

Notice of Privacy Practices

Abundant Life Therapy
2001 S Barrington Ave
Los Angeles, CA 90025

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.

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 I may use and disclose your PHI in accordance with applicable law, including the Health Insurance Portability and Accountability Act ("HIPAA"). 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 our legal duties and privacy practices with respect to PHI.

CONSENTED DISCLOSURE

Your PHI may be used and disclosed with your written authorization on a Release of Information (ROI) to specific people. For example, your PHI may be disclosed to your psychiatrist or doctor (or others who are involved in your care) for the purpose of providing, coordinating, or managing your health care treatment and related services. For consented disclosure, PHI would only be given with your written authorization or consent, which you may revoke at any time.

MANDATED DISCLOSURE

Confidentiality is a very important part of the therapeutic relationship. If therapist and client see each other outside of therapy, the therapist will not acknowledge client unless client initiates a conversation. No information will be provided to any other person unless the client has given written consent, or unless one of the below occurs:

Child/Elder Abuse or Neglect. I am required by law to report any reasonable suspicion of child or elder abuse. This will be reported to the Department of Child and Family Services or Child Protective Services.

Threat to Self or Others. I will disclose PHI when I deem it necessary to protect you from harming yourself, and/or protecting someone else who you are threatening to harm. This disclosure will be made to the Psychiatric Mobile Response Team, law enforcement, and/or any identified potential victim(s).

Judicial and Administrative Proceedings. If a subpoena is received, privilege can be claimed on your behalf if you do not release records. However, if mandated by the court, PHI will be released.

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.

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 may disclose information to close family members or friends directly involved in your treatment based on your consent or as necessary to prevent serious harm.

Law Enforcement. I may disclose PHI to a law enforcement official as required by law, in compliance with a subpoena (with your written consent), court order, administrative order or similar document, for the purpose of identifying a suspect, material witness or missing person, in connection with the victim of a crime, in connection with a deceased person, in connection with the reporting of a crime in an emergency, or in connection with a crime on the premises.

Public Health. If required, I may use or disclose your PHI for mandatory public health activities to a public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, or if directed by a public health authority, to a government agency that is collaborating with that public health authority.

YOUR RIGHTS REGARDING YOUR PHI

You have a right to your PHI and can request a copy with a written request stating what you would like and the reasons why. These will be given to you unless there is some reason why the information would cause distress or

reasonable harm to you.

COMPLAINTS

If you believe your privacy rights have been violated, you have the right to file a complaint with me as the Privacy Officer or with the U.S. Department of Health and Human Services at 200 Independence Avenue, S.W. Washington, D.C. 20201 or by calling (202) 619-0257. **We will not retaliate against you for filing a complaint.**

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By checking the box below, you are acknowledging that you have received a copy of HIPPA Notice of Privacy Practices.

BY CLICKING ON THE CHECKBOX BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.