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NOTICE OF PRIVACY PRACTICES

This document describes how medical/treatment information about you may be used and discussed and how you can get access to this information. Please review it carefully. You may discuss this information with me anytime.

RACHEL LONGAN, LMFT HAS A LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI). This includes information that can be used to identify you that I have created or received about your past, present or future health or condition, the provision of health care to you, or the payment of this health care. I must provide you with this Notice about my privacy practices, and such Notice must explain how, when and why I will use and disclose your PHI. A use of PHI occurs when I share, examine, utilize, apply or analyze such information within my practice. PHI is disclosed when it is released, transferred, has been given to, or is otherwise divulged to a third party outside my practice. With some exceptions, I may not use or disclose any more of your PHI than is necessary to accomplish the purpose for which the use or disclosure is made. And I am legally obligated to follow the privacy practices described in this Notice.

However, Rachel Longan, LMFT reserves the right to change the terms of this Notice and its privacy policies at any time. Any changes will apply to PHI on file with me already. Before I make any important changes to my policies, I will promptly revise this Notice and have a new copy available for you. You may also request a copy of this Notice from me, or you can view a copy of it in my office.

HOW RACHEL LONGAN, LMFT MAY USE AND DISCLOSE YOUR PHI:

Rachel Longan, LMFT will use and disclose your PHI for different reasons. For some of these uses and disclosures, I will need your prior authorization; for others, however, I do not. Listed below are the different categories of its uses and disclosures along with some examples of each category.

1. USES AND DISCLOSURES RELATING TO TREATMENT, PAYMENT OR HEALTHCARE OPERATIONS DO NOT REQUIRE YOUR WRITTEN CONSENT. Rachel Longan, LMFT can use and disclose your PHI without your consent for the following reasons:
 - a. FOR TREATMENT. I can disclose your PHI to physicians, psychiatrists, psychologists, and any other licensed health care or service providers who provide you with health care services or are involved in your care. For example, if you are being treated by a psychiatrist, I can disclose your PHI to your psychiatrist in order to coordinate your care.
 - b. TO OBTAIN PAYMENT FOR TREATMENT. I can use and disclose your PHI to bill and collect payment for the treatment and services provided by me to you. If applicable, I may also provide your PHI to my business associates, such as billing or collection companies, claims processing companies, and others that might be involved in processing/handling health care claims.

- c. FOR HEALTH CARE OPERATIONS. I can disclose your PHI to operate my practice. For example, if applicable, I might use your PHI to evaluate the quality of health care services that you received or to evaluate the performance of the health care professionals who provided such services to you. I may also provide your PHI to my accountant, attorney, consultant and others to assure that I am compliant with applicable laws.
 - d. OTHER DISCLOSURES. I may also disclose your PHI without your consent after treatment or services is/are rendered, or if I try to get your consent but you are unable to communicate with me (for example, if you are unconscious or in severe pain) and I think that you would consent to such treatment if you were able to do so.
- 2. CERTAIN USES AND DISCLOSURE DO NOT REQUIRE YOUR CONSENT. Rachel Longan, LMFT can use and disclose your PHI without your consent or authorization for the following reasons:
 - a. WHEN DISCLOSURE IS REQUIRED BY FEDERAL, STATE OR LOCAL LAW; JUDICIAL OR ADMINISTRATIVE PROCEEDINGS; OR LAW ENFORCEMENT. For example, I may make a disclosure to applicable officials when a law requires me to report information to government agencies and law enforcement personnel about victims of abuse or neglect; or when ordered in a judicial or administrative proceeding.
 - b. FOR PUBLIC HEALTH ACTIVITIES: For example, I may have to report information about you to the county coroner.
 - c. FOR HEALTH OVERSIGHT ACTIVITIES: For example, I may have to provide information to assist the government when it conducts an investigation or inspection of a healthcare or service provider or organization.
 - d. TO AVOID HARM: In order to avoid a serious threat to the health or safety of an individual or individuals, I may provide PHI to law enforcement personnel or persons able to prevent or lessen such harm.
 - e. FOR SPECIFIC GOVERNMENT FUNCTIONS: I may disclose PHI of military personnel and veterans in certain situations. And I may disclose PHI for national security purposes, such as protecting the President of the United States or conducting intelligence operations.
 - f. FOR WORKERS' COMPENSATION PURPOSES: I may provide PHI in order to comply with workers' compensation laws.
 - g. FOR RESEARCH PURPOSES: In certain limited circumstances, I may provide PHI in order to conduct medical research.
 - h. APPOINTMENT REMINDERS AND HEALTH RELATED BENEFITS AND SERVICES. I may use PHI to provide appointment reminders or give you information about treatment alternatives or other healthcare services or benefits that I offer.
- 3. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT.
 - a. DISCLOSURES TO FAMILY, FRIENDS AND OTHERS. Rachel Longan, LMFT may provide your PHI to a family member, friend or other person that you indicate is involved in your care or the

payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

4. OTHER USES AND DISCLOSURES REQUIRE YOUR WRITTEN AUTHORIZATION. In any other situation not described in sections 1 and 2 above, Rachel Longan, LMFT will ask for your written authorization before using or disclosing any of your PHI. If you choose to sign an authorization to disclose your PHI, you can later revoke such authorization in writing to stop any future uses and disclosures (to the extent that I haven't taken any action in reliance on such authorization) of your PHI by me.

