

Dr. Gia Marson

Psychologist

1452 26th Street, Suite 301
Santa Monica, CA 90404
310.526.3123
Lic No 18764
www.drgiamarson.com

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. If you have any questions about this notice, please contact Gia Marson, Ed.D. at 310.526.3123.

This notice describes the privacy practices at my office.

I understand that your medical/health information is personal and am committed to protecting this information. I am required by federal and state law to maintain the privacy of your health information. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) also requires that I give you this Notice about my legal duties, my privacy practices, and your rights concerning your health information. I must follow the privacy practices that are described in this Notice while it is in effect.

Individually identifiable information about your past, present or future health/mental health condition, the provision of health/mental health care to you, or payment for the health/mental health care is considered "Protected Health Information (PHI)". Whenever possible, the PHI contained in your record remains private. In some circumstances, I will share only the minimum necessary PHI to accomplish the intended purpose of the use or disclosure.

I reserve the right to change this notice and to make changes in my privacy practices. Any changes will be effective for all PHIO that I maintain, including health/mental health information created or received before I made the changes. I will post a copy of the current notice in my office and on my website. You may request a copy of this notice from me. For more information about these privacy practices, please contact me at the number listed at the end of this notice, my office number.

The following describes different ways that I use and disclose your PHI. For each category, I explain what I mean and offer examples. In some instances a written authorization signed by you is required in order for us to disclose PHI; in others, it is not. I tried to identify which instances do not require your signed authorization and which do.

I am required by law to:

1. Maintain the privacy of protected health information.
2. Give you this notice of our legal duties and privacy practices regarding your health information.
3. Follow the terms of the notice currently in effect.

Uses and Disclosures of PHI for which No Signed Authorization is Required

Treatment

We may use and disclose your health information for your treatment and to provide you with treatment-related health care services. For example, we may disclose your health information to doctors, nurses, technicians, or other personnel, including people outside of this office, who are involved in your medical care and need the information to provide you with medical care. If a primary care doctor or psychiatrist is treating you, we may disclose your PHI in order to coordinate your care.

Payment

We may use and disclose your health information so that we may bill and receive payment from you for treatment and services you have received. We may use and disclose your health information so we may bill others, an insurance company, or a third party for the treatment and services you have received. For example, we may give information to your insurance company so they will pay for your treatment or to determine eligibility.

Health Care Operations

We may use and disclose your health information to evaluate and improve our medical care and to operate and manage our office. For example, we may use and disclose information to a peer review organization or a health plan that is evaluating our care. We may also share information with others that have a relationship with you for their health care operations. We may disclose PHI to your insurance company for case management and care coordination.

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Appointment Reminders, Treatment Alternatives, and Health-Related Benefits and Services

We may use and disclose your health information to contact you and remind you of your appointment, to tell you about alternatives or health-related benefits and services you could use. For example, if we have to cancel or reschedule an appointment, we may have someone in the office notify you.

Individuals Involved in Your Care or Payment for Your Care

When appropriate, we may share your health information with a person involved in, or paying for, your care (such as your family or close friend). We may notify your family about your location or condition or disclose such information to an entity assisting in disaster relief. For example, if you are not present, or the opportunity to agree to or object to a use or disclosure cannot practically be provided, we may use our professional judgment to determine whether a disclosure is in your best interest. We would disclose only information that we believe is directly relevant to the person's involvement with your care.

Research

We may use and disclose your health information for research. For example, a research project may involve comparing health of patients who received one treatment to those who received another for the same condition. Before we do so, the project needs to go through a special approval process. Even without special approval, we may permit researchers to look at records to help identify patients who may be included in their research, as long as they do not remove or copy any of your health information.

As Required by Law

We will disclose your health information when required to do so by international, federal, state or local law. For example, we may use/disclose your (or your child's) PHI when a law requires we report information about suspected child abuse, elder or dependent abuse or neglect; or in response to a court order. We must also disclose information to authorities that monitor compliance with these privacy requirements.

To Avert a Serious Threat to Health or Safety

We may use and disclose your health information when necessary to prevent serious threat to the safety and health of you, another person, or the public. Disclosures will be made only to someone who can prevent the threat.

Business Associates

We may disclose your health information to our business associates that perform functions on our behalf or provide us with services if necessary. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose the information for any other purpose other than what is intended.

Military and Veterans

If you are member of the armed forces, we may release your health information as required by military command authorities. If you are a member of a foreign military, we may disclose your health information to the foreign military command authority.

Workers' Compensation

We may release your health information for worker's compensation or similar programs that provide benefits for work-related injuries or illnesses.

Health Oversight Activities

We may disclose your health information to a health oversight agency for activities authorized by law. These may include audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights.

