



David Shoup Ph.D.
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NOTICE OF HEALTH INFORMATION PRIVACY PRACTICES (HIPAA)

What is this notice and why is it important?

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. This notice is required by law to inform you about your rights regarding your health information, how David Shoup Ph.D., Licensed Clinical Psychologist, PSY32217 may use or disclose your health information, and how your health information will be protected. If you have any questions about the notice, please ask Dr. Shoup.

Understanding your health information

Each time you visit a health care provider, a record of your visit is made. Typically, this record contains a description of your symptoms, medical history, examination and test results, diagnosis, treatment, and a plan of future care. This information, often referred to as your medical record, or legally referred to as *protected health information (PHI)*, serves as a:

- Basis for planning your care and treatment
- Legal documentation of the care you receive
- Means of communicating among the health professionals who contribute to your care
- Means by which you or a third-party payer (e.g., health insurance company) can verify that services you received were appropriately billed

Understanding what is in your record and how your health information is used helps you ensure its accuracy, better understand how others may access and use your health information, and make more informed decisions when authorizing disclosures to others.

- “Disclosure” applies to activities outside of my office, such as releasing, transferring, or providing access to information about you to other parties.
- “Authorization” means your written permission for specific uses of disclosures.

Your health information rights

You have the following rights related to your medical and billing records kept by Dr. Shoup:



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1. Obtain a copy of this notice. You will receive a copy of this notice electronically before your first visit. This can be viewed and or printed on the client portal or on my website www.practicalpsy.com.

2. Authorize use of your health information. Before Dr. Shoup uses or discloses your health information, other than as described below, Dr. Shoup requires your written authorization (*Consent for Release of Information* form), which you may revoke at any time to stop future use or disclosure. Your information will not be released without written authorization unless there is an emergency where someone's life or property are in immediate danger, which is defined by the laws of California and the United States.

3. Access your health information. You may request a copy of the health information kept in your medical or billing record by Dr. Shoup. Requests must be submitted in writing, and generally a meeting with Dr. Shoup is scheduled to review your records and answer any questions you have may. Charges may be incurred for the costs of copying or preparing your record.

4. Amend your health information. If you believe the information on file is incorrect or incomplete, you may request corrections or additions. Your request must be in writing and must include the reason for the request.

5. Request confidential communications. You may request for health communications to be done in specific ways (e.g., at a certain address or phone number). Dr. Shoup will make every reasonable effort to act in accordance with your request. You may opt in for appointment reminders on the client portal which can be found at www.practicalpsy.com. Please note, by doing this you understand that this information will likely be seen by others.

6. Limit the use or disclosure of your health information. You may request in writing that Dr. Shoup restrict the use or disclosure of your health information for treatment, payment, health care operations, or any other purpose unless specifically authorized by you, except for when Dr. Shoup is required by law or in an emergency situation in order to treat you. Dr. Shoup will consider your request and respond, but Dr. Shoup is not legally required to comply if he believes your request would interfere with his ability to treat you or to collect payment for his services.



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7. Receive an accounting of disclosures. You may request a list of health information disclosures that Dr. Shoup has made for reasons of treatment, payment, or health care operations. Again, disclosures are made with your authorization. Dr. Shoup will provide one list per year free of charge upon your request and may charge for subsequent lists in the same year.

Dr. Shoup's responsibilities

Dr. Shoup is required by law to protect the privacy of your health insurance information, establish policies and procedures that govern the behavior of his workplace, provide this notice about his privacy practices, and abide by the terms of this notice.

Dr. Shoup reserves the right to change his policies and procedures for protecting health information. Should Dr. Shoup make a significant change in how he uses or discloses your health information, he will updated HIPAA Notice on his website and client portal.

Except for the purposes of your treatment, collecting payment for services, performing necessary business functions, or when otherwise permitted or required by law, Dr. Shoup will not use or disclose your health information without your authorization. You have the right to revoke such authorization at any time, which would limit future disclosures. A revocation would not affect any disclosure Dr. Shoup already made with your permission.

For more information or to report a problem

If you have questions, would like additional information, or want to request an updated copy of this notice, or if you believe Dr. Shoup has not properly protected your privacy, has violated your privacy rights, or if you disagree with a decision Dr. Shoup has made about your rights, you may send a written complaint to the U.S. Department of Health and Human Services, Office of Civil Rights, Huber H. Humphrey Building, 200 Independence Avenue, S.W., Room 509 HHH Building, Washington, D.C. 20201. Dr. Shoup ensures that the care you receive in no way be impacted if you file a complaint.