

REBECCA CRANDALL, MD

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

WHAT IS PROTECTED HEALTH INFORMATION (PHI)?

YOUR MEDICAL INFORMATION IS PERSONAL AND PRIVATE. PROTECTED HEALTH INFORMATION (PHI) IS ANY MEDICAL INFORMATION, INCLUDING MENTAL HEALTH INFORMATION, WHICH CONTAINS INFORMATION THAT IDENTIFIES YOU, SUCH AS YOUR NAME, SOCIAL SECURITY NUMBER, OR OTHER INFORMATION THAT REVEALS WHO YOU ARE. THIS NOTICE WILL TELL YOU ABOUT THE WAYS THE OFFICE OF DR. DR. REBECCA CRANDALL MAY USE AND SHARE MEDICAL INFORMATION ABOUT YOU. THIS NOTICE WILL ALSO DESCRIBE YOUR RIGHTS AND CERTAIN DUTIES THE OFFICE OF DR. CRANDALL HAS REGARDING THE USE AND DISCLOSURE OF YOUR MEDICAL INFORMATION.

ABOUT OUR RESPONSIBILITY TO PROTECT YOUR PHI

LAW REQUIRES THE OFFICE OF DR. CRANDALL TO:

1. KEEP YOUR MEDICAL/MENTAL HEALTH INFORMATION PRIVATE.
2. GIVE YOU NOTICE DESCRIBING OUR LEGAL DUTIES, PRIVACY PRACTICES, AND YOUR RIGHTS REGARDING YOUR MEDICAL/MENTAL HEALTH INFORMATION.
3. ALL AGENTS/EMPLOYEES/BUSINESS ASSOCIATES OF THIS OFFICE MUST FOLLOW THE TERMS OF THIS PRIVACY NOTICE.

THE OFFICE OF DR. CRANDALL HAS THE RIGHT TO:

1. CHANGE OUR PRIVACY PRACTICES AND THE NEW TERMS OF OUR NOTICE AT ANY TIME PROVIDED THAT THE CHANGES ARE PERMITTED BY LAW.
2. MAKE THE CHANGES IN OUR PRIVACY PRACTICES AND THE NEW TERMS OF OUR NOTICE EFFECTIVE FOR ALL MEDICAL/MENTAL HEALTH INFORMATION THAT WE KEEP, INCLUDING INFORMATION PREVIOUSLY CREATED OR RECEIVED BEFORE THE CHANGES.

THE OFFICE OF DR. CRANDALL TAKES THESE RESPONSIBILITIES SERIOUSLY AND WE ALWAYS TAKE APPROPRIATE STEPS TO PROTECT THE PRIVACY OF YOUR PHI. THIS OFFICE IS REQUIRED BY LAW TO MAINTAIN THE CONFIDENTIALITY OF YOUR PHI AND WE HAVE POLICIES, PROCEDURES, AND OTHER SAFEGUARDS TO HELP PROTECT YOUR PHI FROM IMPROPER USE AND DISCLOSURE. AS PART OF PROVIDING MENTAL HEALTH CARE, THIS OFFICE COLLECTS AND MAINTAINS VARIOUS TYPES OF PHI FROM OUR PATIENTS AND OTHER SOURCES, WE USE THE PHI TO PROVIDE MENTAL HEALTH SERVICES, AND WE DISCLOSE SOME OF YOUR PHI AS NECESSARY.

PLEASE BE ADVISED THAT DR. CRANDALL CANNOT ENSURE THE CONFIDENTIALITY OF ANY PHI DISCLOSED ON NONSECURE EMAILS OR OTHER NONSECURE DIGITAL DEVICES. IF IT IS NECESSARY FOR INFORMATION TO BE PASSED ON EMAIL, OR IF INFORMATION IS CONTAINED IN EMAILS PRIOR TO BECOMING AWARE OF THIS POLICY, THE PATIENT IS HEREBY ADVISED TO DELETE IT FROM ALL MAILBOXES AFTER REVIEW/USE, INCLUDING ARCHIVES.

USE AND DISCLOSURE OF YOUR PHI

LISTED BELOW ARE SOME OF THE DIFFERENT WAYS THIS OFFICE MAY USE AND/OR DISCLOSE YOUR PHI. NOT EVERY USE OR DISCLOSURE IS LISTED, BUT IF A DIFFERENT SITUATION COMES UP, IT WILL BE DISCUSSED WITH YOU.

