

HIPAA Confidentiality of Personal Health Information

Health Insurance Portability and Accountability Act

This Notice describes how information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

As a client of AABMH you are entitled to receive notice about our privacy practices and how they may use and disclose your personal health information in different circumstances. This Notice explains how they may use and disclose your personal health information, the choices and rights you have about how your personal health information may be used and disclosed, and our obligations to protect the privacy of your personal health information.

AABMH and its employees provide administrative support such as client and insurance billing, office space, clerical services, and voice messaging to the professional staff. AABMH and its employees do not engage in professional mental health practice. Each physician or therapist is an independent individual performing their professional service in a private practice as governed and licensed by the State of California. AABMH protects the personal health information (PHI) of our patients.

When you sign a request for health coverage, your health plan is allowed to collect PHI. PHI includes both medical and ID information. Examples of PHI are your diagnosis, social security number, birth date, and phone number.

Your health plan may use and share PHI for the following reasons:

- To make a referral
- To provide treatment
- To coordinate care
- To pay provider claims
- To comply with a legal requirement
- To investigate a quality concern
- To protect personal safety

Written approval is required for any other release of PHI

If you cannot provide written approval, you may choose a legal representative to act for you.

Your PHI is not shared with your employer unless you give written authorization.

If you believe your privacy rights have been violated, in addition to filing a complaint with them, you have the right to file a written complaint with the Office of Civil Rights of the United States Department of Health and Human Services. Under no circumstances will they retaliate against you for filing a complaint with us or the Office of Civil Rights.

Patient Signature

Date