



Website: www.SleepPsychologyCalifornia.com | Phone: 424-209-2029

HIPAA: Notice of Psychologists' Policies and Practices to Protect the Privacy of Your Health Information

This notice describes how psychological and medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

I. Disclosures for Treatment, Payment, and Health Care Operations

I may use or disclose your protected health information (PHI), for certain treatment, payment, and health care operations purposes without your authorization. In certain circumstances, I can only do so when the person or business requesting your PHI gives me a written request that includes certain promises regarding protecting the confidentiality of your PHI. To help clarify these terms, here are some definitions:

- “PHI” refers to information in your health record that could identify you
- “Treatment, Payment, and Health Care Operations”
 - Treatment is when I provide or another healthcare provider diagnoses or treats you. An example of treatment would be when I consult with another health care provider, such as your family physician or another psychologist, regarding your treatment.
 - Payment is when I obtain reimbursement for your healthcare. Examples of payment are if I disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
 - Health Care Operations is when I disclose PHI to your health care service plan (for example, your health insurer), or to other healthcare providers contracting with your plan, or administering the plan, such as case management and care coordination.
- “Use” applies only to activities within my practice group such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “Disclosure” applies to activities outside of my practice group such as releasing, transferring, or providing access to information about you to other parties.
- “Authorization” means written permission for specific uses or disclosures.

II. Uses and Disclosures Requiring Authorization

I may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. In those instances when I am asked for information for purposes outside of treatment, payment, and health care operations, I will obtain an authorization from you before releasing this information. I will also need to obtain an authorization before releasing any psychotherapy notes that I

have written. "Psychotherapy notes" are notes I may have made about our conversation during a private, group, joint, or family session, which I have kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

You may revoke or modify all such authorizations (of PHI or psychotherapy notes) at any time; however, the revocation or modification is not effective until I receive it.

III. Uses and Disclosures with Neither Consent nor Authorization

I may use or disclose PHI without your consent or authorization in the following circumstances:

- **Child Abuse:** Whenever I, in my professional capacity, observe or have reasonable cause to believe a child has been the victim of child abuse or neglect, I am required to make a report to the appropriate authorities in accordance with applicable state law. Also, if I have knowledge of or reasonable cause to believe that mental suffering has been inflicted upon a child or that his or her emotional wellbeing is endangered in any other way, I may report such to the appropriate authorities in accordance with applicable state law.
- **Adult and Domestic Abuse:** If I, in my professional capacity, have observed or have knowledge of an incident that reasonably appears to be physical abuse, abandonment, abduction, isolation, financial abuse or neglect of an elder or dependent adult, or if I am told by an elder or dependent adult that he or she has experienced these or if I reasonably suspect such, I may be required to report suspected abuse to appropriate authorities in accordance with applicable law.
- **Substance Use Disorder (SUD) Treatment Information:** Federal law (42 CFR Part 2) provides additional protections for records relating to the diagnosis, treatment, or referral for treatment of a substance use disorder. If I create or maintain records that are subject to these regulations, such information may be used or disclosed only as permitted or required by applicable federal and state law. In certain circumstances, your written authorization may be required prior to disclosure. In addition, should I maintain SUD records protected by 42 CFR Part 2, such records (or testimony regarding them) cannot be used in civil, criminal, administrative, or legislative proceedings against you without your specific written consent or a court order.
- **Health Oversight:** If a complaint is filed against me with the applicable state licensing board, that board may have the authority to subpoena relevant confidential mental health information in accordance with applicable law.
- **Judicial or Administrative Proceedings:** If you are involved in a legal proceeding and a request is made for information about the professional services I have provided, I will not release information without your written authorization, a valid court order, or other lawful process as required by applicable law.

- **Serious Threat to Health or Safety:** If you or your family member communicate to me that you pose a serious threat of physical violence against an identifiable victim, I must make reasonable efforts to communicate that information to the potential victim and the police. If I have reasonable cause to believe that you are in such a condition, as to be dangerous to yourself or others, I may release relevant information as necessary to prevent the threatened danger.
- **Worker's Compensation:** If you file a worker's compensation claim, I may disclose to your employer your medical information created as a result of employment-related health care services provided to you at the specific prior written consent and expense of your employer so long as the requested information is relevant to your claim, provided that is only used or disclosed in connection with your claim, and describes your functional limitations provided that no statement of medical cause is included. Any such disclosures will be made in accordance with the laws of the state in which the client is physically located at the time services are provided.
- Information disclosed pursuant to this Notice may be subject to redisclosure by the recipient and may no longer be protected by federal privacy regulations.

IV. Patient's Rights and Psychologist's Duties

Patient's Rights:

- **Right to Request Restrictions** – You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, I am not required to agree to a restriction you request.
- **Right to Receive Confidential Communications by Alternative Means and at Alternative Locations** – You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are seeing me. Upon your request, I will send your bills to another address.)
- **Right to Inspect and Copy** – You have the right to inspect or obtain a copy (or both) of PHI in my mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. I may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. On your request, I will discuss with you the details of the request and denial process.
- **Right to Amend** – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. I may deny your request. On your request, I will discuss with you the details of the amendment process.
- **Right to an Accounting** – You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in Section III of this Notice). On your request, I will discuss with you the details of the accounting process.
- **Right to a Paper Copy** – You have the right to obtain a paper copy of the notice from me upon request, even if you have agreed to receive the notice electronically.

- Right to Opt Out of Fundraising – If I maintain records subject to SUD protections, you have the right to opt out of receiving any fundraising communications from me or my practice.

Psychologists' Duties:

- I am required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI.
- I reserve the right to change the privacy policies and practices described in this notice. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect.
- If I revise my policies and procedures, I will provide you with an updated paper copy, either in person or be mailed to the address you provide.

V. Questions and Complaints

If you have questions about this notice, disagree with a decision I make about access to your records, or have other concerns about your privacy rights, you should contact me directly at: email Andrea@SleepPsychologyCalifornia.com or phone: 424-209-2029.

If you believe your privacy rights have been violated, you may file a written complaint with me at the contact information above. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services (HHS) or the Office for Civil Rights (OCR). Mailing Address: Centralized Case Management Operations, U.S. Dept. of Health and Human Services, 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D.C. 20201. Email: OCRComplaint@hhs.gov. OCR Complaint Portal: <https://ocrportal.hhs.gov/> Phone: (800) 368-1019

You may also file a complaint with the applicable state licensing board:

- Virginia Board of Psychology: 9960 Mayland Drive, Suite 300, Henrico, VA 23233.
- California Board of Psychology: 1625 North Market Blvd, Suite N-215, Sacramento, CA 95834.

You have specific rights under the Privacy Rule. I will not retaliate against you for exercising your right to file a complaint.

VI. Effective Date, Restrictions, and Changes to Privacy Policy

This notice will go into effect February 16, 2026 and/or your signing of a psychotherapy agreement with me.

I reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that I maintain. If I make a material change to my privacy practices, I will provide a revised notice by posting it prominently on my website, emailing it to current clients, or providing a paper copy in person or by mail. You may also request a copy of the current notice at any time.