

NOTICE OF PRIVACY PRACTICES

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you, the patient, have certain rights regarding the use and disclosure of your protected health information. This notice describes how health information about you may be used and disclosed, as well as how you can get access to it.

MY PLEDGE

I am committed to protecting your health information. To provide you with quality care and to comply with certain legal requirements, I create a record of the care and services you receive from me. This notice applies to all the records of your care generated by my practice. I am required by law to:

- Maintain the privacy and security of your protected health information.
- Let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- Follow the duties and privacy practices described in this notice and give you a copy of it.
- Not use or share your information other than as described here unless you tell me I can.

For more information: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

This notice is effective as of **July 1, 2020**. I can change the terms of Notice of Privacy Practice and to make the new notice provision effective for all health information that I maintain about you. The new notice will be available upon request, in my office, and on my website.

USES AND DISCLOSURES

Subject to certain limitations in the law, your health information may be used or disclosed for the purposes of treatment, payment, and health care operation without your authorization. I am also allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. I have to meet many conditions in the law before I can share your information for these purposes. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help manage your health care treatment

- I can use your health information to remind you of your appointment. I may also use and disclose your health information to tell you about treatment alternatives, or other health care services or benefits that I offer.
- I can use your health information and share it with other professionals who are treating you.

Disclosures for treatment purposes are not limited to the minimum necessary standard. Because therapists and other health care providers need access to the full record and/or full and complete information in order to provide quality care. The word “treatment” includes, among other things, the coordination and management of health care providers with a third party, consultations between health care providers and referrals of a patient for health care from one health care provider to another.

Bill and collect for services

- I can use and share your health information for billing and collection purposes.

Run operation

- I can use and share your health information to run my practice, improve your care, and contact you when necessary.

Administer your plan	<ul style="list-style-type: none"> • I may disclose your health information to your health plan sponsor for plan administration.
Help with public health and safety issues	<ul style="list-style-type: none"> • I can share health information about you for certain situations such as reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone's health or safety.
Do research	<ul style="list-style-type: none"> • I can use or share your information for research purposes.
Comply with the law	<ul style="list-style-type: none"> • I will share health information about you if state or federal laws require it, and the use or disclosure complies with and is limited to the relevant requirements of such law. • There are special laws that protect some types of health information such as mental health services, treatment for substance use disorders, and HIV/AIDS testing and treatment. I will obey these laws when they are stricter than this notice.
Address workers' compensation, law enforcement, and other government requests	<ul style="list-style-type: none"> • I can use or share health information about you <ul style="list-style-type: none"> – For workers' compensation claims, although my preference is to obtain an authorization from you before doing so. – For law enforcement purposes, including reporting crimes occurring on my premises – With health oversight agencies for activities authorized by law – For special government functions such as 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.
Respond to lawsuits and legal actions	<ul style="list-style-type: none"> • I can share health information about you in response to a court or administrative order, or in response to a subpoena, although my preference is to obtain an authorization from you before doing so.
Work with a medical examiner or funeral director	<ul style="list-style-type: none"> • We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
Conduct outreach, enrollment, care coordination and case management	<ul style="list-style-type: none"> • I can share your information with other government benefits programs like Covered California for reasons such as outreach, enrollment, care coordination, and case management.

YOUR RIGHTS

This section explains your rights regarding your health information and some of my responsibilities to help you.

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| Get a copy of your health records | <ul style="list-style-type: none">• Other than “psychotherapy notes,” you can ask to see or get a copy of your medical records and other health information I have about you.• A copy of your health records will be provided, usually within 15 days of your written request. A reasonable, cost-based fee may be charged. |
| Ask to correct health and claims records | <ul style="list-style-type: none">• You can ask to correct your health and claims records if you think they are incorrect or incomplete.• I may say “no” to your request, but I will tell you why. |
| Request confidential communications | <ul style="list-style-type: none">• You can ask to contact you in a specific way (for example, home or office phone) or to send mail to a different address.• I will say “yes” to all reasonable requests. |
| Ask to limit what is used or shared | <ul style="list-style-type: none">• You can ask me not to use or share certain health information for treatment, payment, or health care operations.<ul style="list-style-type: none">– I am not required to agree to your request, and I may say “no” if it would affect your care.• If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.<ul style="list-style-type: none">– We will say “yes” unless a law requires us to share that information. |
| Get a list of those with whom information was shared | <ul style="list-style-type: none">• You can ask for a list (accounting) of the times I have shared your health information for seven years prior to the date you ask, with whom I shared it, and why.• I will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked me to make). I will provide one accounting a year for free but may charge a reasonable, cost-based fee if you ask for another one within 12 months. |
| Get a copy of this privacy notice | <ul style="list-style-type: none">• You can ask for a paper or electronic copy of this notice at any time, even if you have agreed to receive the notice electronically. A paper copy will be provided to you. |
| Choose someone to act for you | <ul style="list-style-type: none">• If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.• I will make sure the person has this authority and can act for you before I take any action. |
| File a complaint if you feel your rights are violated | <ul style="list-style-type: none">• You can complain if you feel I have violated your rights by writing to Jennifer Ho, 2010 El Camino Real #2013, Santa Clara, CA 95050.• You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting http://www.hhs.gov/ocr/privacy/hipaa/complaints/.• I will not retaliate against you for filing a complaint. |

SPECIAL CONSIDERATIONS

This section describes special circumstances and certain health information not covered elsewhere in this notice.

Disclosures to family, friends, or others

- You have the right and choice to tell me to share information with your family, close friends, or others involved in your care.
 - If you are not able to tell me your preference, for example if you are unconscious, I may go ahead and share your information if I believe it is in your best interest. I may also share your information when needed to lessen a serious and imminent threat to health or safety. The opportunity to consent may be obtained retroactively in emergency situations.
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Psychotherapy notes

- I 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:
 - For my use in treating you.
 - For my use in training or supervising mental health practitioners to help them improve their skills in counseling or therapy.
 - For my use in defending myself in legal proceedings instituted by you.
 - For use by the Secretary of Health and Human Services to investigate my compliance with HIPAA.
 - Required by law and the use or disclosure is limited to the requirements of such law.
 - Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes.
 - Required by a coroner who is performing duties authorized by law.
 - Required to help avert a serious threat to the health and safety of others.
 - Psychotherapy notes are kept separate from your medical records and treated with special considerations. I reserve the right to determine the release of psychotherapy notes to you and other parties.
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I never share your information for:

- Marketing purposes
- Sale of your information