



415-656-8296
201 Spear St. Ste 1100
San Francisco, CA 94105

NOTICE OF PRIVACY PRACTICES

EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on 6/3/2024. We reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that we maintain. We will provide you with a revised notice by e-mail, unless you have requested to not be contacted via e-mail, in which case we will provide you with a revised notice via mail to the address you have provided.

NOTICE OF PRIVACY PRACTICES

Under the Health Insurance Portability and Accountability Act of 1996 (HIPPA), you have certain rights regarding the use and disclosure of your protected health information.

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Contact for more information: [www. hhs.gov](http://www.hhs.gov)

You may also contact for more information:

CogniCare

201 Spear St. Ste 1100, San Francisco, CA 94105

or: drgaribaldi@cognicareca.com

I. OUR PLEDGE REGARDING HEALTH INFORMATION:

CogniCare understands that health information about you and your health care is personal. We are committed to protecting health information about you. This notice applies to all of the records of your care generated by this mental health care practice. This notice will tell you about the ways in which we may use and disclose health information about you. We also describe your rights to the health



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information we keep about you, and describe certain obligations we have regarding the use and disclosure of your health information. We are required by law to:

- Maintain the privacy of your protected health information ("PHI").
- Give you this notice of our legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect.
- We will let you know promptly if a breach occurs that may have compromised the privacy of your information.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.
- We can change the terms of this Notice, and such changes will apply to all information we have about you. The new Notice will be available upon request and on our website.

II. DISCLOSURES FOR TREATMENT, PAYMENT, AND HEALTH CARE OPTIONS:

CogniCare may use or disclose your protected health information (PHI), for certain treatment, payment, and health care operation purposes without your authorization. In certain circumstances, we can only do so when the person or business requesting your PHI gives us a written request that includes certain promises regarding protecting the confidentiality of your PHI. To help clarify these terms, here are some definitions:

- "PHI" refers to information in your health record that could identify you.
- "Treatment, Payment and Health Care Operations"
- For Treatment, Payment, or Health Care Operations: Federal privacy rules (regulations) allow health care providers who have direct treatment relationship with the patient/client to use or disclose the patient/client's personal health

information without the patient's written authorization, to carry out the health care provider's own treatment, payment or health care operations.

- 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. We may also disclose your protected health information for the treatment activities of any health care provider. This too can be done without your written authorization. For example, if a clinician were to consult with another licensed health care provider about your condition, we would be permitted to use and disclose your personal health information, which is otherwise confidential, in order to assist the clinician in diagnosis and treatment of your mental health condition.
- Payment is when we obtain reimbursement for your healthcare. Examples of payment are when we disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
- Health Care Operations is when we disclose your PHI to your health care service plan (for example your health insurer), or to other health care providers contracting with your plan, or administering the plan, such as case management and care coordination.
- "Authorization" means your written permission for specific uses or disclosures.
- "Use" applies only to activities within our practice such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- "Disclosure" applies to activities outside of our practice; such as releasing, transferring, or providing access to information about you to other parties. 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.



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· Lawsuits and Disputes: If you are involved in a lawsuit, we may disclose health information in response to a court or administrative order. We may also disclose health information about your child in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

III. USES AND DISCLOSURES REQUIRING AUTHORIZATION:

We may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your authorization is obtained. In those instances when we are asked for information for purposes outside of treatment and payment operations, we will obtain an authorization from you before releasing this information. You may revoke or modify all such authorizations at any time; however, the revocation or modification is not effective until we receive it.

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 mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy.
- c. For our use in defending ourselves 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.



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2. Marketing Purposes. We will not use or disclose your PHI for marketing purposes.
 3. Sale of PHI. We will not sell your PHI in the regular course of our business.

IV. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE AUTHORIZATION.

Subject to certain limitations in the law, we 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. Whenever your provider, in their professional capacity, has knowledge of or observes a child they know or reasonably suspect, has been the victim of child abuse or neglect, they must immediately report such to a police department or sheriff's department, county probation department, or county welfare department. Also, if your provider has knowledge of or reasonably suspects that mental suffering has been inflicted upon a child or that his or her emotional well-being is endangered in any other way, your provider may report such to the above agencies. If your provider, in their professional capacity, has observed or has knowledge of an incident that reasonably appears to be physical abuse, abandonment, abduction, isolation, financial abuse or neglect of an elder or dependent adult, or if your provider is told by an elder or dependent adult that he or she has experienced these or if your provider reasonably suspects such, your provider must report the known or suspected abuse immediately to the adult protective services agency or the local law enforcement agency.

