

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.

My practice is permitted by federal privacy laws to make uses and disclosures of your health information for purposes of treatment, payment and health care operations. I am 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"). PHI is the information created and obtained in providing services to you, which includes information that can be used to identify you that I have created or received about your past, present or future health condition, the provision of health care to you, or the payment of this health care. I do not keep "psychotherapy notes" as that term is defined in 45 CFR§ 164.501, but maintain a record of your treatment.

I will not use, sell or disclose your PHI for marketing purposes. I must abide by the terms of this Notice, and I must notify you if a breach of your unsecured PHI occurs. I can change the terms of this Notice, and such changes will apply to all information I have about you. The new Notice will be available upon request, in my office and/or on my website. You can also request a copy of this Notice from me or can view a copy of it at my website, at www.julietrosinmft.com. Except for the specific purposes set forth below, I will use and disclose your PHI only with your written authorization ("Authorization for the Release of Information"). It is your right to revoke such Authorization at any time (will stop any future uses and disclosures to the extent that I have not taken any action in reliance on such Authorization) by giving me written notice of your revocation and the reason for it.

HOW I MAY USE/DISCLOSE YOUR PHI
Uses (Inside Practice) and Disclosures (Outside Practice) Relating to Treatment, Payment, or Health Care Operations Do Not Require Your Written Consent. I can

use and disclose your PHI without your Authorization for the following reasons:

1. **For your treatment.** I 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, I can disclose your PHI to him or her to help coordinate your care, although my preference is for you to give me an Authorization to do so. Also, if you are incapacitated or if an emergency exists.

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

3. **For health care operations.** I can use and disclose your PHI for purposes of conducting health care operations pertaining to my practice, including contacting you when necessary. For example, I may need to disclose your PHI to my professional association attorney to obtain advice about complying with applicable laws, or to consultants to evaluate the quality of health care services being provided.

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. 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, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone's health or safety.

2. For health oversight activities, including audits and investigations.

3. 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.

4. For law enforcement purposes, including reporting crimes occurring on my premises or in response to a search warrant.

5. To coroners or medical examiners, when such individuals are performing duties authorized by law.

6. 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.

7. Specialized government functions, including, ensuring the proper execution of military missions; national security purposes; protecting the President of the United States; conducting intelligence or counterintelligence operations; or, helping to ensure the safety of those working within or housed in correctional institutions.

8. For workers' compensation purposes. Although my preference is to obtain an Authorization from you, I may provide your PHI in order to comply with workers' compensation laws.

9. Appointment reminders and health related benefits or services. I may use and disclose your PHI to contact you to remind you that you have an appointment with me. I may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that I offer.

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

1. Disclosures to family, friends, or others. I 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 REGARDING YOUR PHI

The health and billing records are the physical property of Julie Trosin, LMFT. However, 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 may decline if I believe it would affect your health care. However, be advised, that you may not limit the uses and disclosures that I am legally required to make.

2. 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/office phone, email) or to send mail to a different address, and I will agree to all reasonable requests.

3. The Right to Inspect and Receive a Copy of Your PHI. In most cases, you have the right to look at or get copies of your PHI that I have, but you must make that request in writing. I will respond to you or provide you with a copy of your record, or in most cases, a summary of it, if you agree to receive a summary, within 30 days of receiving your written request. In certain situations, I may deny your request. If I do, I will tell you, in writing, my reasons for the denial and explain your right to have my denial reviewed. If you request copies of your PHI, I will not charge you more than \$0.25 for each page. Instead of providing the PHI you requested, I may provide a treatment summary of PHI as long as you agree to that and to the cost-based fee in advance. If I am not the physical custodian of your PHI, but know who is, I will tell you how to get it. Please note that when the unit of treatment is a couple or family, both or all individuals are considered my client, meaning I will require both or all person's signatures on a release of confidential information form before preparing and releasing the treatment summary.

4. The Right to Receive 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, disclosures made to you, 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, or for which you provided me with an Authorization. I will respond to your request for an accounting of disclosures within 60 days of receiving

your request in writing. The list I will give you will include disclosures made in the last six years unless you request a shorter time. I will provide the list to you at no charge, but if you make more than one request in the same year, I will charge you a reasonable cost-based fee for each additional request.

5. 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 from your PHI, you have the right to request that I correct the existing information or add the missing information. You must provide the request and your reason for request in writing. I will respond within 60 days of receiving your request to correct or update your PHI. I may deny your request if you ask me to amend information that: was not created by me, is not part of my records, is not part of the information you would be permitted to inspect/copy, is accurate and complete, etc. If your request is denied, you will be informed of the reason of the denial in writing within 60 days and have an opportunity to submit a written statement of disagreement to be maintained within your records.

6. The Right to Receive a Paper or Electronic Copy of this Notice. You have the right get a paper or electronic copy of this Notice.

If you have any questions about this Notice or any complaints about my privacy practices, you may file a complaint with me, as the Privacy Officer for my practice, and my address and phone number are: Julie Trosin, LMFT, P.O. Box 2133, Rancho Cordova, CA 95741, (408) 718-7405. You can also send a written complaint to the Secretary of the Department of Health and Human Services to 200 Independence Avenue, S.W., Washington, D.C. 20201. You will not be retaliated against or penalized for making a complaint.

EFFECTIVE DATE OF THIS NOTICE
This notice went into effect on April 1, 2015.