

**SHARONE ABRAMOWITZ, M.D.**  
DIPOMATE, AMERICAN BOARD OF PSYCHIATRY

(415) 689-9184  
Offices In San Francisco & Oakland

NOTICE TO CONSUMERS Medical doctors are licensed and regulated by the Medical Board of California (800) 633-2322 [www.mbc.ca.gov](http://www.mbc.ca.gov)

**NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU WILL BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

While this office is permitted by federal privacy laws to make uses and disclosures of your health information for purposes of treatment, payment, and health care operations, I consider your sessions with me private and confidential, and with the exceptions outlined below (see section titled, ‘Other Disclosures and Uses’), no information about you will be communicated without your written permission for treatment and payment purposes. Protected health information is the information I create and obtain in providing my services to you. Such information may include documenting your symptoms, examination, and test results, diagnoses, treatment, and applying for future care or treatment. It also includes billing documents for those services.

**Examples of Uses of Your Health Information for Treatment Purposes are:**

During the course of your treatment, Dr. Abramowitz determines she will need to consult you’re your primary care provider. She will share only the information needed with that health practitioner to obtain his/her input after you sign a release of information.

**Example of Use of Your Health Information for Payment Purposes:**

Dr. Abramowitz submits requests for payment to your health insurance company. The health insurance company (or other business associate helping us obtain payment) requests information from her regarding medical care given. She will provide the most limited information that they require about you and the care given after you sign a release of information.

**Example of Use of Your Information for Health Care Operations:**

Dr. Abramowitz obtains services from her insurers or other business associates such as professional consultants that help her with quality assessment and quality improvement, credentialing, medical review, legal services, and insurance. She will share the most limited information required about you with such insurers or other business associates as necessary to obtain these services.

**Your Health Information Rights**

**The health and billing records I maintain are the physical property of the office. The information in it, however, belongs to you. You have a right to:**

- Request a restriction on certain uses and disclosures of your health information by delivering the request to my office, while I am not necessarily required to grant the request, I will comply with any request granted;

- Obtain a paper copy of the current Notice of Privacy Practices for Protected Health Information (“Notice”) by making a request at my office;
- Request that you be allowed to inspect and copy your medical chart and billing record — you may exercise this right by delivering the request to my office; by law, you do not have the right to inspect or copy your psychotherapy notes;
- Appeal a denial of access to your protected health information, except in certain circumstances;
- Request that your health care record be amended to correct incomplete or incorrect information by delivering a request to my office. I may deny your request if you ask me to amend information that:
  - Was not created by me, unless the person or entity that created the information is no longer available to make the amendment;
  - Is not part of the health information kept by or for the office;
  - Is not part of the information that you would be permitted to inspect and copy; or,
  - Is accurate and complete.

If your request is denied, you will be informed of the reason for the denial and will have an opportunity to submit a statement of disagreement to be maintained with your records;

- Request that communication of your health information be made by alternative means or at an alternative location by delivering the request in writing to my office;
- Obtain an accounting of disclosures of your health information as required to be maintained by law by delivering a request to my office. An accounting will not include uses and disclosures of information for treatment, payment, or operations; disclosures or uses made to you or made at your request; uses or disclosures made pursuant to an authorization signed by you.
- Revoke authorizations that you made previously to use or disclose information by delivering a written revocation to my office, except to the extent information or action has already been taken.

If you want to exercise any of the above rights, please contact: **Sharone Abramowitz, M.D., 3830 Piedmont Avenue, Oakland, CA 94611, (510) 652-0236**, in person or in writing, during regular, business hours. She will inform you of the steps that need to be taken to exercise your rights.

