

Notice of Privacy Practices Your Rights My Responsibilities

This notice describes how I, Marianna Jakucska, LMFT 84050, can use and disclose medical information about you and how you can get access to this information. Please review it carefully.

Any medical information that can identify you personally is considered Protected Health Information (PHI) and is regulated by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This law describes how such information can be used or transmitted. "Used" means how your therapist stores and utilizes information within her own practice. "Transmitted" means how your therapist shares your PHI with other entities. This document describes both.

USE OF YOUR PHI

- 1) I create Progress Notes for my clients with specific information that medical ethics and Health Insurance companies require of me.
- 2) I maintain my client records in electronic format. I safeguard them under two passwords in my computer. My computer is safely stored double-locked.
- 3) I keep all client records for 7 years after termination of your services. If the client is a child then I keep the records for 7 years after the child's age of majority. After this time I safely destroy your records.
- 4) I keep your entire PHI confidential. I do not share any of your information with anyone unless:
 - you authorize me in writing to share specified information with specified entities. You may withdraw such authorization any time in writing.
 - law requires me (I am a mandated reporter of child, elderly, or dependent adult abuse and identifiable intended victim of homicide). I would share the necessary minimum information with Child Protective Services (CPS), Adult Protective Services (APS) and/or the police department.
 - law permits me (to protect you in case you intend to commit suicide, or are gravely disabled or incapacitated; or to protect significant damage to person or property intended by you);
 - you waive your rights for confidentiality through entering into a lawsuit against me or someone else and your mental health information is required;
 - FBI investigates you in reference to the Patriot Act of 2001, in which case they have the right for all your records and I am not allowed to tell you about this investigation;
 - you elect to pay for my services through a third party such as an insurance company, in which case I share specific information (such as name, attendance, diagnosis, and treatment records for auditing) with them for financial reimbursement. I will notify you when such audit is conducted.
- 5) I may discuss your case, without disclosing your PHI, within a peer supervisory group for educational purposes; so I can enhance my understanding of your situation through peer review and provide you with the most accurate support possible.
- 6) If a breach occurs in the security system, I will notify you within 48 hours of my discovery if you are effected.
- 7) I do not use or share your PHI for any advertisement or research purposes.

TRANSMISSION OF YOUR PHI

- 1) I do my billing toward your insurance company through the insurance company's on-line electronic billing, which is a password-protected database. This involves the transmission of your PHI over the Internet. The insurance company notifies me of the transference of the funds through their password-protected website.
- 2) I do not transmit your PHI over the Internet in any other way such as in email and I do not text any PHI to you or anyone else because neither emailing nor texting is confidential (not HIPAA compliant). For the same reason, I advise you not to email or text me any identifiable or sensitive information.
- 3) I will text or email you a reminder for our next meeting without transmitting any PHI. If you'd like to opt out of this service, please discuss this with me as soon as possible.
- 4) My phone messaging system is confidential. It is password protected and only I have access to it.
- 5) My website marianna@majapsychotherapy.com is protected by SSL. This means that when you send me an email through this site your email address will not be accessible for anyone for illegitimate purposes. But I cannot guarantee its full confidentiality.
- 6) I process your credit card (CC) transactions through a company called Ivy Pay (<https://www.talktoivy.com/ivypay#>). When I enter your phone number into my Ivy app in addition to the amount to be charged, you will receive a text from Ivy prompting you to enter your CC information. Accepting this payment method means that you consent to the use of this method for future charges from me. Once you entered your CC information, Ivy guarantees its safety through encrypting it. Neither Ivy nor I can read your information. Each time I charge your CC, you will receive a text message. This way no written CC agreement is needed between you and me to pay for your sessions or your missed opportunities of it. The app is HIPAA compliant. A copy of the Business Associate Agreement between me and Ivy is available from me. Please ask.
- 7) I provide psychotherapy over the Internet in California. It is called Telehealth or Telemedicine. For this purpose I utilize doxy.me (<https://doxy.me>). It is a Skype-like platform to provide my services in the form of a videoconference. The platform is HIPAA compliant. A copy of the Business Associate Agreement btw. me and doxy.me is available from me. Please ask.

YOUR RIGHTS

You have the right for the following services:

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your therapy records.
- I will provide a copy or a summary of your health information, usually within 10 business days of your request. I may charge a reasonable, cost-based fee.
- Because of the medical jargon that is customarily used in the industry, I may deem that the usefulness of the records themselves would be questionable to you. In this case I will offer you a summary of your records instead.

Ask me to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete.
- I may say "no" to your request, but I'll tell you why in writing within 10 business days.

Request confidential communications

- You can ask me to contact you in a specific way (for example, home or office phone) or to send mail to a different address.

- I will say “yes” to all reasonable requests.

Ask me to limit what I use or share

- You can ask me not to use or share certain health information for your treatment or payment. I am not required to agree to your request, and I may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask me not to share that information with your health insurer. I will say “yes” unless a law requires me to share that information.

Get a list of those with whom I’ve shared information

- You can ask for a list (accounting) of the times I’ve shared your health information for six years prior to the date you ask, who I shared it with, and why.
- I will include all the disclosures except for those about treatment and payment operations; any you asked me to make; and confidential disclosures such as CPS, APS or police reports. I’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. I will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- I will make sure the person has this authority and can act for you before I take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel I have violated your rights by contacting me at 916-200-9592.
- You can file a complaint with the California Board of Behavioral Sciences (BBS) by visiting <https://www.bbs.ca.gov> and clicking “Consumers”.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- I will not retaliate against you for filing a complaint.

My Responsibilities

- I am required by law to maintain the privacy and security of your protected health information.
- I will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- I must follow the duties and privacy practices described in this notice and give you a copy of it.
- I will not use or share your information other than as described here unless you tell me I can in writing. You may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.