

## Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL (INCLUDING MENTAL HEALTH) INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION.

**PLEASE READ CAREFULLY! A COPY WILL BE PROVIDED UPON REQUEST.**

During the process of providing services to you, the provider will obtain, record, and use mental health and medical information about you that is protected health information. This information is confidential and will not be used or disclosed except as described below.

### I. Uses and Disclosures of Protected Information

**A. General Uses and Disclosures Not Requiring the Client's Consent.** The provider will use and disclose protected health information in the following ways:

***Treatment:*** Treatment refers to the provision, coordination, or management of health care (including mental health) and related services by one or more health care providers. For example, the provider may use your information to plan your course of treatment and consult with other professionals to ensure quality treatment.

***Payment:*** Payment refers to the activities undertaken by a healthcare provider (including mental health) to obtain or provide reimbursement for the provision of health care. The information sent may include information that identifies you, your diagnosis, types of service, date of service, the provider's names, and other information about your condition or treatment. If you are covered by Medicaid, information will be provided to the State of California Medicaid Program.

***Health Care Information:*** Health Care Operations refers to activities undertaken by the provider that are regular functions of a private practice. This includes, but is not limited to, monitoring service quality, staff training, legal services, auditing functions, licensing and credential activities. Some functions are provided by contracted business associates. For example, billing, legal, auditing, and practice management services. Anyone involved in administration is obligated to maintain the same confidentiality as the provider.

**Contacting the Client:** The provider may call you to remind you of appointments and inform you of other available services that may be of benefit to you. They may also contact you via email. Confidentiality of email and cell phone conversations cannot be guaranteed. If you do not wish to be contacted via these means, please alert your provider.

**Required by Law:** The provider will disclose protected health information when required by law or necessary for health care oversight. This includes, but is not limited to, (a) reporting child abuse or neglect; (b) when a release of information is court ordered; (c) when there is a legal duty to warn or take action regarding imminent danger to others; (d) when the client is a danger to self or other or gravely disabled; (e) when a coroner is investigating the client's death; (f) to health oversight agencies for oversight activities authorized by law.

**Crimes on the premises or observed by the provider:** Crimes observed by the provider, crimes toward the provider, and crimes occurring on the provider's premises will be reported to law enforcement.

**Research:** The provider may use or disclose protected health information for research purposes if the relevant limitations of the Federal HIPPA Privacy Regulation are followed 45 CFR 164.512 (i).

**Involuntary Clients:** Information regarding clients who are being treated involuntarily, pursuant to law will be shared with other treatment providers, legal entities, third party payer and others, as necessary to provide the care and management coordination needed.

**Family Members:** Expect for minors, incompetent clients, or involuntary clients, protected health information cannot be provided to family members without the client's consent.

**Emergencies:** In life threatening emergencies the provider will disclose information necessary to avoid serious harm or death.

**B. Clients Release of Information or Authorization:** The provider may not use or disclose protected health information in any other way without a signed release of information or authorization. The release of information or authorization may later be revoked, provided that the revocation is in writing.

## II. Your Rights as a Client

***Access to Protected Health Information:*** You have the right to inspect and obtain a copy of the protected health information that provider has regarding you, in the designated record set. There are other limitations to this right, details of which if applicable, will be provided at the time of your request.

***Amendment of Your Records:*** You have the right to request that your provider amend your protected health information. The provider is not required to amend the record if it is determined that the record is accurate and complete. For a request form or for more information about the process and applicable limits ask your provider.

***Accounting of Disclosures:*** You have the right to receive an accounting of certain disclosures that the provider has made regarding your protected health information. However, the accounting does not include disclosures made to you, disclosures made pursuant to a signed release, or disclosures made prior to April 14, 2003. Other exceptions that may apply will be provided at the time of your request. To Make a request, ask your provider.

***Additional Restrictions:*** You have the right to request additional restrictions on the use or disclosure of your health information. The provider does not have to agree to that request, and there are certain limits to any restriction, which will be provided to you at the time of your request. To make a request, ask your provider.

***Alternative Means of Receiving Confidential Communications:*** You have the right to request where and how you are informed of communications of protected health information from the provider. There are limitations to the granting of such requests, which will be provided to you at the time of the request. To make a request, ask your provider.

***Copy of this Notice:*** You have a right to obtain another copy of this Notice upon request.

## III. Additional Information

***Privacy Laws:*** The provider is required by State and Federal law to maintain the privacy of protected health information. In addition, the provider is required by law to provide clients with notice of the provider's legal duties and privacy practices with respect to protected health information. That is the purpose of the Notice.

***Terms of the Notice and Changes to the Notice:*** The provider is required to abide by the terms of the Notice, or any amended Notice that may follow. The provider reserves the right to change the terms of its Notice and to make new Notice provisions effective for

all protected health information that it maintains. When the Notice is revised, the revised Notice will be posted at the provider's service delivery sites and will be available upon request.

**Comments, Questions or Complaints Regarding Privacy Rights:** If you have comments, questions or believe that your provider has violated your privacy rights, you have the right to complain. You may contact the privacy officer, Andrea Kahrs, LMFT # 118445, 2309 Pacific Coast Highway, Suite 207, Hermosa Beach, CA 90254 , or by phone at (424) 888-0368. You also have the right to complain to the United States Secretary of Health and Human Services. Mail the Office of Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 515F, HHH Bldg., Washington, D.C. 20201. Or by phone at (202) 619-0257 or toll free at 1(877)696-6775. No retaliation will be taken against you if you choose to file a complaint.

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Signature of Patient or Legal Guardian

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Print Patient's Name

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Date

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Print Name of Patient or Legal Guardian, if applicable