



DENISE GRETCHEN-DOORLY, PH.D.

DR. DOORLY

9171 Wilshire Blvd., Penthouse Suite | Beverly Hills, CA 90210 | Phone: (310) 988-9942 | Fax: (310) 273-1818 | www.drdoorly.com

NOTICE OF PRIVACY PRACTICES (HIPAA)

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

About this Notice:

This Notice will tell you about the ways this practice may use and disclose health information that identifies you (“Health Information”). Your rights and certain obligations this practice has regarding the use and disclosure of Health Information are also described. This practice is required by law to maintain the privacy of Health Information that identifies you; give you this Notice of the practice’s legal duties and privacy practices with respect to your Health Information; and follow the terms of the Notice that are currently in effect. This Notice covers this practice in its entirety.

How This Practice May Use and Disclose Health Information About You:

The following categories describe different ways that Health Information about you may be disclosed:

For Treatment:

This practice may use Health Information about you to provide you with psychological treatment or services. Health Information about you may be disclosed to other healthcare providers, with your informed consent.

For Payment:

This practice may use and disclose Health Information so that it may bill for treatment and services you receive and so it can collect payment from you, an insurance company, or another third party. For example, this practice may need to give your health plan information about your treatment in order for your health plan to pay for such treatment. This practice may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment. In the event a bill is overdue, this practice may need to give Health Information to a collection agency as necessary to help collect the bill or may disclose an outstanding debt to credit reporting agencies.

Appointment Reminder/Treatment Alternatives/Health-Related Benefits and Services:

This practice may use and disclose Health Information to contact you to remind you that you have an appointment for treatment or to contact you to tell you about possible treatment options or alternatives or health-related benefits or services that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care:

This practice may release Health Information to a person who is involved in your health care or helps pay for your care, such as a family member or friend. This practice may also notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort.

As Required by Law:

This practice will disclose Health Information about you when required to do so by international, federal, state, or local law.

To Avert a Serious Threat to Health or Safety:

This practice may use and disclose Health Information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, will be to someone who may be able to help prevent the threat.

Business Associates:

This practice may disclose Health Information to its business associates that perform functions on its behalf or provide this practice with services if the information is necessary for such functions or services. For example, this practice may use another company to perform billing services on its behalf. All of this practice's business associates are obligated, under contract, to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in the contract.

Military and Veterans:

If you are a member of the armed forces, this practice may release Health Information as required by military command authorities. This practice may also release Health Information to the appropriate foreign military authority if you are a member of a foreign military.

Public Health Risks:

This practice may disclose Health Information for public health activities. These activities generally include disclosures to: report child abuse or neglect; the appropriate government authority if the practice believes a patient has been the victim of abuse, neglect, or domestic violence and the patient agrees or the practice is required or authorized by law to make such disclosure.

Lawsuits and Disputes:

If you are involved in a lawsuit or dispute, this practice may disclose Health Information in response to a court or administrative order. This practice also may disclose Health Information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement:

This practice may release Health Information if asked by a law enforcement official for the following reasons: in response to a court order, subpoena, warrant, summons, or similar process; limited information to identify or locate a suspect, fugitive, material witness, or missing person; about the victim of a crime if, under certain limited circumstances, the practice is unable to obtain the person's agreement; about a death the practice believes may be the result of criminal conduct; about criminal conduct on the practice's premises; and in emergency circumstances to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

National Security and Intelligence Activities and Protective Services:

This practice may release Health Information to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law. This practice may also disclose Health Information to authorized federal officials so they may conduct special investigations and provide protection to the President, other authorized persons and foreign heads of state.

Coroners, Medical Examiners and Funeral Directors:

This practice may release Health Information to a coroner, medical examiner, or funeral director so that (s)he can carry out his/her duties.

How to Learn About Special Protections for HIV, Alcohol and Substance Abuse, Mental Health and Genetic Information:

Special privacy protections apply to HIV-related information, alcohol and substance abuse information, mental health information, and genetic information. Some parts of this general Notice of Privacy Practices may not apply to these types of information. If your treatment involves this information, you may contact the practice to learn how your information will be protected.



Other Uses of Health Information:

Other uses and disclosures of Health Information not covered by this Notice or the laws that apply to this practice will be made only with your written permission. You may revoke your permission at any time by submitting a written request, except to the extent that the practice acted in reliance on your permission. Your Health Information will never be sold or used for marketing or fundraising purposes.

Your Rights Regarding Health Information About You:

You have the following rights, subject to certain limitations, regarding Health Information this practice maintains about you:

Right to Inspect and Copy:

You have the right to inspect and copy Health Information that may be used to make decisions about your care or payment for your care. This practice may charge a fee for the costs of copying, mailing, or compensating for supplies associated with your request.

Right to Request Amendments:

If you feel that Health Information that this practice collected is incorrect or incomplete, you may ask this practice to amend the information and you must tell the practice the reason for your request. You have the right to request an amendment for as long as the information is kept by this practice.

Right to an Accounting of Disclosures:

You have the right to request an “accounting of disclosures” of Health Information. This is a list of certain disclosures the practice may make of Health Information.

Right to Request Restrictions:

You have the right to request a restriction or limitation on the Health Information this practice discloses for treatment, payment, or health care operations. You also have the right to request a limit on the Health Information this practice discloses about you to someone who is involved in your care or the payment for your care, like a family member or friend. This practice is not required to agree to your request. If this practice agrees, it will comply with your request unless the agreement is terminated or the information is needed to provide you with emergency treatment. You have the right to request a restriction on certain disclosures to your health plan if the disclosure is purely for carrying out payment or health care operations and the requested restriction is for services paid out of pocket.

Right to Request Confidential Communications:

You have the right to request that this practice communicate with you about health matters in a certain way or at a certain location. For example, you can ask that this practice only contact you by mail or at work. Your request must specify how or where you wish to be contacted. Reasonable requests will be accommodated.

Right to a Paper Copy of This Notice:

You have the right to a paper copy of this Notice. You may request a copy of this Notice at any time.

Right to Information a Security Breach:

This practice is required to notify you if the security of your Health Information has been breached.

How to Exercise Your Rights:

To exercise your rights described in this Notice, contact this practice based on contact information provided at the end of this Notice.



Changes to this Notice:

This practice reserves the right to change this Notice. This practice reserves the right to make the revised or changed Notice effective for Health Information the practice already has, as well as any information received in the future. The practice will attempt to inform you of any changes made.

Complaints:

If you believe your privacy rights have been violated, please contact this practice to file a complaint in writing. You will not be penalized for filing a complaint.

For further information, contact:

Denise Gretchen-Doorly, PhD
CA Licensed Psychologist - PSY 25131
9171 Wilshire Blvd., Penthouse Suite
Beverly Hills, CA 90210
(310) 988-9942

