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NOTICE OF PRIVACY PRACTICES (HIPAA)

The Health Insurance Portability and Accountability Act (“**HIPAA**”) requires that we maintain the privacy of your medical information and provide you this notice in writing of our privacy practices.

We value the confidentiality of your personal health information (“PHI”). Your health information includes records that we create and obtain when we provide care to you, including records of your symptoms, examination and test results, diagnosis, treatments, and referral for further care, in addition to bills and payment information, and insurance claims that we maintain related to your care. This notice describes how physical and mental health information about you may be used and disclosed, your rights regarding this information, and how you may access this information. Please review it carefully. Any questions should be directed to our office.

Consistent with HIPAA and California law, we are required to:

- Maintain the privacy of protected health information as required by law.
- Give you this notice of our legal duties and privacy practices regarding your health information
- Follow the terms of the Notice currently in effect.

It is the policy of our office that a notice of privacy practices be provided to all subject individuals at the first patient encounter if possible, and that all uses and disclosures of protected health information be done in accord with this office’s notice of privacy practices. In order to better serve our patients, office staff may receive and read email messages, and may also hear and transcribe voicemail messages from patients. Our office staff abides by HIPAA guidelines.

The following describes the way we may use and disclose your health information. Except for the following purposes, we will use and disclose your health information only with your written permission. You may revoke this permission at any time by writing to our office. It is our policy of that for all routine and recurring uses and disclosures of PHI (except for uses or disclosures made 1) for treatment purposes, 2) to or as authorized by the patient or 3) as required by law for HIPAA compliance, such uses and disclosures of protected health information must be limited to the minimum amount of information needed to accomplish the purpose of the use or disclosure. It is also our policy that non-routine uses and disclosures will be handled pursuant to established criteria. It is also our policy that all requests for protected health information (except as specified above) must be limited to the minimum amount of information needed to accomplish the purpose of the request.

We may use and disclose your physical and mental health information for your treatment and to provide you with treatment-related health care services. We may use and disclose your physical and mental health information to contact you and remind you of your appointment times, to advise you of treatment alternatives, health related benefits, or other services you could use. We will disclose your physical and mental health information when required to do so by international, federal, state or local law.

It is our policy to require an authorization for any use or disclosure of psychotherapy notes, as defined in the HIPAA regulations, except for treatment, payment or health care operations as follows:

- A. Use by originator for treatment;
- B. Use or disclosure in defense of a legal action brought by the individual whose records are in issue;
- C. Use or disclosures as required by law, or as authorized by law to enable health oversight agencies to oversee the originator of the psychotherapy notes.

In most cases, when we receive a request to disclose psychotherapy notes, it is our policy to provide copies of psychotherapy notes to the patient, along with the information of the entity requesting the notes, allowing the patient to provide the notes to the requesting entity.

You have the right to inspect and/or receive a copy of your physical and mental health information and billing records, except in very limited circumstances. You have the right to request an amendment to your records. You have the right to an accounting of disclosures of your PHI. All requests should be made in writing to this office.

We may change this notice and make it effective for medical information we already have in addition to new information we may obtain from you. You have a right to request a paper copy of the current notice at any visit or by written request to this office.

If you have any questions or complaints regarding your privacy rights, please contact this office at: April Wright, M.A., Santa Monica, CA 90401, (424) 258-5416. If you believe your privacy rights have been violated, you may file a complaint with this office. To file a complaint with the Secretary of the Department of Health and Human Services contact the: Department of Health and Human Services, Office of Civil Rights, South United Nations Plaza, Room 322, San Francisco, CA 94102, PHONE (415) 437-8310. (FAX) (415) 437-8329, (TDD) (415) 437-8311. *You will not be penalized for filing a complaint.*

Patient Acknowledgement of Receipt of HIPAA Notice of Privacy Practices

I acknowledge that I have received a copy of the Notice of Privacy Practices of April Wright, M.A., effective date written below.

Client name – printed

Client name – printed

Client Signature

Client Signature

Date

For office use only:

We were unable to obtain the patient’s written acknowledgement of our Notice of Privacy Practices due to the following reasons:

- The patient refused to sign
- Emergency Situation
- Communication barriers
- Other