

Sacred Willow Therapy
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(415) 310-4386

NOTICE OF PRIVACY PRACTICES

This notice explains how your health information may be used or shared and how you can access that information. Please review it carefully.

PRIVACY COMMITMENT

Sacred Willow Therapy recognizes that your health information is personal and is committed to protecting your privacy. A record of the care and services you receive is created to ensure quality treatment and compliance with legal requirements. This notice applies to all records of your care created or maintained by Sacred Willow. It explains how your information may be used and disclosed, your rights regarding that information, and the obligations of this practice under federal and state law.

Sacred Willow is required by law to:

- Protect the privacy of protected health information (PHI).
- Provide you with this Notice of Privacy Practices outlining legal duties and privacy practices.
- Follow the terms of this notice and let you know if those terms change.

USES AND DISCLOSURES REQUIRING AUTHORIZATION

Certain types of information are given extra protection and cannot be used or shared without your written permission.

Psychotherapy notes. Sacred Willow may create psychotherapy notes, which are kept separate from your clinical record and contain the therapist's personal reflections and process material. These notes receive special protections under federal law and will not be used or disclosed without your written authorization except in the limited situations permitted by HIPAA, such as:

- Use for Sacred Willow's own treatment purposes
- Training or supervision of mental health professionals
- Legal defense in a proceeding you initiate
- Oversight by the U.S. Department of Health and Human Services
- Health oversight activities involving the creator of the notes
- Review by a coroner or medical examiner performing duties authorized by law
- Efforts to prevent a serious threat to health or safety

Marketing and sale of information. Sacred Willow does not use or disclose your information for marketing purposes or sell your protected health information (PHI) under any circumstances.

All other uses and disclosures of your health information not described in this notice will be made only with your written authorization.

In certain situations, Sacred Willow may use or share your health information without your written permission when permitted or required by law. These include:

- When required by law. Disclosures necessary to comply with federal or state laws.

Public health and safety. Reporting suspected child, elder, or dependent adult abuse; preventing or reducing a serious threat to anyone's health or safety.

Health oversight activities. Audits, investigations, inspections, or licensing actions conducted by authorized agencies.

Judicial and administrative proceedings. Responding to a court or administrative order, subpoena, or other lawful process, when efforts have been made to notify you or obtain a protective order.

Law enforcement purposes. Reporting certain crimes or information about crimes occurring on Sacred Willow's premises.

Coroners and medical examiners. Assisting in identifying a deceased person, determining cause of death, or performing other duties authorized by law.

Research purposes. Limited disclosures for approved research studies that include privacy safeguards as required by law.

Specialized government functions. Activities related to military service, national security, intelligence, protective services for the President, or correctional institutions.

Workers' compensation. Complying with workers' compensation or similar laws related to workplace injuries or illness.

Appointment reminders and health-related information. Contacting you to remind you of appointments or to provide information about treatment alternatives or other health services that may benefit you.

USES AND DISCLOSURES REQUIRING OPPORTUNITY TO OBJECT

In limited situations, federal law permits health care providers to share certain information with individuals involved in a client's care or payment for care if the client does not object. However, under California law, Sacred Willow generally will not release any identifiable information to family members, friends, or others involved in your care without your written authorization, except when required by law or in an emergency to prevent serious harm.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

You have specific rights concerning your protected health information (PHI). Sacred Willow honors these rights in accordance with federal and state law.

Right to request limits on use and disclosure. You may ask Sacred Willow not to use or disclose certain PHI for treatment, payment, or health care operations. Sacred Willow is not required to agree to your request, but will consider it carefully and inform you of the decision.

Right to request restrictions for out-of-pocket payments. If you have paid in full for a health care item or service, you may request that information about that item or service not be shared with your health plan for payment or operations purposes.

Right to choose how information is sent. You may request that Sacred Willow contact you in a specific way (for example, by mail to a different address or by phone at a particular number). All reasonable requests will be honored.

Right to see and receive copies. Except for psychotherapy notes, you may obtain an electronic or paper copy of your record or other information Sacred Willow maintains about you. Copies or summaries will be provided within 30 days of your written request, and a reasonable, cost-based fee may apply.

Right to an accounting of disclosures. You may request a list of disclosures Sacred Willow has made of your PHI for purposes other than treatment, payment, or operations, or for which you provided authorization. The list will include disclosures made in the previous six years unless

you request a shorter period. One list per year is provided at no charge; a reasonable fee may apply for additional requests.

Right to correct or amend your record. If you believe information in your record is inaccurate or incomplete, you may request an amendment. Sacred Willow may deny the request but will provide a written explanation within 60 days.

Right to a copy of this notice. You may request a paper copy of this Notice of Privacy Practices at any time, even if you have agreed to receive it electronically.

Right to file a complaint. If you believe your privacy rights have been violated, you may file a complaint with Sacred Willow, the U.S. Department of Health and Human Services, or the California Board of Behavioral Sciences. There will be no retaliation for filing a complaint.

PROVIDER INFORMATION

Destinee Walden, Licensed Clinical Social Worker #95200

U.S. Department of Health and Human Services, Office for Civil Rights, 200 Independence Avenue, S.W., Washington, D.C. 20201, (877) 696-6775

California Board of Behavioral Sciences, 1625 North Market Blvd., Suite S200, Sacramento, CA 95834, (916) 574-7830, www.bbs.ca.gov

ACKNOWLEDGMENT 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 signing below, you acknowledge that you have received and reviewed Sacred Willow's Notice of Privacy Practices and understand your rights regarding your health information.