

Notice of Privacy Practices

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NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

HIPAA Notice of Privacy Procedures and Policies

THROUGHOUT THIS DOCUMENT, THE PRONOUNS "I", "ME", AND "MY" REFER TO YOUR THERAPIST AND/OR HIS/HER AGENTS.

I. THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

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

A. I am required by legal statute to protect the privacy of your health information. This "personal health information" is defined as that health information that can be used to identify you, has been created by my office, or has been received from another office or entity. It applies to past, present, and future health or condition, your treatment, payment for services, and other health practices, which will be explained to you.

B. My office is legally required to apply/follow the practices described in this **NOTICE**.

C. My office has the right to change the privacy practices as described in this **NOTICE** at any time, as permitted by law. The changes will apply to your health information held by my office. You will receive an updated copy of the **NOTICE** and it will be posted in my office. You can request a copy of this **NOTICE** at any time by notifying the **CONTACT OFFICER** at the address and telephone listed at top of this page.

III. HOW I MAY USE AND DISCLOSE YOUR PHI

The **USE** of your PHI applies to sharing utilization, examination, or analysis of the information within this treatment facility.

The **DISCLOSURE** of your PHI takes place when information is released or transferred out of this office to another party or entity.

A. Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations That Do Not Require Your Prior Written Consent. My office can use and disclose your PHI without your consent for the following reasons:

1. **For Treatment.** Your PHI can be used within my practice to provide you with mental health treatment including discussing or sharing your PHI with trainees and interns. My office can disclose your PHI to physicians, psychiatrists, psychologists, and other licensed health care providers who provide you with health care services or are involved in your care. For example, if a psychiatrist is treating you, I can disclose your PHI to your psychiatrist to coordinate your care.

2. To Obtain Payment for Treatment. Use and disclosure of your PHI is permitted in order to bill and collect payment for the treatment and services provided to you by my office. These disclosures are limited in scope and serve to provide insurance companies or other third party payors with only the necessary information needed to process payment for your treatment. For example, I might send your PHI to your insurance company or health plan to be paid for the health care services that I have provided to you that might include, but not limited to, your name, social security number, diagnosis, treatment plan, fee charged, insurance number, dates of service and other essential information to process your claim. I also may provide your PHI to business associates, such as billing companies, claims processing companies, and others that process health care claims.

3. For Health Care Operations. My office can use and disclose your PHI to operate the practice. For example, I might use your PHI to evaluate the quality of health care services that you received or to evaluate the performance of the health care professionals who provide such services to you. I also may provide your PHI to accountants, attorneys, consultants, or others to further health care operations.

4. For Research Purposes. My office can release limited confidential health information for research purposes.

5. Patient Emergency. My office may disclose your PHI to others without your consent if you are incapacitated or if an emergency exists. For example, your consent is not required if you need emergency treatment, as long as I try to get your consent after treatment is rendered, or if I try to get your consent but you are unable to communicate with me. (For example, if you are unconscious or in severe pain) and I think that you would consent to such treatment if you were able to do so.

B. Certain Other Uses and Disclosures Also Do Not Require Your Consent or Authorization. My office can use and disclose your PHI without your consent or authorization for the following reasons:

1. When federal, state, and local laws require disclosure. For example, I may have to make a disclosure to applicable governmental officials when a law requires me to report information to government agencies and law enforcement personnel about victims of abuse or neglect.

2. When judicial or administrative proceedings require disclosure. For example, if you are involved in a lawsuit or a claim for workers' compensation benefits, I may have to use or disclose your PHI in response to a court or administrative order. I also may have to use or disclose your PHI in response to a subpoena.

3. When law enforcement requires disclosure. For example, I may have to use or disclose your PHI in response to a search warrant

4. When public health activities require disclosure. For example, I may have to use or disclose your PHI to report to a government official an adverse reaction that you have to a medication.

5. When health oversight activities require disclosure. For example, I may have to provide information to assist the government in conducting an investigation or inspection of a health care provider or organization

6. To avert a serious threat to health or safety. For example, I may have to use or disclose your PHI to avert a serious threat to the health and safety of others. However, any such disclosures will be made only to someone who might be able to prevent the threatened harm from occurring.