Your provider does not have to report such an incident if: 1) Your provider has been told by an elder or dependent adult that he or she has experienced behavior constituting physical abuse, abandonment, abduction, isolation, financial abuse or neglect; 2) your provider is not aware of any independent evidence that corroborates the statement that the abuse has occurred; 3) the elder or dependent adult has been diagnosed with a mental illness or dementia, or is the subject of a court-ordered conservatorship because of a mental illness or

dementia; and 4) in the exercise of clinical judgment, your provider reasonably believes that the abuse did not occur.

3. For health oversight activities, including audits and investigations. If a complaint is filed against us with the California Board of Psychology or the Medical Board of California, the Board has the authority to subpoena confidential medical and mental health information from us relevant to that complaint.

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. If you are involved in a court proceeding and a request is made about the professional services that we have provided you, we must not release your information without 1) your written authorization or the authorization of your attorney or personal representative; 2) a court order; or 3) a subpoena duces tecum (a subpoena to produce records) where the party seeking your records provides us with a showing that you or your attorney have been served with a copy of the subpoena, affidavit and the appropriate notice, and you have not notified us that you are bringing a motion in the court to quash (block) or modify the subpoena. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court-ordered. We will inform you in advance if this is the case.

5. For law enforcement purposes, including reporting crimes occurring on our premises. If you or your family member communicate to your provider that you pose a serious threat of physical violence against an identifiable victim, your provider must make reasonable efforts to communicate that information to the potential victim and the police. If your provider has reasonable cause to believe that you are in such a condition, as to be dangerous to yourself or others, your provider may release relevant information as necessary to prevent the threatened danger.

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.

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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. If you file a worker's compensation claim, your provider may disclose to your employer your medical information created as a result of employment- related health care services provided to you at the specific prior written consent and expense of your employer so long as the requested information is relevant to your claim provided that is only used or disclosed in connection with your claim and describes your functional limitations provided that no statement of medical cause is included.
 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 provider. We may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that we offer.
 11. When the use and disclosure without your consent or authorization is allowed under other sections of Section 164.512 of the Privacy Rule and the state's confidentiality law. This includes certain narrowly-defined disclosures to law enforcement agencies, to a health oversight agency (such as HHS or a state department of health), to a coroner or medical examiner, for public health purposes relating to disease or FDA-regulated products, or for specialized government functions such as fitness for military duties, eligibility for VA benefits, and national security and intelligence.

V. 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.



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VI. PATIENT'S RIGHTS AND PROVIDER'S DUTIES:

1. The Right to Request Limits on Uses and Disclosures of Your PHI - You have the right to ask us not to use or disclose certain PHI for treatment, payment, or health care operations purposes.
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 we Send PHI to You - You have the right to ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
4. The Right to See and Receive 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 we have about you. You have the right to inspect or obtain a copy (or both) of PHI and/or notes in our mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. We may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. On your request, we will discuss with you the details of the request and denial process. We 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 we may charge a reasonable, cost based fee for doing so.
5. The Right to Receive a List of the Disclosures We Have Made - You have the right to request a list of instances in which we have disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided us with an Authorization. You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization. On your request, we will discuss with you the details of the accounting process.
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



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PHI, you have the right to request that we correct the existing information or add the missing information. We may deny request. On your request, we will discuss with you the details of the amendment process.

7. The Right to Get a Paper or Electronic Copy of this Notice - You have the right get a paper copy of this Notice, and you have the right to get a copy of this notice by e-mail. And, even if you have agreed to receive this Notice via e-mail, you also have the right to request a paper copy of it.

8. Right to Be Notified if There is a Breach of Your Unsecured PHI – You have a right to be notified if: (a) there is a breach (a use or disclosure of your PHI in violation of the HIPAA Privacy Rule) involving your PHI; (b) that PHI has not been encrypted to government standards; and (c) our risk assessment fails to determine that there is a low probability that your PHI has been compromised.

We are required by law to maintain the privacy of PHI and to provide you with a notice of our legal duties and privacy practices with respect to PHI.

We reserve the right to change the privacy policies and practices described in this notice. Unless we notify you of such changes, however, we are required to abide by the terms currently in effect.

If we revise our policies and procedures, we will provide you with a revised notice by e-mail, unless you have requested to not be contacted via e-mail, in which case we will provide you with a revised notice via mail to the address you have provided.

VII. QUESTIONS AND COMPLAINTS:

If you have questions about this notice, disagree with a decision made about access to your records, or have other concerns about your privacy rights, you may contact us at 415-656-8296. If you believe that your privacy rights have been violated and wish to file a complaint with our office, you may send your written complaint to: CogniCare, 201 Spear St. Ste 1100, San Francisco, CA 94105 or: drgaribaldi@cognicareca.com. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. We can provide you with the appropriate address upon request. You have specific rights under



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the Privacy Rule. We will not retaliate against you for exercising your right to file a complaint.

Acknowledgement of Receipt of Privacy Notice

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By checking the box below, you are acknowledging that you have received a copy of HIPAA Notice of Privacy Practices.

BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.