Notice of Privacy Practices

Amor Propio Therapy *A Licensed Clinical Social Work Corporation*

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NOTICE OF PRIVACY PRACTICES

This Notice explains how your protected health information may be used and disclosed, how you may access your health information, and your privacy rights. Please read it carefully.

I. My Commitment to Protecting Your Privacy

Your privacy is important to me. I understand that the information you share during therapy is personal and sensitive, and I am committed to protecting your protected health information (PHI).

As part of providing therapy services, I create and maintain a clinical record of the care and services you receive. These records support your treatment, help ensure continuity of care, and allow me to meet applicable legal, ethical, and professional requirements.

This Notice of Privacy Practices applies to all records maintained by this practice. It explains how I may use and disclose your protected health information, outlines your privacy rights, and describes my responsibilities for safeguarding your information.

Federal law requires me to:

- Maintain the privacy and security of your protected health information (PHI).
- Provide you with this Notice of Privacy Practices explaining my legal duties and privacy practices regarding your protected health information.
- Follow the terms of the Notice of Privacy Practices currently in effect.

I may revise this Notice of Privacy Practices from time to time as permitted or required by law. Any revisions will apply to all protected health information maintained by this practice. The most current version will be available upon request, in my office, and on my website.

II. How Your Health Information May Be Used and Disclosed

The following sections describe the circumstances in which I may use or disclose your protected health information (PHI). While not every possible situation is listed, all uses and disclosures permitted by law fall within one of these categories.

Treatment, Payment, and Health Care Operations

Federal privacy laws allow health care providers with a treatment relationship to use or disclose protected health information, without your written authorization, for purposes of treatment, payment, and health care operations.

For example, I may use your health information to provide therapy services, coordinate your care, or consult with another licensed health care provider when doing so supports your treatment. I may also disclose relevant information when necessary for billing, payment, or other activities related to operating my practice, as permitted by law.

When consultation with another qualified health care professional is appropriate, I may share information that is relevant to your care to help ensure accurate assessment, diagnosis, treatment planning, or continuity of services.

For treatment purposes, HIPAA does not require disclosures to be limited to the "minimum necessary" information because health care providers often need complete and accurate information to provide safe and

effective care. Treatment activities may include consultation with other providers, coordination of care, referrals, or other services related to your health care.

Lawsuits and Legal Proceedings

If you are involved in a legal proceeding, I may disclose your protected health information when required or permitted by law, such as in response to a valid court order or administrative order.

In certain situations, I may also disclose health information in response to a subpoena, discovery request, or other lawful legal process. When required by law, I will make reasonable efforts to ensure that you have been notified of the request or that appropriate legal protections are in place before disclosing the requested information.

III. Uses and Disclosures That Require Your Written Authorization

In most situations, I will obtain your written authorization before using or disclosing your protected health information (PHI) for purposes not otherwise permitted or required by law. You may revoke your authorization at any time in writing, except to the extent that I have already acted in reliance on it.

Psychotherapy Notes

I maintain psychotherapy notes as defined by the HIPAA Privacy Rule (45 CFR § 164.501). These notes are kept separate from your clinical record and receive additional legal protections. With limited exceptions, I will not use or disclose psychotherapy notes without your written authorization.

Exceptions include uses or disclosures:

- For my own treatment of you.
- For my training or supervision of mental health professionals to enhance their clinical skills.
- To defend myself in legal proceedings initiated by you.
- To the Secretary of the U.S. Department of Health and Human Services for purposes of investigating or determining my compliance with HIPAA.
- When required by law, provided the disclosure is limited to what the law requires.
- For certain legally authorized health oversight activities related to the creator of the psychotherapy notes.
- To a coroner or medical examiner when authorized by law.
- To help prevent or lessen a serious and imminent threat to the health or safety of you or another person, when permitted by law.

Marketing

I will not use or disclose your protected health information for marketing purposes without your written authorization.

Sale of Protected Health Information

I do not sell your protected health information. If a situation were ever to arise in which the sale of protected health information was permitted by law, I would first obtain your written authorization.