### **My Responsibilities**

#### **The office is required to:**

- Maintain the privacy of your health information as required by law;
- Even where not required by law, I will keep your sessions with me private and confidential. With the exceptions outlined in the section below titled, ‘Other Disclosures and Uses’, no information about you will be discussed without your written permission for treatment and payment purposes.
- As of 2003, I will keep psychotherapy notes separated from your psychiatric medical records, since HIPAA regulations allow

for greater protections of psychotherapy charts; release of the psychotherapy chart requires separate authorization from any release requesting medical information; by law, I will not release your psychotherapy notes for you to inspect or copy;

- Provide you with a notice as to my duties and privacy practices as to the information I collect and maintain about you;
- Abide by the terms of this Notice;
- Notify you if I cannot accommodate a requested restriction or request; and,
- Accommodate your reasonable requests regarding methods to communicate health information with you.

I reserve the right to amend, change, or eliminate provisions in my privacy practices and access practices and to enact new provisions regarding the protected health information I maintain. If my information practices change, I will amend our Notice. You are entitled to receive a revised copy of the Notice by calling and requesting a copy of my “Notice” or by visiting my office and picking up a copy.

### **To Request Information or File a Complaint**

If you have questions, would like additional information, or want to report a problem regarding the handling of your information, you may contact:

Sharone Abramowitz, M.D.  
(415) 689-9184

Additionally, if you believe your privacy rights have been violated, you may file a written complaint at my office by delivering the written complaint to **Sharone Abramowitz, M.D.** . You may also file a complaint by mailing it or e-mailing it to the Department of Health and Human Services, whose street address and e-mail address is:

Office for Civil Rights  
U.S. Department of Health & Human Services  
50 United Nations Plaza - Room 322  
San Francisco, CA 94102  
(415) 437-8310; (415) 437-8311 (TDD)  
(415) 437-8329 FAX.

[www.hhs.gov/ocr/privacy/howtofile.htm](http://www.hhs.gov/ocr/privacy/howtofile.htm)

- I cannot, and will not, require you to waive the right to file a complaint with the Department of Health and Human Services (HITS) as a condition of receiving treatment from the office/hospital.
- I cannot, and will not, retaliate against you for filing a complaint with the Department of Health and Human Services.

### **Other Disclosures and Uses**

#### **Abuse, Neglect & Serious Threat**

- I may disclose your protected health information to public authorities as allowed by law to report abuse or neglect. For example, California law requires these exceptions to your right to confidentiality:

- Child abuse or neglect;
  - Elder abuse;
  - You are being actively harmed by domestic violence;
  - If due to a mental disorder, you are in imminent danger of harming yourself;
  - If due to a mental disorder, you are gravely disabled, that is, unable to provide yourself with adequate food, clothing or shelter.
- To avert a serious threat to health or safety, I may disclose your protected health information consistent with applicable law to prevent or lessen a serious, imminent threat to the health or safety of a person or the public.

### **Communication with Mental Health Professionals Covering My Practice**

- When I am away, another mental health professional will cover my practice. That person is informed about your protected health information and is also given your name and phone number; s/he will maintain your confidentiality as per Federal law and California state law.

### **Consultation with Mental Health Professionals**

- To insure quality of care, in the course of a consultation about your case, or for quality control procedures used by insurance companies that I contract with, I may disclose your protected health information to another mental health professional. In that event, I will not use your name or explicitly identify you.

### **Judicial/Administrative Proceedings**

- I may disclose your protected health information in the course of any judicial or administrative proceeding as allowed or required by law, with your authorization, or as directed by a proper court order.

### **Consultation with Legal and Liability Insurance Services**

- I may disclose your protected health information to legal and liability insurance professionals with whom I consult. They are required to keep my communications with them confidential.

### **Communication with Emergency Contact**

- Using my best judgment, I may disclose to the person that you designated on your registration form as your emergency contact, health information relevant to that person's involvement in your care only in an emergency that leaves me unable to first obtain your written permission.

### **Other Uses**

- Other uses and disclosures, besides those identified in this Notice, will be made only as otherwise required by law or with your written authorization and you may revoke the authorization as previously provided in this Notice under "Your Health Information Rights."

### **Website**

- If I maintain a website that provides information about my psychiatry practice, this Notice will be on the website.