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NOTICE OF PRIVACY PRACTICES

I. 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.

II. I HAVE A LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI)

I am legally required to protect the privacy of your PHI, which includes information that can be used to identify you that I've created or received about your past, present, or future health or condition, the provision of health care to you, or the payment of this health care. I must provide you with this Notice about my privacy practices, and such Notice must explain how, when, and why I will "use" and "disclose" your PHI. A "use" of PHI occurs when I share, examine, utilize, apply, or analyze such information within my practice; PHI is "disclosed" when it is released, transferred, has been given to, or is otherwise divulged to a third party outside of my practice. With some exceptions, I may not use or disclose any more of your PHI than is necessary to accomplish the purpose for which the use or disclosure is made. And, I am legally required to follow the privacy practices described in this Notice.

However, I reserve the right to change the terms of this Notice and my privacy policies at any time. Any changes will apply to PHI on file with me already. Before I make any important changes to my policies, I will promptly change this Notice and post a new copy of it in my office and on my website. You can also request a copy of this Notice from me, or you can view a copy of it in my office or at my website, which is located at www.drcraigkain.com.

III. HOW I MAY USE AND DISCLOSE YOUR PHI. I will use and disclose your PHI for many different reasons. For some of these uses or disclosures, I will need your prior authorization; for others, however, I do not. Listed below are the different categories of my uses and disclosures along with some examples of each category.

A. Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations Do Not Require Your Prior Written Consent. I can use and disclose your PHI without your consent for the following reasons:

1. For Treatment. I can disclose your PHI to physicians, psychiatrists, psychologists, and other licensed health care providers who provide you with health care services or are involved in your care. For example, if a psychiatrist is treating you, I can disclose your PHI to your psychiatrist in order to coordinate your care.
2. To Obtain Payment for Treatment. I can use and disclose your PHI to bill and collect payment for the treatment and services provided by me to you. For example, I might send your PHI to your insurance company or health plan to get paid for the health care services that I have provided to you. I may also provide your PHI to my business associates, such as billing companies, claims processing companies, and others that process my health care claims.
3. For Health Care Operations. I can disclose your PHI to operate my practice. For example, I might use your PHI to evaluate the quality of health care services that you receive. I may also provide your PHI to my accountants, attorneys, consultants, and others to make sure I'm complying with applicable laws.
4. Other Disclosures. I may also disclose your PHI to others without your consent in certain situations. For example, your consent isn't required if you need emergency treatment, as long as I try to get your consent after treatment is rendered, or if I try to get your consent but you are unable to communicate with me (for example, if you are unconscious or in severe pain) and I think that you would consent to such treatment if you were able to do so.

B. Certain Uses and Disclosures Do Not Require Your Consent. I can use and disclose your PHI without your consent or authorization for the following reasons:

1. When federal, state or local law; judicial or administrative proceedings; or, law enforcement requires disclosure. For example, I may make a disclosure to applicable officials when a law requires me to report information to government agencies and law enforcement personnel about victims of abuse or neglect; or when ordered in a judicial or administrative proceeding.
2. For public health activities. For example, I may have to report information about you to the county coroner.
3. For health oversight activities. For example, I may have to provide information to assist the government when it conducts an investigation or inspection of a health care provider or organization.
4. To avoid harm. In order to avoid a serious threat to the health or safety of a person or the public, I may provide PHI to law enforcement personnel or persons able to prevent or lessen such harm.
5. For specific government functions. I may disclose PHI of military personnel and veterans in certain situations. And I may disclose PHI for national security purposes, such as protecting the President of the United States or conducting intelligence operations.
6. For workers' compensation purposes. I may provide PHI in order to comply with workers' compensation laws.
7. Appointment reminders and health-related benefits or services. I may use PHI to provide appointment reminders or give you information about treatment alternatives, or other health care services or benefits I offer.

C. Certain Uses and Disclosures Require You to Have the Opportunity to Object.

1. Disclosures to Family, Friends, or Others. I may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

D. Other Uses and Disclosures Require Your Prior Written Authorization. In any other situation not described in sections III A, B, and C above, I will ask for your written authorization before using or disclosing any of your PHI. If you choose to sign an authorization to disclose your PHI, you can later revoke such authorization in writing to stop any future uses and disclosures (to the extent that I haven't taken any action in reliance on such authorization) of your PHI by me.

IV WHAT RIGHTS YOU HAVE REGARDING YOUR PHI
You have the following rights with respect to your PHI:

