

## HIPAA NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed and how you can get access to this information:

Cynthia Tobar-McCoy MS LPC is required to maintain the privacy of Protected Health Information (“PHI”) and to provide individuals with notice of our legal duties and privacy practices with respect to PHI. PHI is information that may identify you and relates to our past, present or future physical mental health condition and related health care service. This notice of privacy practices (notice) describes how we may use and disclose PHI to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law.

Cynthia Tobar-McCoy is required to follow the terms of this notice. We will not sell your name and address or identifying information for any purpose. We will not disclose PHI about you without your written authorization, except as described in this notice. We reserve the right to change our practices and this notice and to make the notice effective for all PHI we maintain, upon request, we will provide any revised notice to you. The complete law which sets out how information that identifies a patient can be used and disclosed is the Health Insurance Portability and Accounting Act of 1996 (HIPAA) (Title 45, Code of Federal Regulations (CFR) Parts 160 and 164 & title 42 (CFR) (part 2).

Effective Date: This Notice is effective as of April 14, 2003

Your health information rights: you have the rights with respect to PHI about you.

Obtain a paper copy of the notice upon request: you may request a copy of the notice at any time. Even if you agreed to receive the notice electronically, you are still entitled to a paper copy. You may obtain a paper copy at the office from your respective provider or the Administrative Assistant. You will receive a paper copy of the notice at your first visit.

Request a restriction on certain uses and disclosures of PHI: you have the right to request additional restrictions in our use of disclosures of PHI about you for treatment, payment, health care operations, communication with individuals involved in your care or by business associates by submitting a written request for the restriction. You may submit your request in person to your respective counselor or mail the request to our office. We are not required to agree to those restrictions.

Inspect and obtain a copy of PHI: You have the right to access and copy PHI, about you contained in a designated records set for as long as we maintain the PHI. To inspect your copy PHI about you, you must sign a written request. You may submit your request in person or by mail to the above address. We may charge you a fee for the cost of copying, mailing and supplies that are necessary to fulfill your request. We may deny your request and copy in certain limited circumstances. If you are denied access to PHI about you, you may request the denial be reviewed.

Request an amendment of PHI: If you believe that PHI we maintain about you is incorrect or incomplete you may request that we amend it. You may request an amendment for as long as we maintain the PHI. To request an amendment you must send a written request to our office. You may include a reason that supports your request. In certain cases, we may deny your request for amendment. If we deny your request for amendment you have the right to file a statement of disagreement with the office manager and we may give you a rebuttal to your statement.

Receive an accounting of disclosure of PHI: You have the right to receive an accounting of disclosure we have made of the PHI about you after April 4, 2003, for most purposes other than treatment, payment or health care operations. The accounting will exclude certain disclosures such as disclosures made directly to you, disclosures you authorize, disclosures to friends or family members involved in your care, and disclosures for notification purposes. The right to receive an accounting is subject to certain other expectations, restrictions, and limitations. To request an accounting you must submit a request in writing. Your request must specify the time period, but may not be longer than (6) years. The first accounting you request within a 12 month period will be provided free of charge but you may be charged for the cost of providing additional accounting in the same 12 month period. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time.

Request communication of PHI by alternative means or at alternative locations: For instance you may request that we contact you about medical matters only in writing or at a different residence or post office box. To request confidential communication of PHI about you by alternative means or at an alternative location you must submit a request in writing. You may submit your request in person or by mail to our office. Your request must state where you would like to be contacted. We will accommodate all reasonable requests.

Special requirements of psychotherapy notes: Psychotherapy notes are afforded special privacy protection under this regulation. You are not entitled to receive a copy of the psychotherapy notes from this office and exclude from the provisions of this law that gives clients that right to see and copy their health information. A specific written client authorization will be required before these psychotherapy notes will be disclosed to anyone. The definition of psychotherapy notes exclude medication prescriptions and monitoring, counseling sessions start and stop times, modalities and frequencies of treatment furnished, results of clinical test and summary of the following items, diagnosis, functional status, treatment plan, symptoms, prognosis, and progress to date.

Exceptions from consent, authorizations, or opportunity to object: Under certain circumstances, a covered entity may use or disclose protected information with your written consent or authorization and without providing a notice to the individual as follows:

- Uses and disclosures required by law.
- Uses and disclosures for public health activities.
- Disclosures about victims of abuse, neglect, or domestic violence.
- Uses and disclosures for health oversight activities.
- Disclosures for judicial and administrative proceedings.
- Disclosures for law enforcement purposes.
- Uses and disclosures about decedents.
- Uses and disclosures for cadaver organ, eye tissue donation purposes.
- Uses and disclosures for research purposes.
- Uses and disclosures to advert serious threat to health or safety.
- Uses and disclosures for specialized government functions.
- Disclosures for worker's compensation.

Other uses and disclosures of PHI: Cynthia Tobar McCoy will obtain written authorization before using or disclosing PHI about you other than those requested by you or as otherwise permitting or required by law. You may revoke an authorization in writing at any time. Upon request of the written revocation, we will stop using disclosed PHI about you except to the extent that we may have already taken action in reliance on the authorization.

For more information or to report a problem: If you have questions or would like additional information about privacy practices you may write Cynthia Tobar McCoy at this office.

The signature below is acknowledgment that you have received this Notice of our Privacy Practice:

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Printed Name

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Signature

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Date