

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES

HOW MEDICAL AND SUBSTANCE USE RELATED INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU MAY ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

ABOUT THIS NOTICE

Mind Therapy Clinic is required by law to maintain the privacy of your health information, to provide you with a notice of its legal duties and privacy practices, and to follow the information practices that are described in this notice. This notice explains how your health information may be used and disclosed and your rights related to your health information. You have a right to request and receive a paper copy of this notice.

Information regarding your health care, including payment of your health care, is protected by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 42 U.S.C. § 1320s et seq., and 45 C.F.R. Parts 160 & 164. If you receive substance use treatment from Mind Therapy Clinic, your information related to these services, including whether or not you receive these services, is also protected under the Confidentiality Law, 42 C.F.R. Part 2 ("Part 2"). Mind Therapy Clinic may not use or disclose your health information except as described in this notice and as permitted under the law.

This notice applies to health information about you that is obtained by or on behalf of Mind Therapy Clinic. Health information is information that relates to your past, present, or future physical or mental health or condition, the provision of health care products and services to you or payment for such services. We will notify you of any breach involving your health information in accordance with applicable law.

HOW WE MAY DISCLOSE YOUR HEALTH INFORMATION

As permitted by law, your treatment provider is permitted to and may choose to use or disclose protected health information (information regarding your treatment at the Mind Therapy Clinic or other relevant information that may identify you) ("PHI") without your authorization for the purposes described in this notice.

When it is important to do so, we will only use or disclose the minimum necessary PHI to the extent a recipient needs to know the information. By law, mental health professionals shall safeguard the confidential information obtained in the course of practice, research, teaching or any other professional duties. Except for the purposes set forth below, the mental health professional may only disclose your PHI to others with your written consent.

Please note that the ethical standards of mental health professionals are, in many cases, more stringent than federal and state regulations and restrict us from unnecessarily disseminating information about you. We will only do so as necessary, and will use caution with any information pertaining to you or your health status.

EXAMPLES OF HOW WE MAY USE AND DISCLOSE PHI (EXCEPT ANY INFORMATION RELATED TO SUBSTANCE USE TREATMENT YOU RECEIVE AT MIND THERAPY CLINIC)

The following section describes how Mind Therapy Clinic may use and disclose your PHI, other than information relating to any substance use treatment you may receive at Mind Therapy Clinic (for how such information may be used and disclosed, please see “Examples of How We May Use and Disclose Your Health Information that Relates to Substance Use Treatment Received at Mind Therapy Clinic”, below).

Examples of Disclosure for Treatment, Payment, and Health Care Operations

- **Treatment.** We may use PHI about you to provide you with medical treatment or services. We may disclose PHI about you to doctors, nurses, technicians, office staff, or other personnel who are involved in your care or health care decisions. We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.
- **Payment.** We may use and disclose PHI about you so that the treatment and services we provide to you may be billed to and payment may be collected from you, an insurance company or a third party.
- **Health care operations.** We may use and disclose PHI about you in order to run Mind Therapy Clinic and make sure that you and our other clients receive quality care. For example, we may use your information to conduct cost-management and patient-care planning activities for Mind Therapy Clinic.

Examples of Other Uses and Disclosures

We also may use and disclose your PHI without your prior authorization for the following purposes:

- To Business Associates of ours, with whom we contract for services. Examples of Business Associates include consultants, accountants, lawyers, and third-party billing companies. We require these Business Associates to agree to protect the confidentiality of your PHI.
- To health oversight agencies or authorities for health oversight activities, such as auditing and licensing.
- For public health purposes, including reports to public health agencies or legal authorities charged with preventing or controlling disease, injury, or disability and reports to employers for work-related illness or injuries for workplace safety purposes
- To law enforcement authorities for law enforcement purposes as required or permitted by law for example, in response to a subpoena or court order, in response to a request from law enforcement, and to report limited information in certain circumstances.
- For judicial and administrative proceedings, including if you are involved in a lawsuit or a dispute, we may disclose your PHI in response to a court or administrative order. We may

also disclose your PHI in response to a subpoena, discovery request, or other lawful process instituted by someone else involved in the dispute, but only if efforts have been made, either by the requesting party or us, to first tell you about the request or to obtain an order protecting the information requested.

- As Required by Law. We will disclose your PHI when required to do so by federal, state or local law.
- To make reports on abuse, neglect, or domestic violence to a government authority if we reasonably believe you are a victim of abuse or neglect. We will only disclose this type of information to the extent required by law, if you agree to the disclosure, or if the disclosure is allowed by law and we believe it is necessary to prevent serious harm to you or someone else.
- To avert a serious threat to public health or safety, or to prevent serious harm to an individual.
- To Coroners and medical examiners and funeral directors, as necessary, to carry out their duties.
- To organizations for purposes of disaster relief efforts.
- For research projects that are subject to a special approval process. We may use your health information to conduct research and we may disclose your PHI to researchers as authorized by law. For example, we may use or disclose your PHI as part of a research study when the research has been approved by an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your information..
- For specialized government functions; for example, as required by military authorities or to federal officials for intelligence, counterintelligence, protection of the President, and other national security activities authorized by law.
- To correctional Institutions if you are or become an inmate of a correctional institution, for your health and the health and safety of other individuals.
- For workers compensation purposes as necessary to comply with worker's compensation or other similar programs established by law.
- Incidental Disclosures. While we will take reasonable steps to safeguard the privacy of your health information, certain disclosures of your health information may occur during, or as an unavoidable result of our otherwise permissible uses or disclosures of your health information. For example, during the course of a treatment session, other patients in the treatment area may see, or overhear discussion of, your health information.

