

NOTICE OF PRIVACY PRACTICES

The purpose of this notice is to inform you about how medical information may be used and disclosed, and how you can have access to this information. Please review it carefully.

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. I must abide by the terms and of this Notice and I must notify you if a breach of your unsecured PHI occurs. The terms of this Notice can change, and such changes will apply to all information I have about you. This Notice will be available on wendymosqueda.com, in the office, or upon request.

Except for the specific purposes set forth below, I will use and disclose specific PHI only with your written authorization (“Authorization for Release of Client Information”). It is your right to revoke such Authorization at any time by giving me written notice of your decision.

Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations do not require your written consent. Your PHI can be used and disclosed for the following reasons:

- 1) For treatment purposes: I can use and disclose your PHI to treat you, which may include disclosing your PHI to another health care professional. For example, should you be in treatment with another healthcare professional, your PHI may be disclosed in order to coordinate care. However, it is always my priority to obtain an Authorization for Release of Client information for any of these exchanges.
- 2) To obtain payment for treatment services rendered: I can use and disclose your PHI to bill and collect payment for the treatment services provided by me to you or your dependent.
- 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 attorney to obtain advice about complying with applicable laws.

Certain Uses and Disclosures Require Your Authorization

- 1) Psychotherapy/Progress Notes: Progress/psychotherapy notes are written during the course of my conversations with you while in session. Any use or disclosure of such notes requires your signed authorization, unless the use or disclosure is:
 - a. For my use treating you.
 - b. For my use in training or supervising other mental health practitioners to help them improve their skills in group, joint, family, or individual therapy.
 - c. For my use defending myself in legal proceedings instituted by you.
 - d. For my use by the Secretary of Health and Human Services to investigate my compliance with HIPPA.
 - e. Required by law, and for 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 psychotherapist, I will not use or disclose your PHI for marketing purposes.
- 3) Sale of PHI: as a psychotherapist, I will not sell your PHI.

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 signed Authorization for the following reasons:

- 1) When disclosure is required by the state or federal law, and the use of 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. Also, for preventing or reducing a serious threat to anyone's health or safety.
- 3) For health oversight activities, including audits and/or investigations.
- 4) For judicial and administrative proceedings, including responding to a court or administrative order. There will be emphasis on obtaining an Authorization to Release Client Information first.
- 5) For law enforcement purposes, including reporting crimes occurring on the 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 function, 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. Please note that obtaining an authorization beforehand will be emphasized.
- 10) 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

You have the following rights with respect to your PHI:

- 1) The Right to Request Limits of 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 I may decline the request if I believe it would affect your health care.
- 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 I send PHI to you. You have the right to ask me to contact you in a specific way (i.e., cell, home, etc.), or to send mail and other information that I have about you.
- 4) The Right to See and Get copies of Your PHI. Other than progress/psychotherapy notes, you have the right to get an electronic or paper copy of your medical record and other information that I have about you.
Upon written request, I will provide you with a copy or summary of your record within 30 days. A charge for the processing fee may be applicable.
- 5) The Right to Get 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, 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 of receiving your request. The list I will give you will include disclosures made in the last six years unless your request a shorter time. A charge for processing may apply.
- 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, you have the right to request that I correct the existing information or add the missing information. The request will be evaluated and a response will be provided in written form within 60 days should the request be denied.
- 7) The Right to Get a Paper or Electronic Copy of this Notice. You have the right to get a paper or email copy of this Notice.

Complaints

If you believe I have violated your privacy rights, you are entitled to file a complaint with me at:

16360 Monterey Road, Suite 260,
Morgan Hill, CA 95037
Phone: 408-912-0415

You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by:

- 1) Sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201;
- 2) Calling 1-877-696-6775, or,
- 3) Visiting www.hhs.gov/ocr/privacy/hipaa/complaints.

Wendy Mosqueda, M.A., MFT
16360 Monterey Road, Suite 260, Morgan Hill, CA 95037

408-912-0415

There will be no retaliation on my behalf should you opt to file a complaint about my privacy practices.

EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on February 13, 2018.

Wendy Mosqueda, M.A., MFT
16360 Monterey Road, Suite 260, Morgan Hill, CA 95037

408-912-0415

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

By signing below in this form, you acknowledge receipt of the "Notice of Privacy Practices" that I have provided to you. The "Notice of Privacy Practices" provides you with information about how I may use and disclose your protected health information. I encourage you to read it in full.

The "Notice of Privacy Practices" document is subject to change. Should there be any changes, you may obtain a copy of the revised notice from me by contacting me at 408-912-0415.

If you have any questions about this document, please contact me at:

16360 Monterey Road, Suite 260,
Morgan Hill, CA 95037

I acknowledge receipt of the Notice of Privacy Practices from Wendy Mosqueda, M.A., MFT.

Printed Name

Signature

Date: _____

INABILITY TO OBTAIN ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I made reasonable attempts to obtain my patient's acknowledgements of his or her receipt of my "Notice of Privacy Practices" document provided to him or her. However, I was unable to obtain their signed acknowledgement form.

Wendy Mosqueda, M.A., MFT

Date: _____