

# Notice of Privacy Practices

Gerard Sobnosky, LMFT

1150 W. Capitol Dr, Unit 13

San Pedro, CA 90732

(424) 337-0339

## 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.

I. Personal Health Information: I understand that health information about you and your health care is personal. I am committed to protecting health information about you. I create a record of the care and services you receive from me to provide you with quality care and to comply with legal requirements. This notice informs you of ways I may use and disclose health information about you; your rights to your health information; and my obligations regarding the use and disclosure of your health information. I am required by law to:

- Make sure that protected health information ("PHI") that identifies you is kept private.
- Give you this notice of my legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect.
- I can change the terms of this Notice, and the changes will apply to all information I have about you. The new Notice will be available upon request, in my office, and on my website.

II. How I may use and disclose health information about you: The following categories describe different ways that I use and disclose health information. Not every use or disclosure in a category will be listed, but all of the ways I am permitted to use and disclose information will fall within one of the categories.

III. Certain uses and disclosures require your authorization:

1. Psychotherapy Notes. I do keep "psychotherapy notes" as that term is defined in 45 CFR § 164.501, and any use or disclosure of such notes requires your Authorization unless the use or disclosure is:
  - a. For my use in treating you
  - b. For my use in training or supervising mental health practitioners, although any material used in this way will be changed and disguised to protect your identity
  - c. For my use in defending myself in legal proceedings instituted by you
  - d. For use by the Secretary of Health and Human Services to investigate my compliance with HIPAA
  - e. As required by law or a coroner performing duties authorized by law
  - h. Required to help avert a serious threat to the health and safety of you or others
2. Marketing or sale of PHI: I will not use or disclose your PHI for marketing purposes, nor will I sell your PHI.

IV. Certain uses and disclosures do not require your authorization: Subject to certain limitations in the law, I can use and disclose your PHI without your authorization for the following reasons:

1. For health care operations purposes including the coordination and management of treatment; consultations between health care providers; referrals of a patient for health care from one health care provider to another; or coordination of payment

2. When disclosure is required by state or federal laws, including workers compensation laws, and the use or disclosure complies with and is limited to the relevant requirements of such law; or to coroners or medical examiners when performing duties authorized by law
3. For public health activities, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone's health or safety
4. For health oversight activities, including audits and investigations
5. 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
6. For law enforcement purposes, including reporting crimes occurring on my premises

V. Certain uses and disclosures require you to have the opportunity to object:

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

VI. 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 ask me not to use or disclose certain PHI for treatment, payment, or health care operations purposes. I am not required to agree to your request, and I may say "no" if I believe it would affect your health care.
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. Other than "psychotherapy notes," you have the right to get an electronic or paper copy of your medical record or a summary. I will provide you with a copy of your record or a summary of it within 30 days of receiving your written request, and I may charge a reasonable, cost based fee for doing so.
5. The right to get a list of the disclosures I have made. You have the right to request a list of instances in which I have disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided me with an Authorization.
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 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.

EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on October 28, 2017

Acknowledgement of Receipt of Privacy Notice

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By checking the box below, you are acknowledging that you have received a copy of HIPPA Notice of Privacy Practices.

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