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## 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.

Psychologists have always managed health care records with great concern for privacy and confidentiality. Although the security of psychological records has continuously been addressed by Psychology Codes of Ethics as well as State and Federal laws, the rules have been considerably strengthened by the provisions of the Health Insurance Portability and Accountability Act (HIPAA). The following information provides details about the provisions of the HIPAA and your rights concerning privacy and your psychological records. If you have any questions, I am happy to help you understand my procedures and your rights.

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### A. Introduction: To my clients

This notice will tell you how I handle your medical information: how I *use* this information, how I *disclose* (share) it with other health care professionals and organizations, and how you can see it. It is important you have this information to make the best decisions for yourself. If you have any questions or want to know more about anything in this notice, please ask me, Dr. Panzar, for answers or explanations.

### B. What I mean by your medical information

Each time you have a visit with me or any medical provider information is collected about you and your physical and mental health. This may include information about your past, present, or future health or conditions, or the tests or treatment received, or about payment for health care. All this information is called "PHI," which stands for "protected health information." PHI is private and must be protected. This information goes into your electronic health care record.

While under my care, your PHI is likely to include this kind of information:

- Your history: Things that happened to you as a child; your school and work experiences; your marriage, relationships, and other personal history.
- Your medical history of problems and treatments.
- Reasons you came for treatment: Your problems, complaints, symptoms, or needs.
- Diagnoses: Medical terms for your problems or symptoms.
- A treatment plan: Treatments and other services that I think will best help you.
- Progress notes: Each session, I document some of what you tell me, what you are doing, and my impressions.
- Records I get from others who treated or evaluated you.
- Psychological test scores or other evaluations and reports.
- Information about your medications.
- Legal matters.
- Billing and insurance information.

Other types of information may go into your electronic health records.

I use PHI for many purposes. For example:

- To plan your care and treatment.
- To decide the effectiveness of my care
- When I talk with other health care professionals who are also treating you, such as your family doctor or the professional who referred you to me. When I do this, I will ask for your consent. Almost always, I will also ask you to sign a release-of-information form, which will explain what information is to be shared and why.
- To show that you actually received services from me, which I billed to you..
- For public health officials trying to improve health care in this area of the country.
- To improve the way I do my job by measuring the results of my work.
- For teaching and training other health care professionals or for psychological research (note: I am currently not participating in any of these activities in my private practice, but would like you to be aware of this should the circumstances change in the future). If I do this, your name will never be shown, and there will be no way they can find out who you are. Before I do this I will ask for your consent and ask you to sign an authorization, so that you will know what information will be shared and why.

When you understand what is in your record and what it is used for, you can make better decisions about what other persons or agencies should have this information, when, and why.

### **C. Privacy and the laws about privacy**

I am required to tell you about privacy because of a federal law, the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the HIPAA Omnibus Final Rule of 2013. HIPAA requires me to keep your PHI private and to give you this notice about my legal duties and my privacy practices.

This form is not legal advice. The purpose is to educate you about your rights and my procedures. It is based on current federal and state laws and might change if those laws or court decisions change. If I change my privacy practices, they will apply to all the PHI I keep. I will provide you with a copy. It is also posted on my website at [www.drathenapanzar.com](http://www.drathenapanzar.com) I will obey the rules described in this notice.

### **D. How your protected health information (PHI) can be used and shared**

Except in some special circumstances, when I use your PHI or disclose it to others, I share only the *minimum necessary* PHI needed for those other people to do their jobs. How have a right to know about your PHI, to know how it is used, and to have a say in how it is shared. Mainly, I use and disclose (share) your PHI for routine purposes, namely to provide your care. For other uses, I must inform you and ask you to sign a written Release of Information form. As per HIPAA law, there are some uses and disclosures that do not need your consent or authorization, which I will explain in section 3. The following is a more detailed account of PHI disclosures:

#### **1. Uses and disclosures with your consent**

I need information about you to provide care. In almost all situations, I intend to use your PHI or share it with other people

or organizations to provide treatment to you, arrange for payment for my services, or some other business function called "health care operations." I will need you to agree to let me use and share your PHI in the ways that are described in this Notice of Privacy Practices. To agree, I will ask you to sign a separate consent form before I begin to treat you. If you do not consent, I will not treat you because there is a risk of not helping you if I do not have the requisite information.

