

NOTICE OF PRIVACY PRACTICES

The Health Insurance Portability and Accountability Act (HIPAA) requires that I inform clients of the nature of records kept, storage of records and the circumstances under which anyone other than myself would have access to information in those records.

I am required to keep records of our appointments. Those records would include your intake paperwork, cancellations, charges and payments, diagnostic information and documentation of sessions.

Records are stored in HIPAA compliant cloud storage. Copies may, at times, be stored on my computer. Both the cloud storage and the computer are password protected and precautions are taken to protect your personal information.

All or part of your record could be released to another entity in four different circumstances. 1) If I am legally mandated by a court to release records 2) If you request a copy of your records (a charge may apply) 3) For insurance or billing purposes or 4) If you have authorized the release of your records to a third party.

You may revoke your authorization to release records at any time by providing a written, signed, dated note. When your letter is received, further records will not be shared with previously authorized parties, except in cases in which the law still allows or requires it. Records previously shared with a third party cannot be reclaimed.

Every effort is made to protect your privacy and information. While it is not anticipated, in the event that there is a security breach you will be informed if there is a likelihood that your records may be at risk.

To maintain best practice standards and to stay in compliance with the law, this notice may change at any time. Your records are kept in compliance with the most recent copy of this notice. You may request a written copy of this notice at any time and it will be provided to you.

If you believe your privacy rights have been violated and wish to file a complaint, you may do so by contacting my licensing board, California Psychological Association. While it is your right to file a complaint against my license, you are also encouraged to talk to me directly about any concerns you may have so we can resolve or clarify any issues.

My signature below indicates that I have read and understand the above Notice of Privacy Practices

Name

Date

Name

Date