
JLM Marriage and Family Therapy Inc.

Phone: 858.633.6760

1991 Village Park Way, Suite 100 • Encinitas, CA 92024

Notice of Privacy Practices

I. General Information:

Information regarding your health care, including payments for health care, is protected by federal law, the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 42 U.S.C. § 1320D *et seq.*, 45 C.F.R. parts 160 & 164, state law, Welfare and Institutions Code (§ 5328, § 5624, § 5606.6, § 4099 *et seq.*, §4070, §18951), and California Penal Code. Under these laws, your therapist may not say to a person outside **JLM Marriage and Family Therapy**, that you attend therapy, nor may your therapist, disclose any information identifying you as a mental health client, or disclose any other protected information except as permitted by federal and state laws.

Generally, you must sign a written authorization before your therapist can share information for treatment purposes. For example, your therapist must obtain your written authorization before she can disclose information to another treatment provider who is asking about you. However, state law permits your therapist to use and disclose information *without* your written permission:

1. Pursuant to an agreement with a business associate;
2. For research, audits or evaluations
3. To third party payors, other persons, or organizations to process insurance claims.
4. To report a crime committed on **JLM Marriage and Family Therapy's** premises or against your therapist.
5. To medical personnel in a medical emergency
6. To **appropriate** authorities to report suspected child abuse and neglect
7. To government law enforcement, Youth Authority and Adult Correctional Agency, and courts for the administration of justice;
8. To a protection and advocacy agency to protect rights of certain individuals;
9. To report an injury caused by (1) assault or abusive conduct; (2) neglect or abuse; (3) sexual assault; (4) burn or smoke inhalation injuries; (5) elder or dependent abuse; (6) and for purposes of disease management (California civil code Division 1, Part 2.6);
10. To designated emergency response employees regarding possible exposure to HIV or AIDS (P.O> 101-381;42 U.S.C. Sec.201);
11. Basic demographic information only to a disaster relief organization for response to disaster welfare inquires.

For example, your therapist can disclose information without your authorization to obtain financial services or to paramedics in case you need emergency medical care.

Before your therapist can use or disclose any information about your health in a manner that is not described above, she must first obtain your specific written authorization allowing her to make the disclosure. You may revoke any such written authorization in writing.

II. Your Rights

Under HIPAA you have the right to request restrictions on certain uses and disclosures of your health information. Your therapist is not required to agree to any restrictions you request, but if she does agree, then it is bound by the agreement and may not use or disclose any information which you have restricted

except as necessary in a medical emergency. You have the right to request that she communicate with you by alternative means. Your therapist will accommodate such requests that are reasonable and will not request an explanation from you. Under HIPAA, you also have the right to inspect and ask for a copy of your health information maintained by your therapist, unless that information contains psychotherapy notes or information compiled for use in a civil, criminal, or administrative proceeding or in other limited circumstances. Under California law, we must notify you if anyone requests information made pursuant to an authorization. Our notice to you must describe the subject and dates of material requested and at your request give you the option to also receive copies of the information.

Under HIPAA you also have the right, with some exceptions, to amend health care information maintained in your therapist's records, and to request and receive an accounting of disclosures of your health related information made by your therapist during the six years prior to your request. You also have the right to receive a paper copy of this notice.

III. Positive Change Counseling Center's Duties

Your therapist is required by law to maintain the privacy of your health information and to provide you with notice of her legal duties and privacy practices with respect to your health information. Your therapist is required by law to abide by the terms of this notice. Your therapist reserves the right to change the terms of this notice and to make new notice provisions effective for all protected health information is maintains. You have a right to receive a paper copy of this new notice.

IV. Complaints and Reporting Violations

You may complain to the Secretary of the United States Department of Health and Human Services if you believe that your privacy rights have been violated.

V. Effective Date and Duration of this notice

This notice is effective Feb 1, 2006.