### ***a. The basic uses and disclosures: For treatment, payment, and health care operations***

*For treatment.* I use your information to provide you with psychological treatments or services. These might include individual, family, or group therapy; psychological, educational, or vocational testing; treatment planning; or measuring the benefits of my services.

With your written consent, I may share your PHI with others who provide treatment to you such as your personal physician or other mental health professionals, like a therapist or a psychiatrist. Greater collaboration can contribute to a better treatment outcome. Other examples may include a situation when I refer you to another professional or consultant for a service I cannot provide. If I do this, I need to tell them about you. If they provide any findings or opinions, those will go into your records. If you receive treatment in the future from other professionals, with your written permission, I can also share your PHI with them.

*For payment.* I may use and disclose psychological information about you for billing and payment purposes. This is generally restricted to your name and other personal identifiers (address, and other relevant information such as social security number or Medicare number, or other needed information), diagnostic and treatment codes, dates of services, and similar information. Insurers may also look into a few of my patient records to evaluate the completeness of my record keeping.

*For health care operations.* Using or disclosing your PHI for health care operations goes beyond my care and payment for services. For example, I may use your PHI to see where I can make improvements in the care and services I provide. I may be required to supply some information to some government health agencies, so they can study disorders and treatment and make plans for services that are needed. If I do, your name and all personal information will be removed from what I send.

### ***b. Other uses and disclosures in health care***

*Appointment reminders.* I may use and disclose your PHI to reschedule or remind you of appointments. If you want me to contact you only at a specific number or address, or you prefer some other way to reach you, I usually can arrange that. Just tell me.

*Treatment alternatives.* I may use and disclose your PHI to tell you about or recommend possible treatments or alternatives that may be of help to you.

*Other benefits and services.* I may use and disclose your PHI to tell you about health-related benefits or services that may be of interest to you.

*Research.* I may use or share your PHI to do research to improve treatments—for example, comparing two treatments for the same disorder, to see which works better or faster. In all cases, your name, address, and other personal information will be removed from the information given to researchers. I will discuss this with you, and I will not use your PHI unless you give your consent on an authorization form. If the researchers need to know who you are, I will discuss the research project with you, and I will not send any information unless you sign a special release-of-information form.

*Business associates.* I hire other businesses to do some jobs for me. In the law, they are called my "business associates." Examples include a copy service to make copies of your health records or an encrypted email provider. These business associates need to receive some of your PHI to do their jobs properly. To protect your privacy, they have agreed in their contracts with me to safeguard your information just as I do.

## ***2. Uses and disclosures that require your consent***

If I want to use your information for any purpose besides those described above, I need your permission on a release-of-information form. If you do allow me to use or disclose your PHI, and then change your mind, you can cancel that permission in writing at any time. I will then stop using or disclosing your information for that purpose. Of course, I cannot take back any information I have used here already or disclosed to anyone with your permission.

As a psychologist licensed in California, I maintain your privacy more carefully than is required by HIPAA. The HIPAA rules are described below, but I will almost always discuss these with you and ask you to sign a release of information so that you are fully informed.

## ***3. Uses and disclosures that don't require your consent or authorization***

The HIPAA laws let me use and disclose some of your PHI without getting your consent or authorization in some cases.

Here are some examples of when I might do this. I will almost always notify you if any of these situations occur.

***a. When required by law***

There are some federal, state, or local laws that require me to disclose PHI:

- I have to report suspected abuse or neglect of children, older and dependent adults to state and local agencies.
- If you are involved in a lawsuit or legal proceeding, and I receive a subpoena, discovery request, or other lawful process, I may have to release some of your PHI. I will only do so after telling you about the request and will suggest that you talk to your lawyer.
- I have to disclose some information to the government agencies that check on me to see that I obeying the privacy laws, and to organizations that review my work for quality and efficiency.

***b. For law enforcement purposes***

I may release medical information if asked to do so by a law enforcement official to investigate a crime or criminal; however, should such an instance occur, I would first attempt to contact you.

***c. For public health activities***

I may disclose some of your PHI to agencies that investigate diseases or injuries.

***d. For matters relating to deceased persons***

I may disclose PHI to coroners, medical examiners, or funeral directors, and to organizations relating to organ, eye, or tissue donations or transplants.