In other instances, we may use or disclose PHI without written authorization but provide you with an opportunity to agree or object to the use or disclosure. This will occur when a use or disclosure to a family member, relative or close personal friend, or any other individual you identify, is important to provide these individuals with information regarding your health care, payment, location, general condition or death, or to assist in disaster relief efforts. In

emergency circumstances, we may not be able to obtain your agreement or objection; in these cases we will use our professional judgment to act in your best interests.

EXAMPLES OF HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION THAT RELATES TO SUBSTANCE USE TREATMENT RECEIVED AT MIND THERAPY CLINIC

The following section describes how Mind Therapy Clinic may use and disclose your health information that relates to substance use treatment received at our clinic. Under federal regulations referred to as Part 2, more stringent confidentiality and privacy protections apply to your health information that identifies you as a substance use treatment patient (“Part 2 Information”). We may not disclose to a person outside of Mind Therapy Clinic that you received substance use treatment at our clinic, nor may Mind Therapy Clinic disclose any Part 2 Information, except as permitted by federal law.

Mind Therapy Clinic must obtain your written consent before it may disclose Part 2 Information for payment purposes. Generally, you must also sign a written consent before Mind Therapy Clinic can share Part 2 Information for treatment or for health care operations.

Examples of Disclosures Of Part 2 Information

Under federal law, we may use and disclose Part 2 Information without your prior consent for the following purposes:

- Pursuant to an agreement with a qualified service organization/business associate, with whom we contract for services;
- For research, audit, or evaluations;
- To report a crime committed on Mind Therapy Clinic’s premises or against Mind Therapy Clinic’s personnel;
- To medical personnel in a medical emergency;
- To appropriate authorities to report suspected child abuse or neglect; and
- As allowed by court order.

OTHER USES AND DISCLOSURES

Your written authorization is required to disclose psychotherapy notes, except in cases in which we must use such information to defend ourselves in legal action/proceedings involving you.

Before Mind Therapy Clinic may use or disclose any information about your health in a manner not described in this Notice, it must first obtain your specific written consent allowing it to make the disclosure. Any such written consent may be revoked by your orally or in writing. Upon receipt of the

written revocation, we will stop using or disclosing your health information, except to the extent that we have already taken action in reliance on the authorization.

YOUR RIGHTS

You have individual rights over the use and disclosure of your PHI, including the rights listed below. You may exercise any of these rights by submitting your request in writing. Please contact the Office Manager to obtain the applicable request form. We will evaluate each request and communicate to you whether or not we can honor the request. We may also charge a reasonable fee for costs associated with your request to the extent permitted by law. We will notify in advance of the cost, and you may withdraw your request before you incur any cost.

Restrict use

You may request, in writing, restrictions on certain uses and disclosures of your information. We will consider but are not legally required to accept most requests. After review of your request, we will notify you of our determination in writing. We must accept your request only if the restricted disclosure is to a health plan for the purpose of carrying out payment or health care operations, disclosure of such information is not required by law, and the restricted information pertains to an item or service for which you paid in full out-of-pocket.

Upon request, you may receive confidential communications by alternative means or at alternative locations. This includes an alternative mailing address or telephone number.

Inspect and copy

With a few exceptions, you have the right to access and obtain a copy of the health information that we maintain about you. If we maintain an electronic health record containing your health information, you have the right to obtain the health information in an electronic format. You may ask us to send a copy of your health information to other individuals or entities that you designate. We may deny your request to inspect and copy in certain circumstances. If you are denied access to your health information, you may request that the denial be reviewed in some cases.

Request corrections

You have the right to request in writing that we correct information in your record that you believe is incorrect or add information that you believe is missing.

Know about disclosures

You have the right to an accounting of instances where we have disclosed your health information for certain purposes other than for treatment, payment, health care operations, or other exceptions. Your request must be made in writing and may be for disclosures made up to 6 years before the date of your request.

File complaints

If you are concerned that we have violated your privacy or disagree with a decision we made about access to your record, you may file a complaint about the clinic and submit it to our HIPAA Officer

You also may file a written complaint to the Secretary of the U.S. Department of Health and Human Services.

You will not be penalized nor retaliated against if you file a complaint.

CHANGES TO THIS NOTICE

This notice is effective as of **March 1, 2019**. We may change the terms of our notice at any time. The new notice will be effective for the health information that we maintain. The revised notice will be posted at our places of service. You may request a copy of the current notice at any time by contacting our HIPAA Officer at 415-945-9870.

Acknowledgment

I/We, _____, acknowledge receiving and reading a copy of the above information, and have had the opportunity to ask whatever questions necessary for clarification.

Client _____ Date _____

If no signature is obtained, document efforts to obtain signature and reasons why the document was not signed: