclosure would physically or otherwise endanger you or others, or make reference to another person (unless that person is a health care provider), upon written request you may examine and/or receive copies of records. It should be noted that the clinical record does not include psychotherapy notes. Because clinical records can contain technical terms, they can be misinterpreted or disturbing for the reader. For this reason, I strongly recommend you initially review these records in a professional context with your treating or consulting mental health professional. If you are not an active client of mine at the time your request the records, then I strongly recommend that the records be forwarded to a mental health professional with whom you can discuss the contents of the records. There may be a reasonable copying and mailing fee charged for the copying and forwarding of the records. If I believe there is a reason to deny access to the records, I will provide an explanation in person, by telephone, and/or in written form. Sometimes a client can contest this denial, in which case a professional third party can be brought in to review the circumstances and render an opinion. The client may request access in person or in writing, and I will record the request. Typically, I will have fifteen days to provide the information or an explanation.

Client’s Acknowledgement of Receipt of Notice of Privacy Practices

Client’s Name (please print): _____

Date of Birth: _____

I acknowledge I have received and read the Notice of Privacy Practices of Yanon Volcani, PhD, which was made effective on March 15, 2003.

Signature (Client or Authorized Representative):

X _____

Date: _____