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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 IT CAREFULLY.

I am required by law to maintain the privacy and security of your protected health information (“PHI”) and to provide you with this Notice of Privacy Practices (“Notice”). I must abide by the terms of this Notice, and I must notify you if a breach of your unsecured PHI occurs. I can change the terms of this Notice, and such changes will apply to all information I have about you. The new Notice will be available upon request, in my office.

Except for the specific purposes set forth below, I will use and disclose your PHI only with your written authorization (“Authorization”). It is your right to revoke such Authorization at any time by giving me written notice of your revocation.

Uses (Inside Practice) and Disclosures (Outside Practice) Relating to Treatment, Payment, or Health Care Operations Do Not Require Your Written Consent. I can use and disclose your PHI without your Authorization for the following reasons:

- For your treatment.
- To obtain payment for your treatment
- For health care operations.

Certain Uses and Disclosures Require Your Authorization.

- Releasing Notes/File Contents
- Marketing Purposes: As a psychotherapist, I will not use or disclose your PHI for marketing purposes.
- Sale of PHI: As a psychotherapist, I will not sell your PHI in the regular course of my business.

Certain Uses and Disclosures Do Not Require Your Authorization. Subject to certain limitations in the law, I can use and disclose your PHI without your Authorization for the following reasons:

- When disclosure is required by state or federal law.
- For public health activities, including mandated reporting.
- For health oversight activities, including audits and investigations
- For judicial and administrative proceedings.
- For law enforcement purposes, including reporting crimes occurring on my premises.
- Specialized government functions
- For workers' compensation purposes.
- Appointment reminders and health related benefits or services.

Certain Uses and Disclosures Require You to Have the Opportunity to Object.

- Disclosures to family, friends, or others.

YOUR RIGHTS YOUR REGARDING YOUR PHI

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- The Right to Request Limits on Uses and Disclosures of Your PHI.

- The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full.
- The Right to Choose How I Send PHI to You.
- The Right to See and Get Copies of Your PHI
- The Right to Get a List of the Disclosures I Have Made.
- The Right to Correct or Update Your PHI.
- The Right to Get a Paper or Electronic Copy of this Notice.

HOW TO COMPLAIN ABOUT MY PRIVACY PRACTICES If you think I may have violated your privacy rights, you may file a complaint with me.

Client Name/Guardian

Signature

Date