***e. For specific government functions***

I may disclose PHI of military personnel and veterans to government benefit programs relating to eligibility and enrollment. I may disclose your PHI to workers' compensation and disability programs, to correctional facilities if you are an inmate, or to other government agencies for national security reasons.

***f. To prevent a serious threat to health or safety***

If I come to believe that there is a serious threat to your health or safety, or that of another person or the public, I can disclose some of your PHI. I will only do this to those people who can prevent the danger.

If it is an emergency, and I am unable to get your agreement, I can disclose information if I believe that it is what you would have wanted and if I believe it will help you. When I do share information in an emergency, I will tell you as soon as I can. If you do not approve, I will stop, as long as it is not against the law.

***4. Uses and disclosures where you have an opportunity to object***

I can share some information about you with your family and anyone else you choose, such as close friends or clergy. I will ask you which persons you want me to tell, and what information you want me to tell them about your condition or treatment. You can tell me what you want, and I will honor your wishes as long as it is not against the law. I will always discuss the sharing of information with you prior to making such a disclosure.

***5. An accounting of disclosures I have made***

When I disclose your PHI, I will keep a record of whom I sent it to, when I sent it, and what I sent. You can get an accounting (a list) of many of these disclosures. I may charge you a reasonable fee if you request more than one accounting in any 12-month period. If the records were sent as electronic medical records, I will always record that, and there will be no charge for an accounting.

**E. Your rights about your protected health information**

1. You can ask me to communicate with you about your health and related issues in a particular way or at a certain place that is more private for you. For example, you can ask me to call you at home, rather than at work, to schedule or cancel an appointment. I will try my best to do as you ask, and I do not need an explanation. Sending your information in emails has some risk that these emails could be read by someone else. I use a password-protected email service to prevent this, or you may just accept the risk of using emails just for simple messages like changing appointments, and not use it for any PHI or sensitive information. I ask that you be thoughtful before you put any information in an email

and not use email for anything you want kept private. By signing the separate consent form, you agree to this use of email. Please note that anything you send me electronically becomes a part of your legal record, even if I do not place it in the chart. Be mindful of this, and please do not forward me emails from third parties or others in your life. It is better to print those out and bring them in to discuss them.

2. You have the right to ask me to limit what I tell people involved in your care or with payment for your care, such as family members and friends. You can ask me and I may then ask for your written permission. I do not have to agree to your request, but if I do agree, I will honor it, except when it is against the law, when there is an emergency, or when the information is necessary to treat you.
3. You have the right to prevent my sharing your PHI with your insurer or payer for its decisions about your benefits or some other uses, if you paid me directly ("out of pocket") for the treatment or other services and are not asking the insurer to reimburse you for those services.
4. You have the right to look at the PHI I have about you, such as your medical and billing records. In some very unusual circumstances, if there is very strong evidence that reading this would cause serious harm to you or someone else, you may not be able to see all of the information.
5. You can get a copy of these records, but I may charge you a reasonable cost-based fee. If your records are in electronic form, not on paper, you can ask an electronic copy of your PHI. Contact me, Dr. Panzar, to arrange how to see your records. Generally, I do not recommend that you get a copy of your records because the copy might inadvertently be seen by others. I will be happy to review the records with you, provide you a summary, or use any other method that satisfies you.
6. You have the right to add to (amend) your records to explain or correct anything in them. If you believe that the information in your records is incorrect or missing something important, you can ask me to make additions to your records or to include your own written statements to correct the situation. You have to make this request in writing and send it to me, Dr. Panzar
7. You have the right to a copy of this notice. If I change this notice, I will provide you with an updated copy.
8. If you have a problem with how your PHI has been handled, or if you believe your privacy rights have been violated, contact me, Dr. Panzar. I will do my best to resolve any problems and do as you ask. You have the right to file a complaint with me and with the Secretary of the U.S. Department of Health and Human Services at 200 Independence Avenue SW, Washington, DC 20201, or by calling 202-619-0257.
9. I will not in any way limit your care here or take any actions against you if you complain or request changes.

You may have other rights that are granted to you by the laws of my state, and these may be the same as or different from the rights described above. I will be happy to discuss these situations with you now or as they arise.

## **F. If you have questions or problems**

If you have any questions or problems my health information privacy policies, please contact me, Dr. Athena Panzar (925-386-6706 or [drathenapanzar@gmail.com](mailto:drathenapanzar@gmail.com))

The effective date of this notice is   1  /  1  /  2026  .

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