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.**

I am required by law to maintain the privacy and security of your protected health information (“PHI”) and to provide you with this Notice of Privacy Practices (“Notice”). I must abide by the terms of this Notice, and I must notify you if a breach of your unsecured PHI occurs. I can change the terms of this Notice, and such changes will apply to all information I have about you. You will be promptly notified of any changes to the Notice. The Notice will be available upon request in my office and on my website.

Except for the specific purposes set forth below, I will use and disclose your PHI only with your written authorization (“Authorization”). It is your right to revoke such Authorization at any time by giving me written notice of your revocation.

**Uses (Inside Practice) and Disclosures (Outside Practice) Relating to Treatment, Payment, or Health Care Operations That Do Not Require Your Written Consent.** I can use and disclose your PHI without your Authorization for the following reasons:

1. **For your treatment.** I can use and disclose your PHI to provide you with medical treatment and related services, which may include disclosing your PHI to another health care professional. For example, if you are being treated by a physician or psychiatrist, I can disclose your PHI to him or her to help coordinate your care, although my preference is for you to give me an Authorization to do so.

2. **To obtain payment for your treatment.** I can use and disclose your PHI to bill and collect payment for the treatment and services you receive. For billing and payment purposes, I may disclose your PHI to your payment source, including an insurance or managed care company, Medicare, Medicaid, or another third party payor. For example, I may need to give your health plan information about the treatment you received so your health plan will may myself or reimburse you for the treatment, or I may have to contact your health plan to confirm your coverage or to request prior authorization for a proposed treatment.

3. **For health care operations.** I can use and disclose your PHI for purposes of conducting health care operations pertaining to my practice such as quality assurance and improvement activities, medical review, legal services, auditing functions, and general administrative activities of my practice.

**Certain Uses and Disclosures Require Your Authorization.**

1. **Psychotherapy Notes.** I do not keep “psychotherapy notes” as that term is defined in 45 CFR § 164.501; rather, I keep a record of your treatment and you may request a copy of such record at any time, or you may request that I prepare a summary of your treatment. There may be reasonable cost-based fees involved with copying the record or preparing the summary.

2. **Marketing Purposes.** I will not use or disclose your PHI for marketing purposes.

3. **Sale of PHI.** I will not sell your PHI in the regular course of my business.

**Certain Uses and Disclosures Do Not Require Your Authorization.** Subject to certain limitations mandated by law, I can use and disclose your PHI without your Authorization for the following reasons:

1. When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.

2. For public health activities including preventing or controlling disease, reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone’s health or safety.

3. For health oversight activities, including audits, investigations, inspections, licensure, and disciplinary actions.

4. For judicial and administrative proceedings, including responding to a court or administrative order, although my preference is to obtain an Authorization from you before doing so.

5. For law enforcement purposes, including reporting crimes occurring on my premises.

6. To coroners or medical examiners, when such individuals are performing duties authorized by law.

7. For research purposes, including studying and comparing the mental health of patients who received one form of therapy versus those who received another form of therapy for the same condition.

8. For specialized government functions, including ensuring the proper execution of military missions, protecting the President of the United States, conducting intelligence or counter-intelligence operations, or helping to ensure the safety of those working within or housed in correctional institutions.

9. For workers’ compensation purposes. Although my preference is to obtain an Authorization from you, I may provide your PHI in order to comply with workers’ compensation laws.

10. Appointment reminders and health related benefits or services. I may use and disclose your PHI to contact you to remind you that you have an appointment with me. I may also use and disclose your PHI to tell you about treatment alternatives or other health care services or benefits that I offer.

CERTAIN USES and DISCLOSURES REQUIRE YOU to HAVE the OPPORTUNITY to OBJECT.

1. **Disclosures to family friends, or others.** I may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

YOUR RIGHTS REGARDING YOUR PHI

You have the following rights with respect to your PHI:

1. **The Right to Request Limits on Uses and Disclosures of your PHI.** You have the right to request certain restrictions or limitations on the PHI I use or disclose about you. You may request a restriction or revise a restriction on the use or disclosure of your PHI by providing a written request stating that specific restriction requested. I am not required to agree to your requested restriction. If I do not agree to accept your requested restriction, I will comply with comply with your request except as needed to provide you with emergency treatment. If restricted PHI is disclosed to a health care provider for emergency treatment, I will request that such health care provider not further use or disclose the information. In addition, you and I may terminate the restriction of the other party if notified in writing of the termination.

2. **The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full.** You have the right to request restrictions on disclosures of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full.

3. **The Right to Choose How I send PHI to You.** You have the right to ask me to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and I will agree to all reasonable requests.

4. **The Right to See and Get Copies of Your PHI.** You have the right to access, inspect, and obtain your PHI that is used to make decisions about your care for so long as the PHI is maintained by me. To access, inspect, and copy your PHI that may be used to make decisions about you, you must submit your request in writing to me. If you request a copy of the information, I may charge a fee for costs of preparing, copying, mailing, or other supplies associated with your request. I may deny, in whole or in part, your request to access, inspect, and copy your PHI under certain limited circumstances. If I deny your request, I will provide you with a written explanation of the reason for the denial. You may have the right to have this denial reviewed by an independent health care professional designated by me to act as a reviewing official. This individual will not have participated in the original decision to deny your request. You may also have the right to request a review of my denial of access through a court of law. All requirements, court costs, and attorney’s fees associated with a review of denial by a court are your responsibility. You should seek legal advice if you are interested in pursuing such rights.

5. **The Right to Get a List of the Disclosures I have made.** You have the right to request an accounting of certain disclosures of your PHI by me or by others on your behalf. To request an accounting of disclosures, you must submit a request in writing, stating a time period that is within six (6) years from the date of your request. The first accounting provided with a 12-month period will be free. I may charge you a reasonable, cost-based fee for each future request.

6. **The right to correct or update your PHI.** If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that I correct the existing information or add the missing information. I may say “no” to your request, but I will tell you why in writing within 60 days of receiving your request.

7. **The right to get a paper or electronic copy of this notice.** You have the right to get a paper copy of this Notice, and you have the right to get a copy of this notice by e-mail. And, even if you have agreed to receive this Notice via e-mail, you also have the right to request a paper copy of it.

HOW TO COMPLAIN ABOUT MY PRIVACY PRACTICES

If you think I may have violated your privacy rights, you may file a complaint with me, as the Privacy Officer for my practice. My address and telephone are:

Laara Israhel, LMFT

San Diego, California 92108

619/804-8747

You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by:

1. Sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201

2. Calling 1-877-696-6775

3. Visiting www.hhs.gov/ocr/privacy/hipaa/complaint

**EFFECTIVE DATE OF THIS NOTICE**

This notice went into effect on July 1, 2014.