SOME SITUATIONS REQUIRE YOUR WRITTEN AUTHORIZATION. ANY SPECIFIC WRITTEN AUTHORIZATION YOU PROVIDE MAY BE REVOKED AT ANY TIME IN WRITING. YOUR REVOCATION WILL BE EFFECTIVE WHEN I RECEIVE IT, BUT IT WILL NOT APPLY TO ANY USES AND DISCLOSURES THAT OCCURRED BEFORE THAT TIME. IF YOU REVOKE CONSENT, I WILL NOT BE PERMITTED TO DISCLOSE YOUR PHI FOR THE FOLLOWING PURPOSES BUT I MAY THEREFORE CHOOSE TO DISCONTINUE OUR TREATMENT CONTRACT:

TREATMENT: THE OFFICE OF DR. CRANDALL MAY USE YOUR PHI TO PROVIDE YOU WITH THE HIGHEST QUALITY MENTAL HEALTH TREATMENT. THUS, THIS OFFICE MAY DISCLOSE INFORMATION ABOUT YOU TO DOCTORS, NURSES, THERAPISTS OR OTHER PEOPLE TAKING CARE OF YOU TO ASSIST IN YOUR TREATMENT.

PAYMENT: THE OFFICE OF DR. CRANDALL MAY USE AND DISCLOSE YOUR PHI FOR PAYMENT PURPOSES. A BILL MAY BE SENT TO YOU OR A THIRD-PARTY PAYER. THE INFORMATION ON OR ACCOMPANYING THE BILL MAY INCLUDE YOUR PHI. IN THE VAST MAJORITY OF CASES, THIS CONSISTS SOLELY OF DIAGNOSIS, WHICH IS REQUIRED FOR BILLING.

APPOINTMENT REMINDERS: YOUR PHI MAY BE USED TO CONTACT YOU ABOUT APPOINTMENTS OR UPDATES FOR EVALUATION AND/OR TREATMENT. THE OFFICE OF DR. CRANDALL MAY ALSO CONTACT YOU ABOUT OTHER HEALTH RELATED SERVICES OR BENEFITS THAT MAY BE AVAILABLE TO YOU.

ALTERNATIVE AND ADDITIONAL MEDICAL/MENTAL HEALTH SERVICES: THE OFFICE OF DR. CRANDALL MAY USE AND DISCLOSE YOUR PHI TO FURNISH YOU WITH INFORMATION ABOUT HEALTH-RELATED BENEFITS AND SERVICES THAT MAY BE OF INTEREST TO YOU AND TO DESCRIBE OR RECOMMEND TREATMENT ALTERNATIVES.

HEALTH CARE OPERATIONS: THE OFFICE OF DR. CRANDALL MAY USE AND DISCLOSE YOUR PHI FOR OUR HEALTH CARE OPERATIONS. THIS MIGHT INCLUDE MEASURING AND IMPROVING QUALITY, EVALUATING THE PERFORMANCE OF EMPLOYEES, CONDUCTING TRAINING PROGRAMS, PROVIDING INSURANCE COMPANIES WITH INFORMATION REQUIRED BY THEM UNDER CONTRACTUAL AGREEMENT WITH THIS OFFICE TO ENSURE CONTINUED COVERAGE OF YOUR TREATMENT, AND OBTAINING THE ACCREDITATION, CERTIFICATES, LICENSES AND CREDENTIALS THIS OFFICE NEEDS TO SERVE YOU.

THIS OFFICE WILL CONSIDER YOUR ENTERING INTO TREATMENT AND SIGNING THE PRACTICE POLICY AND HIPPA DOCUMENTS AS AUTHORIZATION FOR ROUTINE DISCLOSURES FOR THE PURPOSES OF BILLING AND PROVIDING YOU WITH THE HIGHEST QUALITY MENTAL HEALTH TREATMENT IN THE ABOVE SITUATIONS.

SPECIAL SITUATIONS – THIS OFFICE MAY USE OR DISCLOSE YOUR PHI WITHOUT YOUR WRITTEN PERMISSION IN THE FOLLOWING CIRCUMSTANCES:

REQUIRED BY LAW: THE OFFICE OF DR. CRANDALL WILL DISCLOSE YOUR PHI TO OTHERS WHEN REQUIRED BY FEDERAL OR STATE LAW AND IF THIS OFFICE IS REQUIRED TO REPORT TO A COURT CONCERNING YOUR MENTAL HEALTH CONDITION.