A. The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask that I limit how I use and disclose your PHI. I will consider your request, but I am not legally required to accept it. If I accept your request, I will put any limits in writing and abide by them except in emergency situations. You may not limit the uses and disclosures that I am legally required or allowed to make.
B. The Right to Restrict Disclosures When You Have Paid for Your Care Out-of-Pocket. You have the right to restrict certain disclosures of PHI to a health plan when you pay out-of-pocket in full for my services.
C. The Right to Choose How I Send PHI to You. You have the right to ask that I send information to you to at an alternate address (for example, sending information to your work address rather than your home address) or by alternate means (for example, e-mail instead of regular mail). I must agree to your request so long as I can easily provide the PHI to you in the format you requested.
D. The Right to See and Get Copies of Your PHI. In most cases, you have the right to look at or get copies of your PHI that I have, but you must make the request in writing. If I don't have your PHI but I know who does, I will tell you how to get it. I will respond to you within 30 days of receiving your written request. In certain situations, I may deny your request. If I do, I will tell you, in writing, my reasons for the denial and explain your right to have my denial reviewed. Instead of providing the PHI you requested, I may provide you with a summary or explanation of the PHI as long as you agree to that in advance.
E. The Right to Get a List of the Disclosures I Have Made. You have the right to get a list of instances in which I have disclosed your PHI. The list will not include uses or disclosures that you have already consented to, such as those made for treatment, payment, or health care operations, directly to you, or to your family. The list also won't include uses and disclosures made for national security purposes, to corrections or law enforcement personnel, or disclosures made before April 15, 2002. I will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list I will give you will include disclosures made in the last six years unless you request a shorter time. The list will include the date of the disclosure, to whom PHI was disclosed (including their address, if known), a description of the information disclosed, and the reason for the disclosure
F. The Right to Correct or Update Your PHI. If you believe that there is a mistake in your PHI or that a piece of important information is missing, you have the right to request that I correct the existing information or add the missing information. You must provide the request and your reason for the request in writing. I will respond within 60 days of receiving your request to correct or update your PHI. I may deny your request in writing if the PHI is (i) correct and complete, (ii) not created by me, (iii) not allowed to be disclosed, or (iv) not part of my records. My written denial will state the reasons for the denial and explain your right to file a written statement of disagreement with the denial. If you don't file one, you have the right to request that your request and my denial be attached to all future disclosures of your PHI. If I approve your request, I will make the change to your PHI, tell you that I have done it, and tell others that need to know about the change to your PHI.
G. The Right to Get This Notice by E-Mail. You have the right to get a copy of this notice by e-mail. Even if you have agreed to receive notice via e-mail, you also have the right to request a paper copy of it.

V. HOW TO COMPLAIN ABOUT OUR PRIVACY PRACTICES
If you think that I may have violated your privacy rights, or you disagree with a decision I made about access to your PHI, you may file a complaint with the person listed in Section VI below. You also may send a written complaint to the Secretary of the Department of Health and Human Services at 200 Independence Avenue S.W., Washington, D.C. 20201. I will take no retaliatory action against you if you file a complaint about my privacy practices.

VI. PERSON TO CONTACT FOR INFORMATION ABOUT THIS NOTICE OR TO COMPLAIN ABOUT MY PRIVACY PRACTICES
If you have any questions about this notice or any complaints about my privacy practices, or would like to know how to file a complaint with the Secretary of the Department of Health and Human Services, please contact me at:
Craig Kain, Ph.D.,
3416 E. Broadway, Ste A, Long Beach, CA 90803
(562) 987-1766
drcraigkain@craigkain.com

VII EFFECTIVE DATE OF THIS NOTICE This notice went into effect on April 14, 2003.

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BREACH ADDENDUM TO NOTICE OF PRIVACY PRACTICES

I. THIS NOTICE DESCRIBES WHAT I WILL DO IF I LEARNN OF OR SUSPECT A BREACH OF YOUR PROTECTED HEALTH INFORMATION (PHI). PLEASE REVIEW IT CAREFULLY.

II. BACKGROUND

In January 2013, the U.S. Department of Health and Human Services (HHS) issued a final rule implementing the Health Information Technology for Economic and Clinical Health (HITECH) Act modification to the Privacy Rule and other rules under the Health Insurance Portability and Accountability Act (HIPAA). This act added a requirement that I must give notice to you and to HHS if I discover that "unsecured" Protected Health Information (PHI) has been breached. A "breach" is defined as the acquisition, access, use or disclosure of PHI in violation of the HIPAA Privacy Act. An example of a breach is stolen or improperly accessed PHI.

III. WHAT I WILL DO IF I BECOME AWARE OR SUSPECT A BREACH

A. Risk Assessment. If I become aware or suspect a breach as defined above, I will conduct a Risk Assessment. This risk assessment considers the following four factors to determine if PHI has been compromised:

1. The nature and extent of PHI involved. For example, does the breached PHI provide your name or other information enabling an unauthorized user to determine your identity?
2. To whom the PHI may have been disclosed. This refers to the unauthorized person who used the PHI or to whom the disclosure was made. For example, was this person an outside thief or hacker, or a knowledgeable insider who inappropriately accessed your records.
3. Whether the PHI was actually acquired or viewed.
4. The extent to which the risk to the PHI has been mitigated.

I am required to keep a written record of the Risk Assessment.

B. Giving You Notice. Unless I determine that there is a low probability that PHI has been compromised I will give you notice of the breach without unreasonable delay and within 60 days of the discovery. This notice will include:
1. A brief description of the breach, including dates.
2. A description of the types of unsecured PHI involved.
3. The steps you should take to protect against potential harm.
4. A brief description of steps I have taken to investigate the incident, mitigate harm, and protect against further breaches.
5. My contact information.

C. Giving HHS Notice. I am required to keep a log of breaches during the calendar year and to provide notice to HHS of all breaches within 60 days after the year ends.

D. Breaches Involving Business Associates. A "business associate" is an organization or person outside of my practice to whom I send, or with whom I share PHI so that they can provide service to me or on my behalf. For example, I have business associate relationships with the provider of my secure email and the company that provides my electronic medical records system and cloud storage of such data. These business associates are also required to comply with applicable HIPAA provisions and have signed a contract with me stating their compliance. If business associates are involved in a breach, they must notify me of it. It is then my duty to provide notice to you and HHS of these breaches as explained above.

E. Post-Breach Assessment. After any breach, particularly one that requires notice, I will re-assess my privacy and security practices to determine what changes should be made to prevent the re-occurrence of such breaches.