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Dr. Vennus Zand, Psy.D., LMFT #84766  
(949) DIAL-MFT (949) 342-5638  
8 Corporate Park, Suite 300 Irvine, CA 92602

**HIPPA 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.**

This notice of Privacy Practices describes how I may use and disclose your protected health information (PHI) to carry out treatment, payment or mental healthcare operations, and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

This notice describes how mental health and medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

**I. Uses and Disclosures for Treatment, Payment, and Health Care Operations**

I may use or disclose your protected health information (PHI), for treatment, payment, and health care operations purposes without your authorization. To help clarify these terms, here are some definitions:

1. "PHI" refers to information in your health record that could identify you.
2. "Treatment, Payment and Health Care Operations"
  - Treatment is when the I provide services to you and coordinates your mental health care with other related health care services. An example of treatment would be when I consult with another health care provider, such as your physician, or another therapist.
  - Payment is the fees charged for therapeutic services
  - Health Care Operations are the functions of the practice pertaining to you treatment
3. "Use" applies only to activities within this private practice, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
4. "Disclosure" applies to activities outside this practice, such as releasing, transferring, or providing access to information about you to other parties.
5. "Authorization" means your written permission for specific uses or disclosures.

**II. Uses and Disclosures Requiring Authorization**

I may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. In those instances when we are asked for information for purposes outside of treatment, payment and health care operations, we will obtain written authorization from you before releasing this information. Psychotherapy notes about your conversations with me during therapy are kept separate from the PHI file, and may only be released with a separate authorization. These notes are given a greater degree of protection than PHI.

**III. Uses and Disclosures with Neither Consent nor Authorization**

I may disclose information in accordance to federal, state or local laws without your authorization in the following circumstances:

**Child Abuse or Neglect:** If a counselor has knowledge of or observes a child in his or her professional capacity (or the judgment of a professional supervisor) or within the scope of his or her employment, whom he or she knows or reasonably suspects has been the victim of child abuse or neglect, that counselor is required by law to report this to the Department of Justice, a police or sheriff's

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department, the county probation department or the county welfare department (Child Protective Services).

**Elder or Dependent Adult Abuse:** If I have reasonable cause to believe that an older or dependent adult is in need of protective services due to abuse (e.g. physical abuse, neglect, financial abuse, abandonment, isolation, abduction, or other treatment resulting in physical harm, pain or mental suffering or the deprivation by a care custodian of goods or services that are necessary to avoid physical harm or mental suffering), such may be reported to law enforcement or Adult Protective Services.

**Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made about the professional services that I provided you or the records thereof, such information is privileged under state law, and I will not release the information without the written authorization of you or your personal or legally-appointed representative, or a court order. This privilege does not apply when you are being evaluated for a third party or when the evaluation is court ordered. You will be informed in advance if this is the case.

**Serious Threat to Health or Safety:** If you express a serious threat, or intent to kill or seriously injure an identified or readily identifiable person or group of people, or make an actual threat of some specific violent act, I have a duty to notify the potential victim and law enforcement authorities. If you are likely to harm yourself unless protective measures are taken I will provide information to others involved in arranging hospitalization or other emergency services.

**Workers' Compensation:** If you file a claim for workers' compensation, you waive the psychotherapist-patient privilege and consent to the disclosure of your health information reasonably related to your injury or disease, to your employer, workers' compensation insurer, special fund, uninsured employers' fund and/or the administrative law judge.

**IV. Patient Rights and Therapist Duties:**

**Patient's Rights:**

**Right to Inspect and Copy:** You have the right to inspect and/or obtain a copy of PHI in the mental health records used to make decisions about you for as long as the PHI is maintained in the record. I may deny your access to PHI under certain circumstances, but in some cases, you may have this decision reviewed. On your request, I will discuss with you the details of the request and the denial process.

**Right to Amend:** You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. I may deny your request. On your request, I will discuss with you the details of the amendment process.

**Right to an Accounting of Disclosures:** You generally have the right to receive an accounting of disclosures of PHI. On your request, I will discuss with you the details of the accounting process.

**Right to Request Restrictions:** You have the right to request restrictions on certain uses and disclosures of protected health information. However, I am not required to agree to a restriction you request.

**Right to Receive Confidential Communications by Alternative Means and at Alternative Locations:** You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are seeing us. Upon your request, I will send communications to another address.)

**Therapist Duties:**

Orange County Family Therapy  
Individuals\* Couples\* Families\* Adolescents\* Marriage

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I am required by law to maintain the privacy of PHI and to provide you with a notice of the Counseling Center's legal duties and privacy practices with respect to PHI.

I reserve the right to change the privacy policies and practices described in this notice. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect.

If I revise policies and procedures, notices will be provided to you and you will be given a revised notice at your next appointment.