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Notice of Privacy Practices

Your Information. Your Rights. Our Responsibilities.

This notice describes how personal health information (PHI) about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

Your Rights

You have the right to:

- Get a copy of your paper or electronic health record
- Correct your paper or electronic health record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Collaborate and consult with other professionals on your behalf
- Tell family and friends about your condition
- Provide you mental health care
- Provide disaster relief or emergency mental health treatment

Our Uses and Disclosures

We may use and share your information as we:

- Treat you
- Run our organization
- Coordinate treatment and comply with health plan requirements
- Bill for your services and/or collect overdue payments
- Comply with mandatory reporting laws
- Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your health record

- You can ask to see or get an electronic or paper copy of your health record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 14 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your health record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would negatively affect your care or our ability to run our business.
- If you pay for a service out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief or emergency situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest.

In these cases we never share your information unless you give us written permission:

- Requests from family, friends, or others
- Requests for copies of your records (unless accompanied by a subpoena)
- Most sharing of psychotherapy notes

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Treat you

Although it is not our practice to do so without first discussing with you, we can use your health information and share it with other professionals for consultation.

Example: Your therapist consults with another therapist about whether or not a particular treatment may be helpful, considering your diagnosis and history.

Although it is not our practice to do so without first discussing with you, we can use your health information and share it with other healthcare professionals who are treating you.

Example: Your therapist asks your psychiatrist or primary care doctor about your overall health condition.

Run our organization

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment outcomes and monitor therapist performance.

Example: We use health information about you to justify our services in the event of an audit.

Bill for your services

We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you, such as a diagnosis, to your health insurance plan so it will pay for your services.

Example: We can give information about you, such as your address, to a collection agency if you acquire an outstanding balance.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as mandatory reporting for potential child abuse. We have to meet many conditions in the law before we can share your information for these purposes. For more information please reference the *Consent for Services* document^{**}.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Reporting suspected child abuse or neglect
- Preventing or reducing a serious threat to an identified person's health or safety

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to lawsuits and legal actions

Although it is not our practice to do so without first discussing the situation with you, we can share health information about you in response to a subpoena or if required to do so by a judge.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.

- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information

see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.

This notice was last updated on 10/13/2019.

Insert any other applicable restrictions based on your state

Privacy Officer Contact

If you have any questions or concerns about this notice or about your privacy while receiving services, please contact our Privacy Officer:

Jennifer Domingo, LMFT

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