

# **ILDIKO TABORI, PHD**

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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**

### **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. ILDIKO TABORI MAY USE AND SHARE MEDICAL INFORMATION ABOUT YOU. THIS NOTICE WILL ALSO DESCRIBE YOUR RIGHTS AND CERTAIN DUTIES THE OFFICE OF DR. ILDIKO TABORI HAS REGARDING THE USE AND DISCLOSURE OF YOUR MEDICAL INFORMATION.**

### **ABOUT OUR RESPONSIBILITY TO PROTECT YOUR PHI**

**LAW REQUIRES THE OFFICE OF DR. ILDIKO TABORI 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. FOLLOW THE TERMS OF THE CURRENT NOTICE.**

**THE OFFICE OF DR. ILDIKO TABORI 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. ILDIKO TABORI 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.**

### **USE AND DISCLOSURE OF YOUR PHI**

**THIS SECTION DESCRIBES DIFFERENT WAYS THAT THE OFFICE OF DR. ILDIKO TABORI USES AND DISCLOSES YOUR PHI. NOT EVERY USE OR DISCLOSURE IS LISTED. HOWEVER, LISTED BELOW ARE SOME OF THE DIFFERENT WAYS THIS OFFICE IS PERMITTED TO USE AND DISCLOSE YOUR PHI. THE OFFICE OF DR. ILDIKO TABORI WILL NOT USE OR DISCLOSE YOUR PHI FOR ANY PURPOSES NOT LISTED BELOW WITHOUT YOUR SPECIFIC WRITTEN AUTHORIZATION. ANY SPECIFIC WRITTEN AUTHORIZATION YOU PROVIDE MAY BE REVOKED AT ANY TIME IN WRITING TO THE ADDRESS PROVIDED AT THE END OF THIS NOTICE.**

**TREATMENT: THE OFFICE OF DR. ILDIKO TABORI MAY USE YOUR PHI TO PROVIDE YOU WITH MENTAL HEALTH TREATMENT OR OTHER PSYCHOLOGICAL SERVICES. THIS OFFICE MAY DISCLOSE INFORMATION ABOUT YOU TO DOCTORS, NURSES, INTERNS/PSYCHOLOGICAL ASSISTANTS OR OTHER PEOPLE TAKING CARE OF YOU. THIS OFFICE MAY ALSO SHARE YOUR PHI TO YOUR OTHER HEALTH CARE PROVIDERS TO ASSIST THEM IN TREATING YOU.**

**PAYMENT:** THE OFFICE OF DR. ILDIKO TABORI 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.

**REQUIRED BY LAW:** THE OFFICE OF DR. ILDIKO TABORI 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.

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

**WORKERS' COMPENSATION:** THE OFFICE OF DR. ILDIKO TABORI 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. ILDIKO TABORI 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. ILDIKO TABORI 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. ILDIKO TABORI 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. ILDIKO TABORI 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. ILDIKO TABORI 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. ILDIKO TABORI 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.

**HEALTH CARE OPERATIONS:** THE OFFICE OF DR. ILDIKO TABORI 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, AND OBTAINING THE ACCREDITATION, CERTIFICATES, LICENSES AND CREDENTIALS THIS OFFICE NEEDS TO SERVE YOU.

**ADDITIONAL USES AND DISCLOSURES:** IN ADDITION TO USING AND DISCLOSING YOUR PHI FOR TREATMENT, PAYMENT, LEGAL REQUIREMENTS, APPOINTMENT REMINDERS, WORKERS' COMPENSATION, PUBLIC HEALTH REPORTING, LAWSUITS AND DISPUTES, LAW ENFORCEMENT, NATIONAL SECURITY, SERIOUS THREAT TO HEALTH AND SAFETY, ABUSE OR NEGLECT, AND

OTHER HEALTH CARE OPERATIONS, THE OFFICE OF DR. ILDIKO TABORI MAY USE AND DISCLOSE YOUR PHI FOR THE FOLLOWING PURPOSES:

**NOTIFICATION:** THE OFFICE OF DR. ILDIKO TABORI MAY USE AND DISCLOSE YOUR PHI TO NOTIFY OR HELP NOTIFY: A FAMILY MEMBER, YOUR PERSONAL REPRESENTATIVE OR ANOTHER PERSON RESPONSIBLE FOR YOUR CARE. THIS OFFICE WILL SHARE INFORMATION ABOUT YOUR LOCATION, GENERAL CONDITION, OR DEATH. IF YOU ARE PRESENT, THE OFFICE WILL GET YOUR PERMISSION IF POSSIBLE 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. ILDIKO TABORI 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. ILDIKO TABORI 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. ILDIKO TABORI 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.

**ALTERNATIVE AND ADDITIONAL MEDICAL/MENTAL HEALTH SERVICES:** THE OFFICE OF DR. ILDIKO TABORI 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.

## **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 RECORD SET THAT THE OFFICE OF DR. ILDIKO TABORI KEEPS, SUCH AS YOUR MEDICAL/MENTAL HEALTH OR BILLING RECORDS. 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 MAY GET THE FORM TO REQUEST ACCESS BY USING THE CONTACT INFORMATION LISTED AT THE END OF THIS NOTICE. YOU MAY ALSO REQUEST ACCESS BY SEND A LETTER TO THE CONTACT PERSON LISTED AT THE END OF THIS NOTICE. 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. ILDIKO TABORI 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. ILDIKO TABORI 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. ILDIKO TABORI 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. ILDIKO TABORI CHANGE CERTAIN PARTS OF YOUR PHI. 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 HAVE RECEIVED THIS NOTICE ELECTRONICALLY AND WISH TO RECEIVE A PAPER COPY, YOU HAVE THE RIGHT TO OBTAIN A PAPER COPY 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. ILDIKO TABORI 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 BOARD OF PSYCHOLOGY. 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:

ILDIKO TABORI, PHD

1850 SAWTELLE BLVD.

SUITE 400

LOS ANGELES, CA 90025

310.429.5968 P

310.558-9098 F

[DRTABORI@MAC.COM](mailto:DRTABORI@MAC.COM)

[WWW.ILDIKOTABORI-PHD.COM](http://WWW.ILDIKOTABORI-PHD.COM)

THE OFFICE OF DR. ILDIKO TABORI WILL PROVIDE YOU WITH THE ADDRESS TO FILE YOUR COMPLAINT WITH THE US DEPARTMENT OF HEALTH AND HUMAN SERVICES AND/OR THE CALIFORNIA BOARD OF PSYCHOLOGY. THIS OFFICE WILL NOT RETALIATE IN ANY WAY IF YOU CHOOSE TO FILE A COMPLAINT.