

Notice of Privacy Practices

I. 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.

II. I HAVE A LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI).

I am legally required to protect the privacy of your PHI, which includes information that can be used to identify you that we have created or received about your past, present, or future health or condition, the provision of health care to you, or the payment of this health care. I must provide you with this Notice about the privacy practices, and explain how, when and why I would use and disclose your PHI. I am legally required to follow the privacy practices described in this notice.

I reserve the right to change the terms of this Notice, and to apply those changes to our policies regarding your PHI. You have the right to be notified of any changes and to receive a copy of those changes in writing. You may request a copy of this Notice of Privacy Practices.

III. HOW WE MAY USE AND DISCLOSE YOUR PHI.

- A. Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations Do Not Require Your Prior Written Consent.**
1. For Treatment: I can use and disclose your PHI to physicians, psychologists, psychiatrists, or other health care providers who provide you with, or are involved with your care.
 2. To Obtain Payment for Treatment: I can use and disclose your PHI to bill and collect payment for the treatment and services provided to you.
 3. For Health Care Operations: I can use and disclose your PHI for health care operations.
 4. Client Incapacitation or Emergency: I may disclose your PHI if you are incapacitated or if an emergency exists.
- B. Certain Uses and Disclosures That Do Not Require Your Consent or Authorization.**
1. As Required by Law: I will disclose your PHI when federal, state, or local laws require disclosure.
 2. When Judicial or Administrative Proceedings Require Disclosure: I may use or disclose your PHI in response to a Court or Administrative Order. This may include a claim for Worker's Compensation or in response to a Subpoena.
 3. When Law Enforcement Requires Disclosure: I may use and disclose your PHI if required to do so by Law Enforcement. For example, I may disclose your PHI in response to a Search Warrant.
 4. When Public Health Activities Require Disclosure: I may use and disclose your PHI for Public Health activities. For example, I may use and disclose your PHI to report an adverse reaction that you have to a medication, or to report the abuse or neglect of children or the elderly.
 5. To Avert a Serious Threat to Health and Safety: I may use and disclose your PHI when necessary to prevent a serious threat to your health and safety, the health and safety of another person, or the public.
 6. When Health Oversight Activities Require Disclosure: I may use and disclose your PHI to Federal or State Health Oversight Agencies for activities required by law. For example, I may use and disclose your PHI to assist the government in monitoring the health care system, government programs, compliance of civil rights laws, or in conducting an investigation of a health care provider or organization.

7. For Specialized Government Functions: I may use and disclose your PHI to authorized federal officials for intelligence or other national security activities authorized by law.
 8. To Remind You of an Appointment or to Inform You of Health Related Benefits or Services: For example, I may use and disclose your PHI to contact you about appointments, to give you information about alternative treatments, other health care services, or health care benefits available to you.
 9. For Research: Under certain circumstances, I may use and disclose your PHI for research purposes. All research projects are subject to a special approval process.
- C.** Certain Uses and Disclosures That Give You the Opportunity to Object.
Disclosures to Family, Friends, or Others: Unless you object, I may provide your PHI to a family member, friend, or other person that you indicate is involved in your health care or the payment of your health care. Your objection must be in writing.
- D.** Uses and Disclosures That Require Your Prior Written Authorization.
Other uses and disclosures of your PHI not covered by this Notice of Privacy Practices or the laws that apply to me will be made only with your written authorization. If you choose to sign an authorization, you may revoke that authorization, in writing, at any time, to stop any future use or disclose of your PHI for the reasons covered in the authorization. I am unable to take back any disclosures I have already made when the authorization was in effect, and am required to retain the records of the health care that was provided to you.

IV. WHAT RIGHTS YOU HAVE REGARDING YOUR PHI.

You have the following rights with respect to your PHI:

- A.** The Right to Request Restrictions on Uses and Disclosures. You have the right to request restrictions or limitations on the uses and disclosures of your PHI to carry out treatment, payment, or health care operation. You also have the right to request that we restrict or limit disclosures of your PHI to family members or friends or others involved in your health care or the payment of your health care. Please submit all requests in writing. I will consider your requests, but we are not legally required to accept them. If I do accept your requests, we will put them in writing and will abide by them, except in emergency situations. However, be advised that you may not limit the uses and disclosures that we are legally required to make.
- B.** The Right to Choose How We Send PHI to You. You have the right to request that we send confidential information to you at an alternate address, or by alternate means. I must agree to your request as long as it is reasonable and you specify how and where you wish to be contacted, and, when appropriate, you provide us with the information as to how payment for such alternate communications will be handled. I may not require an explanation from you as to the basis of your request as a condition of providing communications on a confidential basis.
- C.** The Right to inspect and Receive a Copy of your PHI. In most cases, you have the right to inspect and receive a copy of your PHI, but you must make the request to inspect and receive a copy of such information in writing. If we do not have your PHI but know who does, we will tell you how to get it. We will respond to your request within 30 days of receiving your written request. In certain situations, we may deny your request. If we do, we will tell you, in writing, the reasons for the denial and explain your rights to have the denial reviewed. If you request a copy of your PHI, I may charge you a fee for the costs of copying, mailing, or other supplies associated with your request. There is no fee for inspecting your records if you do not request a copy.

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- D.** The Right to Receive a List of Disclosures. You have the right to receive an accounting of disclosures, in which your PHI has been disclosed. This list will not include disclosures made for treatment, payment, or

health care operations; disclosures made by you; disclosures you authorized; disclosures permitted or required by the federal privacy rule; disclosures made for national security or intelligence; disclosures made to correctional institutions or law enforcement personnel; or disclosures made before April 14, 2003. We will respond to your request for an Accounting of Disclosures within 60 days of receiving the request. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Your request must be in writing. I will provide the first list to you at no charge, but if you make more than one request a year, we may charge you a reasonable, cost-based fee for each additional request.

- E. **The Right to Amend Your PHI.** If you believe that there is a mistake in your PHI or that a piece of important information is missing, you have the right to request that we correct the existing information or add the missing information. You must provide the request and your reason in writing and I will respond within 60 days of receiving your request to correct or update your PHI.
- F. **THE RIGHT TO RECEIVE A PAPER COPY OF THIS NOTICE.** You have the right to receive a paper copy of this notice even if you have agreed to receive it via e-mail.

V. HOW TO COMPLAIN ABOUT OUR PRIVACY PRACTICES.

If you think that we may have violated your privacy rights, or you disagree with a decision I made about access to your PHI, you may file a complaint with the person listed in Section VI below. You also may send a written complaint to the Secretary of the Department of Health and Human Services 200 Independence Avenue S.W., Washington, D.C. 20201. You will not be penalized in anyway for filing a complaint.

VI. PERSON TO CONTACT FOR INFORMATION ABOUT THIS NOTICE OR TO COMPLAIN ABOUT OUR PRIVACY PRACTICES.

If you have any questions about this notice or any complaints about our privacy practices, or would like to know how to file a complaint with the Secretary of the Department of Health and Human Services, please contact us at: Kay McElrath at (619) 725-7717.

VII. EFFECTIVE DATE OF THIS NOTICE.

This notice went into effect of April 14, 2003.

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