**Right to Receive Confidential Communications by Alternative Means and at Alternative Locations:** You have the right to request and receive confidential communications of Health Information by alternative means and at alternative locations.

**Right to Inspect and Copy:** You have the right to inspect or obtain a copy (or both) of Health Information in the mental health and billing records used to make decisions about you for as long as the Health Information is maintained in the record. I may deny your access to Health Information under certain circumstances, but in some cases you may have this decision reviewed. On your request, I will discuss with you the details of the request and denial process.

**Right to Amend:** You have the right to request an amendment of Health Information for as long as the Health Information is maintained in the record. I may deny your request. On your request, I will discuss with you the details of the amendment process.

**Right to an Accounting:** You generally have the right to receive an accounting of disclosures of Health Information for which you have neither provided consent nor authorization (as described in Section III of this Notice). On your request, I will discuss with you the details of the accounting process.

**Right to a Paper Copy:** You have the right to obtain a paper copy of the notice from me upon request, even if you have agreed to receive the notice electronically.

## you have the following rights with respect to your Health Information

I am required by law to maintain the privacy of Health Information and to provide you with a notice of legal duties and privacy practices with respect to Health Information.

I reserve the right to change the privacy policies and practices described in this notice. Unless Dr. Sedgeley notifies you of such changes, however, Dr. Sedgeley is required to abide by the terms currently in effect.

If I revise my policies and procedures, I will notify you in writing.

## complaints

If you have a concern or complaint about your treatment, please talk with me about it. I will take your criticism seriously and respond with care and respect. If you believe that I’ve been unwilling to listen and respond, or that I have behaved unethically, you can contact the Board of Behavioral Science Examiners which oversees licensing, and they will review the services I have provided.

*Board of Psychology*

*1625 North Market Street, Suite N-215 Sacramento, CA 95834 1-866-503-3221*

*bopmail@dca.ca.gov*

## EFFECTIVE DATE of this notice

This notice will go into effect on July 1, 2004.

**Dr. Brian S. Sedgeley, Psy.D.**

**2811 College Ave, Unit A**

**Berkeley, CA 94705**

**510.788.0005**

[**www.sedgeley.com**](http://www.sedgeley.com)



## notice of privacy practices

*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.*

I am required by law to provide you with this notice that explains my privacy practices with regard to your medical information. Described as follows are the ways I may use and disclose health information that identifies you (“Health Information”). Except for the following purposes, I will use and disclose Health Information only with your written permission. You may revoke such permission at any time by writing to me.

WAYS IN WHICH I MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

**For Health Care Operations:** Health Care Operations are when I disclose your Health Information to your health care service plan (for example your health insurer), or to your other health care providers contracting with your plan, for administering the plan, such as case management and care coordination. I might use your Health Information to evaluate the quality of health care services that you have received or to evaluate the performance of health care professionals who provided such services to you. I may also provide your Health Information to my accountants, attorneys, consultants, and others to make sure I am complying with applicable laws.

**To Obtain Payment for Treatment:** I can use and disclose your Health Information to bill and collect payment for the treatment and services provided. Examples of payment are when I disclose your Health Information to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.

**Other Disclosures:** I may also disclose your Health Information to others without your consent in certain situations. Your consent isn’t required if you need emergency treatment, as long as I try to get consent after treatment is rendered or if I try to obtain consent and you are unable to communicate.

## I CAN USE AND DISCLOSE YOUR HEALTH INFORMATION without your consent or authorization in the following circumstances

**Physical or Sexual Child Abuse:** Whenever I, in a professional capacity, have knowledge of or observe a child that I know or reasonably suspect, has been the victim of child abuse or neglect, I must immediately report such to a police department or sheriff’s department, county probation department, or county welfare department. Also, if I have knowledge of or reasonably suspect that mental suffering has been inflicted upon a child or that his or her emotional well-being is endangered in any other way, I am required to report such to the above agencies. If a patient discloses sexual exploitation of a child I am mandated to report it. Sexual exploitation refers to conduct involving a minor preparing, selling, or distributing obscene matter, or employing a minor to perform obscene acts; promoting or encouraging a child to engage in prostitution, pose or model for a film/photograph/etc., involving obscene sexual conduct; or depicting a child engaged in an act of obscene sexual conduct. Sexual exploitation includes duplicating, printing, downloading, streaming, or accessing child pornography through any electronic or digital media.

**Adult and Domestic Abuse**: If I, in a professional capacity, have observed or have knowledge of an incident that reasonably appears to be physical abuse, abandonment, abduction, isolation, financial abuse or neglect of an elder or dependent adult, or if I am told by an elder or dependent adult that he or she has experienced these or if therapists at I reasonably suspect such, I must report the known or suspected abuse to the local ombudsman and/or Adult Protective Services, and/or the local law enforcement agency, and/or the State Department of State Hospitals or the State Department of Developmental Services.

I do not have to report such an incident if:

1. therapists at I have been told by an elder or dependent adult that he or she has experienced behavior constituting physical abuse, abandonment, abduction, isolation, financial abuse or neglect;
2. I am not aware of any independent evidence that corroborates the statement that the abuse has occurred;
3. the elder or dependent adult has been diagnosed with a mental illness or dementia, or is the subject of a court-ordered conservatorship because of a mental illness or dementia; and
4. in the exercise of clinical judgment, I reasonably believes that the abuse did not occur.

**Health Oversight:** If a complaint is filed against me with the California Board of Psychology, the Board has the authority to subpoena confidential mental health information from me relevant to that complaint.

**Judicial or Administrative Proceedings**: If you are involved in a court proceeding and a request is made about the professional services that a I have provided you, I must not release your information without:

1. your written authorization or the authorization of your attorney or personal representative;
2. a court order; or
3. a subpoena *duces tecum* (a subpoena to produce records) where the party seeking your records provides me with a subpoena showing that you or your attorney have been served with a copy of the subpoena, affidavit and the appropriate notice, and you have not notified me that you are bringing a motion in the court to quash (block) or modify the subpoena. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court-ordered. I will inform you in advance if this is the case.

**Serious Threat to Health or Safety**: If you, or a family member, communicates to me a serious threat of physical violence against an identifiable victim, I must make reasonable efforts to communicate that information to the potential victim and the police. If I has reasonable cause to believe that you are in such a condition, as to be dangerous to yourself or others, I may be required to release relevant information as necessary to prevent the threatened danger.

**Workers’ Compensation**: If you file a worker's compensation claim, I must furnish a report to your employer, incorporating my findings about your injury and treatment, within five working days from the date of the your initial examination, and at subsequent intervals as may be required by the administrative director of the Worker’s Compensation Commission in order to determine your eligibility for worker’s compensation.

## you have the following rights with respect to your Health Information

**Right to Request Restrictions**: You have the right to request restrictions on certain uses and disclosures of health information about you. However, I am not required to agree to a restriction you request.