WHAT RIGHTS YOU HAVE REGARDING YOUR PHI

You have the following rights with respect to your PHI:

1. THE RIGHT TO REQUEST LIMITS ON USES AND DISCLOSURES OF YOUR PHI. You have the right to ask that Rachel Longan, LMFT limit how she uses and discloses your PHI. Rachel Longan, LMFT will consider your request, but she is not legally required to accept it. If she accepts your request Rachel Longan, LMFT will put any limits in writing and abide by them except in emergency situations. You may not limit the uses and disclosures that Rachel Longan, LMFT is legally required or allowed to make.
2. THE RIGHT TO CHOOSE HOW Rachel Longan, LMFT SENDS INFORMATION TO YOU. You have the right to ask that Rachel Longan, LMFT send information to you at an alternative location (for example, sending information to your work address rather than your home address) or by alternate means (for example, hand delivered instead of regular mail). I must agree to your request so long as I can easily provide the PHI to you in the format or manner you requested.
3. THE RIGHT TO SEE AND GET COPIES OF YOUR PHI. In most cases, you have the right to look at or get copies of your PHI that Rachel Longan, LMFT has, but you must make the request in writing. If Rachel Longan, LMFT does not have your PHI but she knows who does, she will tell you how to get it. Rachel Longan, LMFT will respond to you within 30 days of receiving your written request. In certain situations Rachel Longan, LMFT may deny your request. If she does Rachel Longan, LMFT will tell you, in writing, her reasons for the denial and explain your right to have its denial reviewed.

If you request copies of your PHI, Rachel Longan, LMFT will charge you not more than \$.25 for each page. Instead of providing the PHI you requested, she may provide you with a summary or explanation of the PHI as long as you agree to that and to the cost in advance.

4. THE RIGHT TO GET A LIST OF DISCLOSURES THAT Rachel Longan, LMFT HAS MADE. You have the right to get a list of instances in which Rachel Longan, LMFT has disclosed your PHI. The list will not include uses and disclosures that you have already consented to, such as those made *for* treatment, payment or healthcare/services operations, directly to you or to your family. The list would also not include uses and disclosures made *for* national security purposes, to corrections or law enforcement personnel, or disclosures made before April 15, 2003.

Rachel Longan, LMFT will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list she will give you will include disclosures made in the last six years unless you request a shorter time. The list will include the date of the disclosure, to whom PHI was disclosed (including their address if known), a description of the information disclosed, and the reason for the disclosure. Rachel Longan, LMFT will provide the list to you at no charge, but if you make more than one request in the same year, she will charge you a reasonable cost-based fee for each additional request.

5. THE RIGHT TO CORRECT OR UPDATE YOUR PHI. If you believe that there is a mistake in your PHI or that a piece of important information is missing, you have the right to request that Rachel Longan, LMFT correct the existing information or add the missing information. You must provide the request and your reason for the request in writing. Rachel Longan, LMFT will respond within 60 days of receiving your request to correct or update your PHI. She may deny your request in writing if the PHI is a) correct and complete, b) not created by Rachel Longan, LMFT, c) not allowed to be disclosed, or d) not part of her records. The written denial will state the reasons for the denial and explain your right to file a written statement of disagreement with the denial. If you do not file one, you have the right to request that your request and its denial be attached to all future disclosures of your PHI. If Rachel Longan, LMFT approves your request, she will make the change to your PHI, tell you that she has done it, and tell others that need to know about the change to your PHI.

6. HOW TO COMPLAIN ABOUT MY PRIVACY PRACTICES: If, in your opinion, I may have violated your privacy rights, or if you object to a decision I made about access to your PHI, you are entitled to file a complaint with me. If you file a complaint about my privacy practices, I will take no retaliatory action against you.

EFFECTIVE DATE OF THESE POLICIES: June 19, 2015

I HAVE READ AND AGREE TO THE ABOVE NOTICE OF PRIVACY PRACTICES AND I UNDERSTAND I CAN REQUEST A COPY OF THIS NOTICE.

Name (print): _____

Signature: _____

Date: _____