

**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.**

**PLEASE REVIEW THIS NOTICE CAREFULLY.**

Nuevos Caminos Therapy Services\*\*Carla M. Avalos\*\*

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Business Phone: 424-307-8282

Your health record contains personal information about you and your health. This information about you

that may identify you and that relates to your past, present or future physical or mental health or condition

and related health care services is referred to as Protected Health Information ("PHI"). This Notice of Privacy Practices describes how we may use and disclose your PHI in accordance with applicable law, including the Health Insurance Portability and Accountability Act ("HIPAA"), regulations promulgated under HIPAA including the HIPAA Privacy and Security Rules and the NASW Code of Ethics. It also describes your rights regarding how you may gain access to and control your PHI.

I am required by law to maintain the privacy of PHI and to provide you with notice of my legal duties and privacy practices with respect to PHI. I am required to abide by the terms of this Notice of Privacy Practices. I reserve the right to change the terms of our Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that I maintain at that time. I will provide you with a copy of the revised Notice of Privacy Practices by posting a copy on my website, sending a copy to you in the mail upon request, or providing one to you at your next appointment.

**HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU**

**For Treatment:** Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. This

includes consultation with clinical supervisors/consultants or other treatment team members that you have

provided written authorization for communicating with. I may disclose PHI to any other consultant only with your authorization

**For Payment:** I may use and disclose PHI so that I can receive payment for the treatment services provided to you. This will only be done with your authorization. Examples of payment-related activities are: making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities. If it becomes necessary to use collection processes due to lack of payment for services, I will only disclose the minimum amount of PHI necessary for purposes of collection.

**For Health Care Operations:** I may use or disclose, as needed, your PHI in order to support my business activities including, but not limited to, quality assessment activities, self-review activities, licensing, and conducting or arranging for other business activities. For example, I may share your PHI with third parties that perform various business activities (e.g., billing or typing services) provided I have a written contract with the business that requires it to safeguard the privacy of your PHI. For training or teaching purposes, PHI will be disclosed only with your authorization.

**Required by Law:** Under the law, I must disclose your PHI to you upon your request. In addition, I must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining my compliance with the requirements of the Privacy Rule.

**Without Authorization:** Following is a list of the categories of uses and disclosures permitted by HIPAA without an authorization. Applicable law and ethical standards permit me to disclose information about you without your authorization only in a limited number of situations.

As a social worker licensed in this state and as a member of the National Association of Social Workers, it is my practice to adhere to more stringent privacy requirements for disclosures without an authorization.

The following language addresses these categories to the extent consistent with the NASW Code of Ethics, and HIPAA.

**Child Abuse or Neglect:** I may disclose your PHI to a state or local agency that is authorized by law to receive reports of child abuse or neglect.

**Elder Abuse or Neglect:** I may disclose your PHI to a state or local agency that is authorized by law to receive reports of elder (a person age 65+) abuse or neglect.

**Abuse or Neglect of a Person with a Disability.** I may disclose your PHI to a state or local agency that is authorized by law to receive reports of abuse or neglect of a person of any age with a disability.

**Judicial and Administrative Proceedings:** I may disclose your PHI pursuant to a subpoena or court order from a judge without your written consent.

**Imminent Harm to Self or Others:** I may disclose your PHI to a state or local agency that is authorized by law to prevent imminent harm to yourself or others. I may disclose your PHI to a person identified as the target of imminent harm by a client to prevent such imminent harm.

**Medical Emergencies:** I may use or disclose your PHI in a medical emergency situation to medical personnel only in order to prevent serious harm. I will try to provide you a copy of this notice as soon as reasonably practicable after the resolution of the emergency.

**Defense in a Suit or Board Complaint:** I may use or disclose your PHI to defend myself in the case that a client files a suit or complaint against me.

**With Authorization:** The following is a list of the categories of uses and disclosures permitted by HIPAA with an authorization from you:

**Deceased Patients:** I may disclose PHI regarding deceased patients as mandated by state law, or to a family member or friend that was involved in your care or payment for care prior to death, based on your prior consent. A release of information regarding deceased patients may be limited to an executor or administrator of a deceased person's estate or the person identified as next-of kin. PHI of persons that have been deceased for more than fifty (50) years is not protected under HIPAA.

**Family Involvement in Care:** I may disclose information to close family members or friends

directly involved in your treatment based on your consent.

**Health Oversight:** If required, I may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies and organizations that provide financial assistance to the program (such as third-party payors based on your prior consent) and peer review organizations performing utilization and quality control.

**Law Enforcement:** I may disclose PHI to a law enforcement official as required in compliance with a subpoena, court order, administrative order or similar document, or in connection with a crime on the premises.

**Research:** PHI may only be disclosed after a special approval process or with your authorization.

**Verbal Permission:** I may also use or disclose your information to family members that are directly involved in your treatment with your verbal permission.

Other Uses With Authorization

#### **YOUR RIGHTS REGARDING YOUR PHI**

You have the following rights regarding PHI I maintain about you. To exercise any of these rights, please submit your request in writing to me as my practice's Privacy Officer at 1849 Sawtelle Blvd, Suite 610, Los Angeles, C.A., 90025:

**Right of Access to Inspect and Copy:** You have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI that is maintained in a "designated record set". A designated record set contains mental health/medical and billing records and any other records that are used to make decisions about your care. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you, or if the information is contained in separately maintained psychotherapy notes. I may charge a reasonable, cost-based fee for copies. If your records are maintained electronically, you may also request an electronic copy of your PHI. You may also request that a copy of your PHI be provided to another person.

**Right to Amend:** If you feel that the PHI I have about you is incorrect or incomplete, you may ask me to amend the information, although I am not required to agree to the amendment. If I deny your request for amendment, you have the right to file a statement of disagreement with me. I may prepare a rebuttal to your statement and will provide you with a copy. Please contact the Privacy Officer if you have any questions at the address located at the bottom of this notice.

**Right to an Accounting of Disclosures:** You have the right to request an accounting of certain of the disclosures that I make of your PHI. I may charge you a reasonable fee if you request more than one accounting in any 12-month period.

**Right to Request Restrictions:** You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. I am not required to agree to your request unless the request is to restrict disclosure of PHI to a health plan for purposes of carrying out payment or health care operations, and the PHI pertains to a health care item or service that you paid for out of pocket. In that case, I am required to honor your request for a restriction.

**Right to Request Confidential Communication:** You have the right to request that I communicate with you about health matters in a certain way or at a certain location. I will accommodate reasonable requests. I may require information regarding how payment will be handled or specification of an alternative address or other method of contact as a condition for accommodating your request. I will not ask you for an explanation of why you are making the request.

**Breach Notification:** If there is a breach of unsecured PHI concerning you, I may be required to notify you of this breach, including what happened and what you can do to protect yourself.

**Right to a Copy of this Notice:** You have the right to a copy of this notice.

## **COMPLAINTS**

If you believe I have violated your privacy rights, you have the right to file a complaint in writing with my Privacy Officer at 1849 Sawtelle Blvd, Suite 610, Los Angeles, C.A. 90025 or with the Secretary of Health and Human Services at 200 Independence Avenue, S.W. Washington, D.C. 20201 or by calling (202) 619-0257. I will not retaliate against you for filing a complaint.

**The effective date of this notice is August 12, 2021.**

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