

## Michelle Matoff Psy.D., LCSW # 15900

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**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.**

Your health record contains personal information about you and your health. This information about you that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services is referred to as Protected Health Information (“PHI”). This Notice of Privacy Practices describes how I may use and disclose your PHI in accordance with applicable law, including the Health Insurance Portability and Accountability Act (“HIPAA”), regulations promulgated under HIPAA including the HIPAA Privacy and Security Rules, and the *NASW Code of Ethics*. It also describes your rights regarding how you may gain access to and control your PHI.

I am required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI. I am required to abide by the terms of this Notice of Privacy Practices. I reserve the right to change the terms of our Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that I maintain at that time. I will provide you with a copy of the revised Notice of Privacy Practices by posting a copy on my website, sending a copy to you in the mail upon request or providing one to you at your next appointment.

### **HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU**

**For Treatment.** Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation with clinical supervisors or other treatment team members. I may disclose PHI to any other consultant only with your authorization. I participate in consultations with colleagues on an ongoing basis for the purpose of providing you with the best care possible. All necessary precautions are taken to ensure confidentiality including, but not limited to, not using your name or sharing any information that would identify you. If you do not wish for me to consult with my colleagues about you, please let me know. Otherwise, I will assume I have your approval to do

**For Payment.** I may use and disclose PHI so that I can receive payment for the treatment services provided to you. This will only be done with your authorization. Examples of payment-related activities are: making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities. If it becomes necessary to use collection processes due to lack of payment for services, I will only disclose the minimum amount of PHI necessary for purposes of collection.

**For Health Care Operations.** I may use or disclose, as needed, your PHI in order to support business activities including, but not limited to, quality assessment activities, employee review activities, licensing, and conducting or arranging for other business activities. For example, I may share your PHI with third parties that perform various business activities (e.g., billing or typing services) provided I have a written contract with the business that requires it to safeguard the privacy of your PHI. For training or teaching purposes PHI will be disclosed only with your authorization.

**Required or Permitted by Law.** Under the law, I must disclose your PHI to you upon your request. In addition, I must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining my compliance with the requirements of the Privacy Rule.

**Without Authorization.** Following is a list of the categories of uses and disclosures permitted by HIPAA without an authorization. Applicable law and ethical standards permit me to disclose information about you without your authorization only in a limited number of situations.

1. If you threaten or I believe or suspect that you may do violence or harm to yourself or another. Some of the steps I may take include but are not limited to informing or warning the intended victim and/or the appropriate law enforcement agencies such as the police or sheriff.
2. If you reveal or suspect that a child or elderly/dependent person has been/may be physically and/or sexually abused/neglected. In the case of self-harm, I am permitted to reveal information to others if I decide it is necessary to prevent the threatened harm from occurring.
3. If you are under the age of 18, parental consent is necessary in most cases. There are a few exceptions and I can share those with you before you make an appointment. Otherwise, your parents/guardian has the right to know about your treatment. I suggest that parents/guardian and adolescents meet with me during the initial consultation to discuss parameters of what specific information will be shared with your parents/guardian about your sessions.
4. A primary care physician and/ or other healthcare providers may request information of your treatment without an explicit release of information. I am permitted to disclose information to other healthcare providers, health care professionals or facilities for purposes of your diagnosis and treatment.
5. The court of law may order me to release information. If you make your mental health an issue before the court, you may be waiving your right to keep your record confidential. You may wish to consult your attorney regarding such matters before you have disclosed that you have received treatment. I will assert the privilege to confidentiality on your behalf and will notify you should I receive a subpoena for your records. I would then have you sign an authorization to release the records before I release any information.
6. If the police suspect you of a crime, I may be obligated as required by California law (Section 215 of the US Patriot Act) to release your records. The situations where I would have to provide information to the police without a warrant/subpoena would be extremely rare. If asked to do so by law enforcement, and as authorized or required by law, I can release medical information about the death of a suspect to be the result of criminal conduct, about a suspected victim of crime under certain limited circumstances and if the person refuses to agree to obtain this information, to identify or locate a suspect, fugitive or missing person, or in the case of terrorism prevention.
7. Changes in the law effective in 2015 require reporting any instance in which you (or your child) disclose that you (or your child) have accessed, streamed, or downloaded material in which a child is engaged in an obscene sexual act.
8. Penal code §11165.13 states that harmful substances used during pregnancy can and have been prosecuted by law in California.

**Judicial and Administrative Proceedings.** I may disclose your PHI pursuant to a subpoena (with your written consent), court order, administrative order or similar process.

**Deceased Patients.** I may disclose PHI regarding deceased patients as mandated by state law, or to a family member or friend that was involved in your care or payment for care prior to death, based on your prior consent. A release of information regarding deceased patients may be limited to an executor or administrator of a deceased person's estate or the person identified as next-of-kin. PHI of persons that have been deceased for more than fifty (50) years is not protected under HIPAA.

**Medical Emergencies.** I may use or disclose your PHI in a medical emergency situation to medical personnel only in order to prevent serious harm. I will try to provide you a copy of this notice as soon as reasonably practicable after the resolution of the emergency.

**Family Involvement in Care.** I may disclose information to close family members or friends directly involved in your treatment based on your consent or as necessary to prevent serious harm.