IV. Uses and Disclosures That Do Not Require Your Authorization

There are certain situations in which federal or state law permits or requires me to use or disclose your protected health information (PHI) without first obtaining your written authorization. These situations include:

- **When required by law.** I may disclose your protected health information when required to do so by federal, state, or local law, provided the disclosure complies with the applicable legal requirements.
- **Public health and safety.** I may disclose information for public health purposes, including reporting suspected child abuse, elder abuse, or dependent adult abuse, or when necessary to help prevent or

lessen a serious threat to the health or safety of you or another person.

- **Health oversight activities.** I may disclose protected health information to health oversight agencies for activities authorized by law, such as audits, investigations, inspections, or licensing reviews.
- **Judicial and administrative proceedings.** I may disclose protected health information in response to a court order, administrative order, subpoena, or other lawful legal process, as permitted or required by law.
- **Law enforcement purposes.** I may disclose protected health information to law enforcement officials when permitted or required by law, including reporting certain crimes that occur on my practice premises.
- **Coroners and medical examiners.** I may disclose protected health information to coroners or medical examiners when necessary for them to carry out duties authorized by law.
- **Research.** In limited circumstances, I may use or disclose protected health information for research purposes when permitted or required by law and when appropriate privacy protections are in place.
- **Specialized government functions.** Certain government agencies may receive protected health information for specialized functions authorized by law, including military activities, national security, intelligence activities, or the administration of correctional institutions.
- **Workers' compensation.** I may disclose protected health information as necessary to comply with applicable workers' compensation laws and similar programs established by law.
- **Appointment reminders and information about services.** I may use or disclose your protected health information to contact you about upcoming appointments. I may also provide information about treatment options or other therapy-related services that may be relevant to your care.

V. Uses and Disclosures When You Have the Right to Object

Family Members, Friends, and Others Involved in Your Care

In certain circumstances, I may share relevant protected health information (PHI) with a family member, close friend, or another person you identify as being involved in your care or payment for your services. Whenever possible, I will give you the opportunity to agree to or object to this disclosure.

If an emergency or other circumstance prevents you from communicating your wishes, I may use my professional judgment to determine whether sharing limited information is in your best interest. If appropriate, I may discuss the information with you after the emergency has passed.

VI. Your Rights Regarding Your Protected Health Information (PHI)

You have the following rights regarding your protected health information, subject to certain exceptions permitted by law:

Request Restrictions

You have the right to request restrictions on how I use or disclose your protected health information for treatment, payment, or health care operations. While I will carefully consider your request, I am not required to agree to it if doing so would interfere with providing appropriate care or is otherwise not required by law.

Request Restrictions for Services Paid Out of Pocket

If you pay for a service in full out of pocket, you have the right to request that I not disclose information about that service to your health plan for payment or health care operations purposes. I will honor this request when required by law.

Request Confidential Communications

You have the right to ask that I communicate with you in a particular way or at a specific location—for example, by calling a particular phone number or sending mail to a different address. I will accommodate all reasonable requests.

Access to Your Records

With the exception of psychotherapy notes and certain information that may be restricted by law, you have the

right to inspect or obtain a paper or electronic copy of your clinical record and other protected health information maintained by this practice.

Upon receiving your written request, I will respond within the time required by applicable law. If permitted by law, I may charge a reasonable, cost-based fee for copies or related administrative expenses.

Request an Accounting of Disclosures

You have the right to request a list of certain disclosures I have made of your protected health information for purposes other than treatment, payment, health care operations, or disclosures made with your written authorization.

I will respond to your request within the time required by law. The accounting generally includes disclosures made during the previous six years. Your first request within a 12-month period is provided at no charge. A reasonable, cost-based fee may apply to additional requests.

Request an Amendment to Your Record

If you believe your protected health information is inaccurate or incomplete, you may request that I amend your clinical record. If I deny your request, I will provide you with a written explanation consistent with applicable law.

Receive a Copy of This Notice

You have the right to receive a paper or electronic copy of this Notice of Privacy Practices at any time, even if you previously agreed to receive it electronically.

Effective Date

This Notice of Privacy Practices is effective as of the date indicated on this document and will remain in effect until it is revised or replaced.

Acknowledgment of Receipt

By signing below, you acknowledge that you have received a copy of this Notice of Privacy Practices. Your signature confirms receipt of this Notice and does not waive any of your rights under HIPAA or applicable California law.