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HIPAA 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. FEDERAL LEGISLATION REQUIRES OUR PRACTICE TO PROVIDE YOU WITH A COPY OF THIS NOTICE. PLEASE SIGN WHERE INDICATED ON THE DOCUMENT TITLED "CONSENT FOR TREATMENT" TO ACKNOWLEDGE YOUR RECEIPT.

Duty to Safeguard Your Protected Health Information. Protected Health Information (PHI) refers to information in your health record that could identify you. It is individually identifiable information about your past, present, or future health or condition, the provision of health care to you, or payment for the health care. Examples of PHI include your name, address, birth date, age, phone number, diagnosis, medical records, and billing records. I am required by applicable federal and state law to maintain the privacy of your protected health information, and to give you this Notice of Privacy Practices that describes my privacy practices, legal duties, and your rights concerning your health information. I must follow the privacy practices that are described in this notice while it is in effect. This notification takes effect July 24th, 2021 and will remain in effect until replaced. I reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. Before I make a significant change in my privacy practices, I will change this notice and make the new notice available upon request. You may request a copy this notice at any time.

How I May Use and Disclose Your Protected Health Information. In accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and its HIPAA Privacy Rule (Rule), I am permitted to use and/or disclose your PHI for a variety of reasons. Except in specified circumstances, I am required to use and/or disclose only that minimum amount of your PHI necessary to accomplish the purpose for the use and/or disclosure. Generally, I am permitted to use and/or disclose your PHI for the purposes of treatment, the payment for services you receive, and for our normal health care operations. For most other uses and/or disclosures of your PHI, you will be asked to grant your permission via a signed authorization. However, the rules provide that I am permitted to make certain other specified uses and/or disclosures of your PHI without your authorization. The following information offers more descriptive examples of our potential use and/or disclosure of your PHI:

1. Uses and/or Disclosures of PHI for Treatment, Payment, and Health Care Operations That Do Not Require Authorization

a. Treatment. I may use or disclose your health information to a physician or other healthcare provider providing treatment to you or for the management of healthcare and related services. This also includes but is not limited to consultations and referrals between one or more providers. For example, an insurance company may contact a provider on your behalf to facilitate your access to mental health treatment.

b. Appointment Scheduling/Reminders. Unless you request that I contact you by other means, the Privacy Rule permits me to contact you by phone/ voice mail to schedule appointments and to leave appointment reminders.

c. Payment. I may use or disclose your health information to obtain reimbursement for your healthcare. For example, I may disclose your PHI to your health insurer to determine eligibility or coverage for psychotherapy. Or, I may disclose PHI when I obtain reimbursement from your health insurer for your healthcare.

d. Healthcare Operations. I may use or disclose your health information in healthcare operations. For example I may disclose your PHI to your health insurer for care coordination or case management.

2. Uses and/or Disclosures of PHI Requiring Authorization

You may give me written authorization to use your health information or to disclose it to anyone for any purpose. If you give me authorization, you may revoke it in writing at any time. Your revocations will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give me a written authorization, I cannot use or disclose your health information for any reason except those described in this notice.

a. Psychotherapy Notes. I will also need to obtain an authorization before releasing your psychotherapy notes. Psychotherapy notes are notes I may make about our conversation during an individual, group, conjoint, or family counseling session, for which I have kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

3. Uses and/or Disclosures Not Requiring Your Authorization or Consent

The HIPAA Privacy Rule provides that I may use and/or disclose your PHI without your Authorization in the following circumstances: When required by law: I may use and/or disclose your PHI when existing law requires that I report information including each of the following areas:

a. Reporting Abuse, Neglect or Domestic Violence. I may disclose your PHI to appropriate authorities if I reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of domestic violence or the possible victim of other crimes.

b. Child Abuse. Whenever I, in my professional capacity, have knowledge of or observe a child we know or reasonably suspect, has been the victim of child abuse or neglect, I must immediately report such to a police department or sheriff's department, county probation department, or county welfare department. Also, if I have knowledge of or reasonably suspect that mental suffering has been inflicted upon a child or that their emotional well-being is endangered in any other way, I may report such to the above agencies.

c. Adult and Domestic Abuse. If I, in my professional capacity, have observed or have knowledge of an incident that reasonably appears to be physical abuse, abandonment, abduction, isolation, financial abuse or neglect of an elder or dependent adult, or if I am told by an elder or dependent adult that they have experienced these or if I reasonably suspect such, I must report the known or suspected abuse immediately to the local ombudsman or the local law enforcement agency. I do not have to report such an incident told to me by an elder or dependent adult if (a) I am not aware of any independent evidence that corroborates the statement that the abuse has occurred; (b) the elder or dependent adult has been diagnosed with a mental illness or dementia, or is the subject of a court-ordered conservatorship because of a mental illness or dementia; and (c) in the exercise of clinical judgment, I reasonably believe that the abuse did not occur.