**Health Oversight.** If required, I may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies

and organizations that provide financial assistance to the program (such as third-party payors based on your prior consent) and peer review organizations performing utilization and quality control.

**Law Enforcement.** I may disclose PHI to a law enforcement official as required by law, in compliance with a subpoena (with your written consent), court order, administrative order or similar document, for the purpose of identifying a suspect, material witness or missing person, in connection with the victim of a crime, in connection with a deceased person, in connection with the reporting of a crime in an emergency, or in connection with a crime on the premises.

**Specialized Government Functions.** I may review requests from U.S. military command authorities if you have served as a member of the armed forces, authorized officials for national security and intelligence reasons and to the Department of State for medical suitability determinations, and disclose your PHI based on your written consent, mandatory disclosure laws and the need to prevent serious harm.

**Public Health.** If required, I may use or disclose your PHI for mandatory public health activities to a public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, or if directed by a public health authority, to a government agency that is collaborating with that public health authority.

**Public Safety.** I may disclose your PHI if necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. If information is disclosed to prevent or lessen a serious threat it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

**Research.** PHI may only be disclosed after a special approval process or with your authorization.

**Verbal Permission.** I may also use or disclose your information to family members that are directly involved in your treatment with your verbal permission.

**With Authorization.** Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked at any time, except to the extent that I have already made a use or disclosure based upon your authorization. The following uses and disclosures will be made only with your written authorization: 1) most uses and disclosures of PHI for marketing purposes, 2) including subsidized treatment communications; (3) disclosures that constitute a sale of PHI; and (4) other uses and disclosures not described in this Notice of Privacy Practices.

## **YOUR RIGHTS REGARDING YOUR PHI**

You have the following rights regarding PHI I maintain about you. To exercise any of these rights, please submit your request in writing to myself, Privacy Officer, Dr. Michelle Matoff, Psy.D., LCSW, CBC PO Box 85 Avila Beach CA 93424 (805) 888-8534.

- **Right of Access to Inspect and Copy.** You have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI that is maintained in a “designated record set”. A designated record set contains mental health/medical and billing records and any other records that are used to make decisions about your care. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you or if the information is contained in separately maintained psychotherapy notes. I may charge a reasonable, cost-based fee for copies. If your records are maintained electronically, you may also request an electronic copy of your PHI. You may also request that a copy of your PHI be provided to another person.
- **Right to Amend.** If you feel that the PHI I have about you is incorrect or incomplete, you may ask us to amend the information although I am not required to agree to the amendment. If I deny your request for amendment, you have the right to file a statement of disagreement with us. I may prepare a rebuttal to your statement and will provide you with a copy. Please contact the Privacy Officer if you have any questions.
- **Right to an Accounting of Disclosures.** You have the right to request an accounting of certain of the disclosures that I make of your PHI. I may charge you a reasonable fee if you request more than one accounting in any 12-month period.

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. I am not required to agree to your request unless the request is to restrict disclosure of PHI to a health plan for purposes of carrying out payment or health care operations, and the PHI pertains to a health care item or service that you paid for out of pocket. In that case, I am required to honor your request for a restriction.
- **Right to Request Confidential Communication.** You have the right to request that I communicate with you about health matters in a certain way or at a certain location. I will accommodate reasonable requests. I may require information regarding how payment will be handled or specification of an alternative address or other method of contact as a condition for accommodating your request. I will not ask you for an explanation of why you are making the request.
- **Reminders for Appointments.** I remind patients of their appointments usually, the day before their appointment. If you object to this action, please let this psychotherapist know. I send information about treatment to your PCP without written permission for continuity of care purposes e.g., request for more sessions, report writing, shared patient treatment. If you do not want such disclosures, please inform this psychotherapist. Please be aware that this may impede fluidity of your treatment and decrease optimum treatment outcomes for you.
- **Breach Notification.** If there is a breach of unsecured PHI concerning you, I may be required to notify you of this breach, including what happened and what you can do to protect yourself.
- **Right to a Copy of this Notice.** You have the right to a copy of this notice.
- **Changes to this Notice:** I may change the terms of this Notice at any time. If I change the Notice, I may make the new Notice terms effective for all PHI I maintain, including any information created or received prior to issuing the new notice. If I change this Notice, I will post the revised Notice in the waiting area of my office or provide it to you in person, or post it on my website [www.drmatoff.com](http://www.drmatoff.com). You may request a copy of the revised notice by contacting the Privacy Officer.

## COMPLAINTS

If you have specific questions or concerns about confidentiality, your health care privacy rights, or psychotherapy in general, please know I am happy to discuss and answer your questions. If you think your rights are being denied or your health information is not being protected, please let me know so we can work together to resolve your concern. You can also contact the U.S. Department of Health and Human Services at [www.hhs.gov/ocr/privacy/](http://www.hhs.gov/ocr/privacy/)

If you believe I have violated your privacy rights, you have the right to file a complaint in writing with the Secretary of Health and Human Services at 200 Independence Avenue, S.W. Washington, D.C. 20201 or by calling (202) 619-0257. **I will not retaliate against you for filing a complaint.**

Making a complaint to me about the protection of our health information and/or to the US Department of Health and Human Services will not change the quality of mental health care you receive from me.

**The effective date of this Notice is November 2023**

My signature below indicates I have received a copy of this notice.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