Lawsuits and Disputes

If you are involved in a lawsuit or dispute, we may disclose your health information in response to a court order or administrative order. We may disclose your 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 obtain an order protecting the requested information.

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Law Enforcement

We may release your health information in response to a request by a law enforcement official if 1) there is a court order, subpoena, warrant, summons or similar process; 2) if the request is limited to information needed to identify or locate a suspect, fugitive, material witness, or missing person; 3) the information is about the victim of a crime even if, under certain very limited circumstances, we are unable to obtain your agreement; 4) the information is about a death that may be the result of criminal conduct; 5) the information is relevant to criminal conduct on our premises; or 6) it is needed in an emergency to report a crime, the location of a crime or victims, or the identity, description, or location of the person who may have committed the crime.

National Security and Intelligence Activities

We may disclose your health information to federal officials for intelligence and other national security activities authorized by law.

Inmates or Individuals in Custody

If you are an inmate of a correctional institution or in custody we may disclose your information 1) for the institution to provide you with health care, 2) to protect your health and safety or that of others, and 3) for the safety and security of the institution.

Uses and Disclosures of PHI for which Signed Authorization is Required

For uses and disclosures of PHI beyond the areas noted above, I must obtain your written authorization. Authorizations can be revoked at any time in writing to stop future uses/disclosures (except to the extent I have already acted upon your authorization).

I do not maintain psychotherapy notes as defined in 45 CFR Section 165. 501.

I will not use or disclose your PHI for marketing purposes.

I will not sell your PHI in the regular course of my business.

I will not contact you for fundraising purposes.

Your Rights Regarding Your Health Information

Right to Inspect and Copy

You have the right to inspect and copy your medical and billing records by written request to Dr. Gia Marson. I will respond to your written request to inspect or copy the records. Fees for copying, mailing and related expenses will apply. However, some mental health information may not be accessed for treatment reasons or for other reasons pertaining to CA or federal law. If your request is denied, you may have the right to request to have this denial reviewed by a licensed health care professional who I designate to act as a reviewing official. The reviewing official will be an individual who did not participate in the determination to deny access. I will provide or deny access in accordance with the reviewing official.

Right to Amend

You have the right to request an amendment to your records by written request to Dr. Gia Marson. If you believe there is a mistake or missing information in my record of your mental health record, you may request, in writing, that I correct or add to the record. I will respond within 60 days of receiving your request. I may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, I may deny your request to amend that information that: was not created by me, not part of my records, not part of information you would be permitted to inspect or copy or is accurate or complete.

Right to an Accounting of Disclosures

You have a right to an accounting of certain disclosures by written request to Dr. Gia Marson. You may receive a list of when, to whom, for what purpose, and what contact of your PHI has been disclosed. This applies to disclosures made for other than payment, treatment or health care operations. Your request must be in writing and state a time period (which may not be longer than 6 years or date before April 14, 2003). I will respond to your request within 60 days of receiving it. The first list you request within a 12 month period will be free. There may be a charge for additional requests. In such cases, I will notify you of the cost involved and you may choose to change or withdraw the request before any costs are incurred.

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Right to Request Restrictions

You have a right to the request restriction or limitation on your health information used for treatment, payment, or health care operations. You may request me to limit disclosure to someone involved in your care or in payment for your care (such as a spouse) by written request to Dr. Gia Marson. I am not required to agree to your request, but I will try. In emergency situations, I may not be able to comply with this restriction.

Right to Request Confidential Communication

You have the right to request that I communicate with you about therapy, medical or related financial matters in a certain way or at a certain location. You can ask, for example, that I contact you only by mail or only at work and to not use the usual secure email system for sharing scheduling and payment information. I will accommodate reasonable requests that are made in writing.

Change to This Notice

We may change this notice and make it effective for medical information we already have about you as well as new information. This current notice will be posted and available at all times. You have a right to request a paper copy of the current notice at any visit or by written request to Dr. Gia Marson. My office address is: 1247 7th Street, Suite 100, Santa Monica, CA 90401.

Right to a Paper Copy of this Notice

You have the right to a paper copy of this notice. You may ask me for a copy of this notice at any time.

Complaints

If you think your privacy rights have been violated you may contact me and file a complaint with me, as the Privacy Officer for my practice. My address and phone number are:
Dr. Gia Marson, 1247 7th Street, Suite 100, Santa Monica CA 90401 or 310-526-3123

You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services by sending a letter to the following address:

Office of Civil Rights
90 7th Street, Suite 4-100
San Francisco, CA 94103
415-437-8310

You will not be penalized for filing a complaint.

Thank you for taking time to read this Notice of Privacy Practices,
Dr. Gia Marson