WORKERS' COMPENSATION: THE OFFICE OF DR. CRANDALL MAY DISCLOSE YOUR PHI FOR WORKERS' COMPENSATION CLAIM PURPOSES OR TO SIMILAR INSURANCE PROGRAMS. THESE PROGRAMS PROVIDE BENEFITS FOR WORK-RELATED INJURIES OR ILLNESS.

PUBLIC HEALTH REPORTING: AS REQUIRED BY LAW, THE OFFICE OF DR. CRANDALL MAY DISCLOSE YOUR PHI TO PUBLIC HEALTH OR LEGAL AUTHORITIES CHARGED WITH PREVENTING OR CONTROLLING DISEASE, INJURY OR DISABILITY, INCLUDING CHILD ABUSE OR NEGLECT. THIS OFFICE MAY ALSO DISCLOSE YOUR PHI TO PERSONS SUBJECT TO JURISDICTION OF THE FOOD AND DRUG ADMINISTRATION FOR PURPOSES OF REPORTING ADVERSE EVENTS ASSOCIATED WITH PRODUCT DEFECTS OR PROBLEMS, TO ENABLE RECALLS, REPAIRS OR REPLACEMENTS, TO TRACK PRODUCTS, OR TO CONDUCT ACTIVITIES REQUIRED BY THE FOOD AND DRUG ADMINISTRATION. THIS OFFICE MAY ALSO, WHEN AUTHORIZED BY LAW TO DO SO, NOTIFY A PERSON WHO MAY HAVE BEEN EXPOSED TO A COMMUNICABLE DISEASE OR OTHERWISE BE AT RISK OF CONTRACTING OR SPREADING A DISEASE OR CONDITION.

LAWSUITS AND DISPUTES: IF YOU ARE INVOLVED IN A LAWSUIT OR DISPUTE, THE OFFICE OF DR. CRANDALL MAY DISCLOSE YOUR PHI IN RESPONSE TO A COURT OR ADMINISTRATIVE ORDER, A SUBPOENA, OR A DISCOVERY REQUEST. IF YOUR PHI IS REQUESTED BY SOMEONE INVOLVED IN A DISPUTE AGAINST YOU OR ABOUT YOU, YOUR PHI MAY BE DISCLOSED ONLY IF EFFORTS HAVE BEEN MADE TO TELL YOU ABOUT THE REQUEST OR TO OBTAIN AN ORDER PROTECTING YOUR PHI TO THE EXTENT PERMITTED BY LAW WITHOUT YOUR AUTHORIZATION (E.G., TO DEFEND A LAWSUIT OR ARBITRATION).

LAW ENFORCEMENT: UNDER CERTAIN CIRCUMSTANCES, THE OFFICE OF DR. CRANDALL MAY DISCLOSE YOUR PHI TO AUTHORIZED OFFICIALS FOR LAW ENFORCEMENT PURPOSES (E.G., TO RESPOND TO A SEARCH WARRANT, REPORT A CRIME ON PREMISES, OR HELP IDENTIFY OR LOCATE SOMEONE).

NATIONAL SECURITY: THE OFFICE OF DR. CRANDALL MAY USE OR DISCLOSE YOUR PHI TO FEDERAL OFFICIALS AS NECESSARY FOR NATIONAL SECURITY AND INTELLIGENCE ACTIVITIES OR FOR PROTECTION OF THE PRESIDENT OR OTHER GOVERNMENTAL OFFICIALS AND DIGNITARIES.

SERIOUS THREAT TO HEALTH AND SAFETY: THE OFFICE OF DR. CRANDALL MAY USE AND DISCLOSE YOUR PHI IF NEEDED AS NECESSARY TO AVOID A SERIOUS THREAT TO YOUR HEALTH OR SAFETY OR TO SOMEONE ELSE'S HEALTH OR SAFETY.

ABUSE OR NEGLECT: THE OFFICE OF DR. CRANDALL MAY DISCLOSE YOUR PHI TO THE APPROPRIATE AUTHORITY TO REPORT SUSPECTED CHILD ABUSE OR NEGLECT, ELDER ABUSE OR NEGLECT, DEPENDENT ADULT ABUSE OR NEGLECT OR TO IDENTIFY SUSPECTED VICTIMS OF ABUSE, NEGLECT OR DOMESTIC VIOLENCE.

