

# SANDSTONE PSYCHOLOGICAL PRACTICE

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## Notice of Privacy Practices

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

**WHO WILL FOLLOW THIS NOTICE:** This notice describes the information privacy practices followed by Sandstone Psychological Practice employees. Your privacy is protected by law.

**YOUR PROTECTED HEALTH INFORMATION (PHI):** It is our legal duty to safeguard your PHI and ensure that it is kept private. Sandstone is required by law to give you this notice, which applies to the information and records we have about your health, health status, and health care services you receive at this office. It will tell you about the ways in which we may use and disclose health information about you and describes your rights and our obligations regarding the use and disclosure of that information. Your health information:

- may include information created and received by this office
- may be in the form of written or electronic records, or spoken words, and
- may contain information about your health history, health status, symptoms, examinations, test results, diagnoses, treatments, procedures, prescriptions, and similar types of health-related information.

**HOW YOUR HEALTH INFORMATION MAY BE USED & DISCLOSED:** Sandstone may use and disclose health information for the following purposes:

- Treatment- We may use health information about you to provide you with clinical treatment or services with your written consent, unless in an emergency situation. We may disclose health information about you to physicians, nurses, psychiatrists, psychologists, trainees, office staff or other personnel who are involved in taking care of you and your health.
- Payment- We may use and disclose health information about you to bill and collect payment for the treatment and services provided at Sandstone. For example, I may need to give your information to your insurance company to get payment for therapy received. I may also provide your information to business associates such as billing companies, claims processing companies, collection agencies, and others that process health care claims for my office.
- Health Care Operations- We may use and disclose health information about you in order to run the office and make sure that you and our other clients receive quality care. For example, we may use your health information to evaluate our performance in caring for you. We may also use health information about all or many of our clients to help us decide what additional services we should offer, how we can become more efficient, or whether certain new treatments are effective. We may also disclose your health information to health plans that provide you insurance coverage and other health care providers that care for you. Our disclosures of your health information to plans and other providers may be for the purpose of helping these plans and providers improve care, reduce cost, and coordinate and manage health care.

1070 West Horizon Ridge Parkway, Suite 210, Henderson, NV, 89012

Phone: 702.405.0904 Fax: 702.405.0924

Email: [ContactUs@SandstonePsych.com](mailto:ContactUs@SandstonePsych.com)

[www.SandstonePsych.com](http://www.SandstonePsych.com)

- Appointment Reminders- We may contact you as a reminder that you have an appointment for treatment or clinical care at the office.
- Treatment Alternatives- We may contact you to tell you about or recommend possible treatment options or alternatives that may be of interest to you. We may also tell you about health-related products or services that may be of interest to you.

**SPECIAL SITUATIONS:** We may use or disclose health information about you for the following special situations, subject to all applicable legal requirements and limitations:

- Child & Elder Abuse- We are required to report all suspected cases of physical and/or sexual abuse or neglect of children to the Department of Human Services (DHS). We are required to report suspected cases of elder abuse or neglect to the Senior & Disabled Services Division.
- Serious Threat to Health or Safety- We may use and disclose health information about you when necessary to prevent a clear and substantial risk of harm being inflicted by you on yourself or another person. When there is a clear and substantial risk of harm to another individual, we are required to warn law enforcement officials and the intended victim.
- Workers' Compensation- We may provide health information in order to comply with Worker's Compensation laws.
- Health Oversight Activities- We may disclose health information to a health oversight agency for audits, investigations, inspections, or licensing purposes. These disclosures may be necessary for certain state and federal agencies to monitor the health care system, government programs, and compliance with civil rights laws.
- Lawsuits and Disputes- If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. Subject to all applicable legal requirements, we may also disclose health information about you in response to a subpoena.
- Law Enforcement- We may release health information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons, as subject to all applicable legal requirements.
- Information Not Personally Identifiable- We may use or disclose health information about you in a way that does not personally identify you or reveal who you are.

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- Research- If you were to sign a consent form to participate in a research study, we might use and disclose health information about you for research projects that are subject to the approval process specified in the consent form. This does not apply to you if you have not been asked to participate in a research study.

**OTHER USES AND DISCLOSURES OF HEALTH INFORMATION:** We will not obtain, use or disclose your health information for any purpose other than those identified in the previous sections without your specific and written Authorization. If you give me Authorization to use or disclose health information about you, you may revoke that Authorization, in writing, at any time. If you revoke your Authorization, we will no longer obtain, use or disclose information about you for the reasons covered by your written Authorization, but we cannot take back any uses or disclosures already made with your permission.

**YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU:** You have the following rights regarding health information we maintain about you:

- Right to Inspect and Copy- You have the right to inspect and copy your health information, such as clinical and billing records, that we keep and use to make decisions about your care.

Please submit a written request to Sandstone Psychological Practice in order to inspect and/or copy records of your health information. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other associated supplies.

We may deny your request to inspect and/or copy in certain limited circumstances, at which point you may ask that our denial be reviewed. If the law gives you a right to have our denial reviewed, we will select a licensed health care professional to review your request and our denial. The person conducting the review will not be the person who denied your request, and we will comply with the review outcome.

- Right to Amend- If you believe health information we have about you is incorrect or incomplete, you may ask to amend the information. You have the right to request an amendment as long as the information is kept by this office. Requests should be made in writing to Sandstone Psychological Practice.

Your request may be denied for the following reasons:

- If it is not in writing
  - If it does not include a reason to support the request
  - If the request is to amend information that Sandstone did not create
  - If it is not part of the health information kept at Sandstone
- Right to an Accounting of Disclosures- You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of clinical information about you for purposes other than treatment, payment, health care operations, and a limited number of special circumstances involving national security, correctional institutions and law enforcement. The list will also exclude any disclosures we have made based on your written authorization.

To obtain this list, you must submit your request in writing to Sandstone Psychological Practice. It must state a time period, which may not be longer than five years. The first list requested within a 12-month period is free. There may be a charge for additional requests.

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- Right to Request Restrictions- You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for it, like a family member or friend. We may comply with your request unless the information is needed to provide you with emergency treatment.
- Right to Request Confidential Communications- You have the right to request that we communicate with you about clinical matters in a specific manner, such as only at work or by mail.
- Right to a Paper Copy of This Notice- You have the right to a paper copy of this notice. You may ask for a copy of this notice at any time.

**CHANGES TO THIS NOTICE:** We reserve the right to revise this notice. The current notice will be posted in the office marked with its effective date.

**COMPLAINTS:** If you believe your privacy rights have been violated, you may file a complaint with the any or all of the following agencies: 1) Sandstone Psychological Practice, 2) State of Nevada Board of Psychological Examiners (775-688-1268), 3) Secretary of the Department of Health and Human Services, office for Civil Rights. *You will not be penalized for filing a complaint.*

If you have any questions about our privacy practices, please ask for clarification. If you require further clarification at any time please, let us know. Please sign to indicate that you have read and understand the Notice of Privacy Practices.

*Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Print Name:* \_\_\_\_\_

*Updated August 16, 2017*