d. To Avert a Serious Threat to Health or Safety. I may use and/or disclose your PHI in order to avert a serious threat to health or safety. If you communicate to me a serious threat of physical violence against an identifiable victim, I must make reasonable efforts to communicate that information to the potential

victim and the police. If I have reasonable cause to believe that you are in such a condition, as to be dangerous to yourself or others we may release relevant information as necessary to prevent the threatened danger.

e. Public Health Activities. I may use and/or disclose your PHI to prevent or control the spread of disease or other injury, public health surveillance or investigations, reporting adverse events with respect to food, dietary supplements, product defects and other related problems to the Food and Drug Administration, medical surveillance of the workplace or to evaluate whether or not you have a work-related illness or injury, in order to comply with Federal or state law.

f. Workers Compensation. If you file a worker's compensation claim, with certain exceptions, I must make available, at any stage of the proceedings, all PHI information in our possession that is relevant to that particular injury in the opinion of the California Department of Labor and Industries, to your employer, your representative, and the Department of Labor and Industries upon request.

g. Health Oversight Activities. I may use and/or disclose your PHI to designated activities and functions including audits, civil, administrative, or criminal investigations, inspections, licensure or disciplinary actions, or civil, administrative, or criminal proceedings or actions, or other activities necessary for appropriate oversight of government benefit programs.

h. Judicial and Administrative Proceedings. I may use and/or disclose your PHI in response to an order of a court or administrative tribunal, a warrant, subpoena, discovery request, or other lawful process.

i. Law Enforcement Activities. I may use and/or disclose your PHI for the purpose of identifying or locating a suspect, fugitive, material witness, or missing person, or reporting crimes in emergencies, or reporting a death.

j. Relating to Decedents. I may use and/or disclose the PHI of an individual's death to coroners, medical examiners and funeral directors.

k. For Specific Government Functions. I may use and/or disclose the PHI of military personnel and veterans in certain situations. Similarly I may disclose the PHI of inmates to correctional facilities in certain situations. I may also disclose your PHI to governmental programs responsible for providing public health benefits, and for workers' compensation. Additionally I may disclose your PHI, if required, for national security reasons.

4. Uses and/or Disclosures Requiring You to Have an Opportunity to Object

I may disclose your PHI in the following circumstances if I inform you about the disclosure in advance and you do not object. I may use or disclose health information to notify or assist the notification of (including identifying or locating) a family member, your personal representative or another person responsible for you, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, I will provide you with an opportunity to object to such use or disclosure. However, in the event of your incapacity or emergency circumstances and you cannot be given an opportunity to object, disclosure may be made if it is consistent with any prior expressed wishes and disclosure is determined to be in your best interests. I will disclose only health information that is directly relevant to the person's involvement in your healthcare. You must be informed and given an opportunity to object to further disclosure as soon as you are able to do so.

Your Rights Regarding Your Protected Health Information (PHI)

The HIPAA Privacy Rule grants you each of the following individual rights:

1. Right to Inspect and Copy. You have the right to inspect and/or obtain a copy of PHI in our mental health and billing 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 denial process.

2. Right to Request an Amendment. If you believe that your PHI is incorrect or incomplete, you may ask me to amend the information. This request must be made in writing, and it must explain why the information should be amended. 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.

3. Right to Request Restrictions. You have the right to request restrictions on certain uses and disclosures of protected health information about you. A request for a restriction must be put in writing. However, I am not required to agree to a restriction you request. You do not have the right to limit the uses and disclosures that we are legally required or permitted to make. If I do agree to your request, I will put these limits in writing and abide by them except in emergency situations.

4. 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 me. Upon your request, I can send your bills to another address.) You must make your request in writing. It must specify how and/or where you wish to be contacted. I will accommodate all reasonable requests.

5. Right to an Accounting. You generally have the right to receive a list of disclosures of PHI for which you have neither authorization nor consent (see above for this section). This accounting will begin on July 24th, 2021 and disclosure records will be held for six years. On your request, I will discuss with you the details of the accounting process.

6. Right to a Paper Copy. You have the right to obtain a paper copy of this Notice of Privacy Practices from me upon request.

Questions and Complaints

If you want more information about my privacy practices or have questions or concerns, please contact me. If you are concerned that I may have violated your privacy rights, or you disagree with a decision we made about your access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may complain using the contact information listed on the header of this notice. You also may submit a written complaint to the Secretary of the U.S. Department of Health and Human Services. Upon request, I will provide you with the address to file your complaint with the U.S. Department of health and Human Services. Any complaint you file must be received by us, or filed with the Secretary, within 180 days of when you know, or should have known, the act or omission occurred. I support your right to the privacy of your health information. I will not retaliate in any way if you make a complaint.

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Client Signature Date