NOTIFICATION: THE OFFICE OF DR. CRANDALL MAY USE AND DISCLOSE YOUR PHI TO NOTIFY A FAMILY MEMBER, YOUR PERSONAL REPRESENTATIVE OR ANOTHER PERSON RESPONSIBLE FOR YOUR CARE IN THE CASE THAT THIS DISCLOSURE, IN OUR PROFESSIONAL JUDGMENT, IS IN THE BEST INTEREST OF YOUR HEALTH . THIS OFFICE MAY SHARE INFORMATION ABOUT YOUR LOCATION, GENERAL CONDITION, OR DEATH. IF YOU ARE PRESENT, THE OFFICE WILL GET YOUR PERMISSION BEFORE YOUR PHI IS SHARED OR GIVE YOU THE OPPORTUNITY TO REFUSE PERMISSION. IN CASE OF EMERGENCY, AND IF YOU ARE NOT ABLE TO GIVE OR REFUSE PERMISSION, THIS OFFICE WILL SHARE ONLY THE PHI THAT IS DIRECTLY NECESSARY FOR YOUR HEALTH CARE, ACCORDING TO OUR PROFESSIONAL JUDGMENT. THIS OFFICE WILL ALSO USE OUR PROFESSIONAL JUDGMENT TO MAKE DECISIONS IN YOUR BEST INTEREST ABOUT ALLOWING SOMEONE TO PICK UP MEDICINE, MEDICAL SUPPLIES, X-RAYS OR OTHER MEDICAL/MENTAL HEALTH INFORMATION FOR YOUR.

DISASTER RELIEF: THE OFFICE OF DR. CRANDALL MAY SHARE YOUR PHI WITH A PUBLIC OR PRIVATE ORGANIZATION OR PERSONS WHO CAN LEGALLY ASSIST IN DISASTER RELIEF EFFORTS.

FUNERAL DIRECTOR, CORONER, MEDICAL EXAMINER: TO HELP THEM CARRY OUT THEIR DUTIES, THE OFFICE OF DR. CRANDALL MAY SHARE THE PHI OF A PERSON WHO HAS DIED WITH A CORONER, MEDICAL EXAMINER, FUNERAL DIRECTOR, OR AN ORGAN PROCUREMENT ORGANIZATION.

HEALTH OVERSIGHT ACTIVITIES: THE OFFICE OF DR. CRANDALL MAY DISCLOSE YOUR PHI TO AN AGENCY PROVIDING HEALTH OVERSIGHT FOR OVERSIGHT ACTIVITIES AUTHORIZED BY LAW, INCLUDING AUDITS, CIVIL, ADMINISTRATIVE AND CRIMINAL INVESTIGATIONS OR PROCEEDINGS, INSPECTIONS, LICENSURE OR DISCIPLINARY ACTIONS, OR OTHER AUTHORIZED ACTIVITIES.

INFORMATION NOT PERSONALLY IDENTIFIABLE: THIS OFFICE MAY DISCLOSE YOUR PHI IN A WAY THAT DOES NOT PERSONALLY IDENTIFY YOU OR REVEAL WHO YOU ARE.

THIS OFFICE WILL NOT USE OR DISCLOSE YOUR PHI FOR ANY PURPOSE OTHER THAN IDENTIFIED IN THE PREVIOUS SECTIONS WITHOUT SPECIFIC WRITTEN AUTHORIZATION FROM YOU.

YOUR INDIVIDUAL RIGHTS

THIS SECTION TELLS YOU ABOUT YOUR RIGHTS REGARDING YOUR PHI (E.G., YOUR MEDICAL/MENTAL HEALTH AND BILLING INFORMATION). IT ALSO TELLS YOU HOW YOU CAN EXERCISE THESE RIGHTS.

