

NOTICE OF PRIVACY PRACTICES

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.

Stonebridge Counseling (the Practice") is required by law to maintain the privacy and security of your protected health information ("PHI") and to provide you with this Notice of Privacy Practices ("Notice"). The Practice must abide by the terms of this Notice, and it must notify you if a breach of your unsecured PHI occurs. The practice can change the terms of this Notice, and such changes will apply to all information it has about you. The new Notice will be available upon request, in the office, and on the website

<https://stonebridgecounselingca.com/wp-content/uploads/2024/10/Notice-of-Privacy-Practices-.pdf>

Except for the specific purposes set forth below, the Practice will use and disclose your PHI only with your written authorization ("Authorization"). It is your right to revoke such Authorization at any time by giving me written notice of your revocation.

Routine Uses (Inside Practice) and Disclosures (Outside Practice) Relating to Treatment, Payment, or Health Care Operations Do Not Require Your Written Consent. The Practice is permitted under federal law to use and disclose PHI, without your written authorization, for certain routine uses and disclosures, such as those made for treatment, payment, and the operation of our business. The Practice typically uses or shares your health information in the following ways:

1. For your treatment. The Practice can use and disclose your PHI to treat you, which may include disclosing your PHI to another health care professional. For example, if you are being treated by a physician or a psychiatrist, the Practice can disclose your PHI to them to help coordinate your care, although my preference is for you to give me an Authorization to do so.

2. To obtain payment for your treatment. The Practice can use and disclose your PHI to bill and collect payment for the treatment and services provided by the Practice to you. For example, the Practice might send your PHI to your insurance company to get paid for the health care services that the Practice has provided to you, although our preference is for you to give me an Authorization to do so.

3. For health care operations. The Practice can use and disclose your PHI for purposes of conducting health care operations pertaining to the practice, including contacting you when necessary. For example, the Practice may need to disclose your PHI to their attorney to obtain advice about complying with applicable laws.

Certain Uses and Disclosures Require Your Authorization.

1. Psychotherapy Notes. The Practice does 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 the Practice to use in treating you.
- b. For the Practice to use in training or supervising other mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy.
- c. For the Practice to use in defending myself in legal proceedings instituted by you.
- d. For use by the Secretary of Health and Human Services to investigate our compliance with HIPAA.
- e. Required by law, and the use or disclosure is limited to the requirements of such law.
- f. Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes.
- g. Required by a coroner who is performing duties authorized by law.
- h. Required to help avert a serious threat to the health and safety of others.

2. Marketing Purposes. The Practice will not use or disclose your PHI for marketing purposes.

3. Sale of PHI. The Practice will not sell your PHI in the regular course of business.

Certain Uses and Disclosures Do Not Require Your Authorization. Subject to certain limitations in the law, the Practice can use and disclose your PHI without your Authorization for the following reasons:

1. When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.
2. 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.
3. For health oversight activities, including audits and investigations.
4. 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.
5. For law enforcement purposes, including reporting crimes occurring on my premises.
6. To coroners or medical examiners, when such individuals are performing duties authorized by law.
7. For research purposes, including studying and comparing the mental health of patients who received one form of therapy versus those who received another form of therapy for the same condition.
8. Specialized government functions, including, 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.
9. For workers' compensation purposes. Although the preference is to obtain an Authorization from you, I may provide your PHI in order to comply with workers' compensation laws.
10. Appointment reminders and health related benefits or services. The Practice may use and disclose your PHI to contact you to remind you that you have an appointment with a clinician. The Practice may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that we offer.

Certain Uses and Disclosures Require You to Have the Opportunity to Object.

1. Disclosures to family, friends, or others. The Practice may provide your PHI to a family

member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

YOUR RIGHTS YOUR REGARDING YOUR PHI

You have the following rights with respect to your PHI: To exercise these rights, please submit a written request to the Practice at the address noted below.

Stonebridge Counseling
1359 E. Lassen Ave.
Chico, CA 95973

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. The Practice is not required to agree to your request, and may say “no” if the Practice believes 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 the Practice sends PHI to You. You have the right to ask the Practice to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and the Practice 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 and other information that the Practice has about you. The Practice will provide you with a copy of your record, or a summary of it, if you agree to receive a summary, within 30 days of receiving your written request, and the Practice may charge a reasonable, cost based fee for doing so.

5. The Right to Get a List of the Disclosures the Practice Has Made. You have the right to request a list of instances in which the Practice have disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided me with an Authorization. The Practice will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list the Practice will give you will include disclosures made in the last six (6) years unless you request a shorter time. The Practice will provide the list to you at no charge, but if you make more than one request in the same year, the Practice will charge you a reasonable cost based fee for each additional request.

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 the Practice corrects the existing information or add the missing information. The Practice may say “no” to your request, but 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 to get a paper

copy of this Notice, and you have the right to get a copy of this notice by email. And, even if you have agreed to receive this Notice via email, you also have the right to request a paper copy of it.

HOW TO COMPLAIN ABOUT THIS PRIVACY PRACTICES

If you think the Practice may have violated your privacy rights, you may file a complaint with the Practice, to the Privacy Officer at Stonebridge Counseling at 1359 E. Lassen Ave. Chico, CA 95973, or call (310)210-8147.

You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by:

1. Sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201;
2. Calling 1-877-696-6775; or,
3. Visiting www.hhs.gov/ocr/privacy/hipaa/complaints.

I will not retaliate against you if you file a complaint about my privacy practices.

EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on September 20, 2013. Revised on November 20, 2024.