



Notice of Privacy Practices

Mandated by the Health Insurance Portability and Accountability Act (HIPPA)

I. 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.

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

We are legally required to protect the privacy of your PHI, which includes information that can be used to identify you, that we have created or received about your past, present, or future health or condition, the provision of health care to you, or the payment of this health care. We must provide you with this Notice about our privacy practices, and such Notice must explain how, when, and why we will "use" and "disclose" your PHI. A "use" of PHI occurs when we share, examine, utilize, apply, or analyze such information within our practice; PHI is "disclosed" when it is released, transferred, has been given to, or is otherwise divulged to a third party outside of our practice. We must notify you if a breach of your unsecured PHI occurs. With some exceptions, we may not use or disclose any more of your PHI than is necessary to accomplish the purpose for which the use or disclosure is made. We are legally required to follow the privacy practices described in this Notice.

However, we reserve the right to change the terms of this Notice and our privacy policies at any time. Any changes will apply to PHI we already have on file. Before we make any important changes to my policies, we will promptly change this Notice and post a new copy of it on our website. You can also request a copy of this Notice from your therapist, or you can view a copy of it on our website at www.bloomcounselingoc.com.

III. HOW I MAY USE AND DISCLOSE YOUR PHI

Except for the specific purposes set forth below, we 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 your therapist written notice of your revocation.

A. Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations Do Not Require Your Prior Written Consent. We can use and disclose your PHI without your consent for the following reasons (although our preference is to obtain an Authorization from you to do so):

1. For Treatment. We can use your PHI within our practice to provide you with mental health treatment. We can disclose your PHI to physicians, psychiatrists, psychologists, and other licensed

health care providers who provide you with health care services, or who 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. We can use and disclose your PHI to bill and collect payment for the treatment and services provided by your therapist to you. For example, we might send your PHI to your insurance company or health plan so that you may be reimbursed for the cost of the health care services that your therapist has provided to you.

3. For Health Care Operations. We can use and disclose your PHI to operate our practice. For example, we 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 provided such services to you.

4. Patient Incapacitation or Emergency. We may also disclose your PHI to others without your consent if you are incapacitated or if an emergency exists. For example, your consent isn't required if you need emergency treatment, as long as we try to obtain your consent after treatment is rendered, or if we try to get your consent, but you are unable to communicate with us (for example, if you are unconscious or in severe pain) and we think that you would consent to such treatment if you were able to do so.

B. Certain Uses and Disclosures Require Your Authorization.

1. Psychotherapy Notes. We 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 our use in treating you.
- b. For our 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 our 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. 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. As a team of psychotherapists, we will not use/disclose your PHI for marketing purposes.

3. Sale of PHI. As a team of psychotherapists, we will not sell your PHI in the regular course of our business.

C. Certain Other Uses and Disclosures Do Not Require Your Consent or Authorization. We can use and disclose your PHI without your consent 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 our 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 our preference is to obtain an Authorization from you, we may provide your PHI in order to comply with workers' compensation laws.
10. Appointment reminders and health-related benefits or services. We may use and disclose your PHI to contact you to remind you that you have an appointment with your therapist. We may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that we offer.

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

1. Disclosures to Family, Friends, or Others. We 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.

E. Other Uses and Disclosures Require Your Prior Written Authorization. In any other situation not described in sections III A, B, and C above, we will need your written authorization before using or disclosing any of your PHI. 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 we haven't taken any action in reliance on such authorization) of your PHI by your therapist.

IV. WHAT RIGHTS YOU HAVE REGARDING YOUR PHI

A. The Right to Request Restrictions on Our Uses and Disclosures. You have the right to request restrictions or limitations on our uses or disclosures of your PHI to carry out our treatment, payment, or health care operations. You also have the right to request that we restrict or limit disclosures of your PHI to family members or friends or others involved in your care or who are financially responsible for your care. Please submit such requests to your therapist in writing. We will consider your requests but are not legally required to accept them. If we do accept your requests, we will put them in writing and we will abide by them, except in emergency situations. However, be advised that you may not limit the uses and disclosures that we are legally required to make.

B. 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.

C. The Right to Choose How I Send PHI to You. You have the right to request that we send confidential information to you to 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). We 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 us with information as to how payment for such alternate communications will be handled. We may not require an explanation from you as to the basis of your request as a condition of providing communications on a confidential basis.

D. The Right to Inspect and Receive a Copy of Your PHI. In most cases, you have the right to inspect and receive a copy of your PHI, but you must make the request to inspect and receive a copy of such information in writing. We will respond to your request within 30 days of receiving your written request, and we will charge a reasonable, cost-based fee for doing so. In certain situations, we may deny your request. If we do, we will tell you, in writing, the reasons for the denial and explain your right to have the denial reviewed.

E. The Right to Receive a List of the Disclosures We Have Made. You have the right to receive a list of instances, i.e., an Accounting of Disclosures, in which we have disclosed your PHI. The list will not include disclosures made for my treatment, payment, or health care operations; disclosures made to you; disclosures you authorized; disclosures incident to a use or disclosure permitted or required by the federal privacy rule; disclosures made for national security or intelligence; disclosures made to correctional institutions or law enforcement personnel.

F. 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 we correct the existing information or add the missing information. You must provide the request, and your reason for the request, in writing. We will respond within 60 days of receiving your request to correct or update your PHI. We may deny your request in writing if the PHI is (i) correct and complete, (ii) not created by our agency, (iii) not allowed to be disclosed, or (iv) not part of my records. Our written denial will state the reasons for the denial and explain your right to file a written statement of disagreement with the denial. If you don't file one, you have the right to request that your request and our denial be attached to all future disclosures of your PHI. If we approve your request, we will make the change to your PHI, inform you once it has been completed, and tell others that need to know about the change to your PHI.

G. The Right to Receive a Paper Copy of this Notice. You have the right to receive a paper and/or email copy of this Notice at any time.

V. HOW TO COMPLAIN ABOUT MY PRIVACY PRACTICES

If you think that your therapist, or this agency, may have violated your privacy rights, or you disagree with a decision that we 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, or by calling their office at (877) 696-6775. We will take no retaliatory action against you if you file a complaint about our privacy practices.

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

If you have any questions about this notice or any complaints about our privacy practices, please contact Sarah McClaran, M.S., LMFT at 30767 Gateway Place, Suite 670, Rancho Mission Viejo, CA 92694, E-Mail: sarah@bloomcounselingoc.com.

VII. EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on January 1, 2022.