7. For specialized government functions. If you are in the military, I may have to use or disclose your PHI for national security purposes, including protecting the President of the United States or conducting intelligence operations.

8. To remind you about appointments.

9. A limited data set of your PHI can be released for research purposes without your consent. If fully identifiable health information is needed for research purposes, an authorization for release of information must be signed before information is released.

C. Other Uses and Disclosures Require Your Prior Written Authorization.

In any other situation not described in section III, your written authorization before using or disclosing any of your PHI is required. If you choose to sign an authorization to disclose your PHI, you can later revoke such authorization in writing to stop any future uses and disclosures (to the extent that I have not taken any action in relation to such authorization) of your PHI. I also will need to obtain an authorization before releasing your psychotherapy notes. "*Psychotherapy notes*" are notes I have made about our conversation during a private, group, joint, or family counseling sessions, which I have kept separate from the rest of your health record. These notes are given a greater degree of protection than PHI and written authorization will be obtained before psychotherapy notes are released.

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 uses or disclosures of your PHI to carry out treatment, payment, or health care operations. Please submit such requests to my office in writing, I will consider your requests, but I am not legally required to accept them. If your requests are accepted, I will put them in writing and my office will abide by them, except in emergency situations. However, be advised, that you may not limit the uses and disclosures that I am legally required to make.

B. The Right to Choose How I Send PHI to You. You have the right to request that I send confidential information to you at an alternate address (for example, sending information to your work address rather than your home address) or by alternate means (for example, e-mail instead of regular mail). I must agree to your request so long as it is reasonable and you specify how or where you wish to be contacted, and when appropriate, you provide me with information as to how payment (if required) 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 communication on a confidential basis.

C. The Right to Inspect and Receive a Copy of Your PHI.

1. In most cases, you have the right to inspect and receive a copy of the PHI that I have on you, but you must make the request to inspect and receive a copy of such information in writing. If I do not have your PHI but I know who does, I will tell you who does, and I will tell you how to get it. I will respond to your request within 30 days of receiving your written request. In certain situations, I may deny your request. If I do, I will tell you, in writing, the reasons for the denial and explain your right to have the denial reviewed.

2. If you request copies of your PHI, I will charge you not more than \$.50 for each page. Instead of providing the PHI you requested, I may provide you with a summary or explanation of the PHI as long as you agree to that and to the cost in advance.

3. Minors have the right to access their records when:

- a. The minor may legally obtain treatment without parental consent
- b. The parents sign a confidentiality waiver
- c. The minor can provide the consent for treatment

Note: Parents can access the minor's records when such access is permitted or required by law.

D. The Right to Receive a List of the Disclosures Made By My Office. You generally have the right to receive an Accounting of Disclosures of PHI for which you have provided neither consent nor authorization (as described in Section III of this Notice). On your request, I will discuss with you the details of the accounting process.

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 I correct the existing information or add the missing information. You must provide the request and your reason for the request in writing. Upon request, I will discuss with you the details of the amendment process.

F. The Right to Receive a Paper Copy of This Notice. You have the right to receive a paper copy of my notice even if you have agreed to receive it via e-mail.

V. HOW TO COMPLAIN ABOUT PRIVACY PRACTICES

If you think that I 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 at 200 Independence Avenue S.W., Washington, D.C. 20201. I will take no retaliatory action against you if you file a complaint about my office's privacy practices.

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

If you have any questions about my notice or any complaints about the 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 Hannah Warren at 805-459-3921.

VII. EFFECTIVE DATE OF MY NOTICE

This notice will go into effect February 16, 2024.

I will limit the uses or disclosures that I will make as follows:

It is customary among mental health professionals to limit use and disclosure of confidential information to those that the client has specifically consented, those required by law (e.g., reporting suspected child abuse, etc), and in litigation procedures against you or myself. My office will abide by that standard when it is prudent to do so. There may be exceptions and in those cases where I reasonably believe that, it is in your best interest that I disclose information even without your specific consent. An example of such a situation might be if you needed emergency treatment and information I provided would help to ensure that you received appropriate care.

BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.