1. YOU HAVE THE RIGHT TO EXAMINE AND RECEIVE A COPY OF YOUR PHI THAT IS IN ANY RECORDS THAT THE OFFICE OF DR. CRANDALL KEEPS, SUCH AS YOUR MEDICAL/MENTAL HEALTH OR BILLING RECORDS, UNLESS DISCLOSURE OF THIS INFORMATION TO YOU WOULD ENDANGER YOUR MENTAL HEALTH. YOU MAY REQUEST THAT WE PROVIDE COPIES IN A FORMAT OTHER THAN PHOTOCOPIES. THIS OFFICE WILL USE THE FORMAT YOU REQUEST UNLESS IT IS NOT PRACTICAL FOR US TO DO SO. YOU MUST MAKE YOUR REQUEST IN WRITING. YOU HAVE THE RIGHT TO INSPECT YOUR RECORDS WITHIN 5 WORKING DAYS OF YOUR WRITTEN REQUEST. IN ADDITION, YOU HAVE THE RIGHT TO OBTAIN A COPY OF YOUR RECORD WITHIN 15 WORKING DAYS. IF YOU REQUEST COPIES, THIS OFFICE WILL CHARGE YOU \$25.00 FOR THE FIRST 50 PAGES AND \$10.00 FOR EACH ADDITIONAL 50 PAGES AFTER THAT AND POSTAGE IF YOU WANT THE COPIES MAILED TO YOU.
2. YOU HAVE THE RIGHT TO RECEIVE A LIST OF ALL THE TIMES THE OFFICE OF DR. CRANDALL OR OUR BUSINESS ASSOCIATES SHARED YOUR PHI FOR PURPOSES OTHER THAN TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS AND OTHER SPECIFIED EXCEPTIONS.
3. YOU HAVE THE RIGHT TO REQUEST THAT THE OFFICE OF DR. CRANDALL PLACE ADDITIONAL RESTRICTIONS ON OUR USE OR DISCLOSURE OF YOUR PHI. THIS OFFICE IS NOT REQUIRED TO AGREE TO THESE ADDITIONAL RESTRICTIONS, BUT IF WE DO, WE WILL ABIDE BY OUR AGREEMENT (EXCEPT IN THE CASE OF AN EMERGENCY).
4. YOU HAVE THE RIGHT TO REQUEST THAT THE OFFICE OF DR. CRANDALL COMMUNICATE WITH YOU ABOUT YOUR PHI BY DIFFERENT MEANS OR TO DIFFERENT LOCATIONS. YOUR REQUEST THAT THIS OFFICE COMMUNICATES YOUR PHI TO YOU BY DIFFERENT MEANS OR AT DIFFERENT LOCATIONS MUST BE MADE IN WRITING TO THE CONTACT PERSON LISTED AT THE END OF THIS NOTICE.
5. YOU HAVE THE RIGHT TO REQUEST THAT THE OFFICE OF DR. CRANDALL CHANGE CERTAIN PARTS OF YOUR PHI IF YOU BELIEVE THEM TO BE FALSE OR INCORRECT. THIS OFFICE MAY DENY YOUR REQUEST IF WE DID NOT CREATE THE INFORMATION YOU WANT CHANGED OR FOR CERTAIN OTHER REASONS. IF THIS OFFICE DENIES YOUR REQUEST, WE WILL PROVIDE YOU A WRITTEN EXPLANATION. YOU MAY RESPOND WITH A STATEMENT OF DISAGREEMENT THAT WILL BE ADDED TO THE INFORMATION YOU WANTED CHANGED. IF THIS OFFICE ACCEPTS YOUR REQUEST TO CHANGE THE INFORMATION, WE WILL MAKE REASONABLE EFFORTS TO TELL OTHERS, INCLUDING PEOPLE YOU NAME, OF THE CHANGE AND TO INCLUDE THE CHANGES IN ANY FUTURE SHARING OF THAT INFORMATION.
6. IF YOU WISH TO HAVE A PAPER COPY OF THIS DOCUMENT, YOU CAN DOWNLOAD AND PRINT IT FROM REBECCACRANDALLMD.COM; YOU HAVE THE RIGHT TO OBTAIN A PAPER COPY IF YOU ARE UNABLE TO DO SO BY MAKING A REQUEST TO THE CONTACT PERSON LISTED AT THE END OF THIS NOTICE.

QUESTIONS AND COMPLAINTS

IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE OR IF YOU THINK THAT THE OFFICE OF DR. CRANDALL MAY HAVE VIOLATED YOUR PRIVACY RIGHTS, PLEASE CONTACT US. YOU MAY ALSO SUBMIT A WRITTEN COMPLAINT TO THE US DEPARTMENT OF HEALTH AND HUMAN SERVICES AND THE CALIFORNIA MEDICAL BOARD. YOU MAY CONTACT US TO SUBMIT A COMPLAINT OR SUBMIT REQUESTS INVOLVING ANY OF YOUR RIGHTS DESCRIBED IN THIS NOTICE BY WRITING THE FOLLOWING ADDRESS:

REBECCA CRANDALL, M.D.
11611 SAN VICENTE BLVD.
SUITE 600
LOS ANGELES, CA 90049
310.284.3684 P

YOU WILL NOT BE PENALIZED IF YOU CHOOSE TO FILE A COMPLAINT.