

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, sign receipt, and take it home with you.

Legal Duty To Safeguard Your PHI

I am legally required to protect the privacy of your **Protected Health Information (PHI)** in my practice, which includes information that can be used to identify you that I've 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 of 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.

I am legally required to follow the privacy practices described below in this notice. However, I reserve the right to change the terms of this notice and my privacy policies at any time. Any change will apply to PHI on file with me already. Before I make any important changes to my policies, I will promptly change this notice and post a new copy of it in my office and on my website (if applicable). I will inform you by providing you with a new copy.

How I May Use and Disclose Your PHI

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

Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations That Do Not Require Your Prior Consent: **For treatment:** I can disclose your PHI to physicians, psychiatrists, psychologists, and other licensed health care providers who provide you with health care services or are involved in your care and have given authorization themselves to speak to me by you. It is my obligation to verify that consent form first. **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. I may also provide your PHI to billing companies, claims processing companies, and others that process my health care claims. **For health care operations:** I can disclose your PHI 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 accountants or attorneys to make sure I'm complying with applicable laws. **Patient incapacitation or emergency:** I may disclose your PHI if you need emergency treatment, as long as I try to get your consent after treatment is rendered.

Other Uses and Disclosures That Also Do Not Require Your Consent or Authorization: **For federal, state or local laws:** For example, I may make a disclosure to applicable governmental officials when a law requires me to report information to government agencies and law enforcement personnel about victims of abuse or neglect. **For judicial or administrative proceedings:** For example, if you are involved in a lawsuit or a claim for worker's compensation benefits (have to comply with their laws too), I may have to use or disclose your PHI in response to a court or administrative order. I may also have to use or disclose your PHI in response to a subpoena. **For law enforcement:** For example, I may have to use or disclose your PHI in response to a search warrant. **For public health activities:** For example, I may have to use or disclose your PHI to report to government officials in conducting investigations or inspection of a health care provider or organization. Also, I may have to report information about you to the county coroner. In certain circumstances, I may provide PHI in order to conduct medical research. **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 health care provider or organization. **To avoid harm:** For example, I may have to use or disclose your PHI to avert a serious threat to the health or safety of others. However, any such disclosures will only be made to someone able to prevent the threatened harm from occurring. For example, law enforcement personnel or persons are able to prevent or lessen such harm. **For specific government functions:** For example, if you are in the military or are a veteran, I may have to use or disclose your PHI for national security purposes, including protecting the President of the United States or conducting intelligence operations. **For appointment reminders and health related benefits or services:** For example, I may have to use or disclose your PHI to remind you of your appointments or inform you of treatment alternatives, other health care services I offer, or other health care benefits that may be of interest to you.

Uses and Disclosures That Do Require You to Have the Opportunity to Object: I 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.

Other Uses and Disclosures That Do Require Your Prior Written Consent or Authorization: In any other situation not described above, I will ask for your written authorization before using or disclosing any of your PHI. If you choose to sign an authorization to use or disclose your PHI, you can later revoke it 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.

Rights You Have Regarding Your PHI

The Right to Request Restrictions on My Uses and Disclosures of Your PHI: You have the right to request restriction or limitations on my uses or disclosures of your PHI to carry out my treatment, payment, or health care operations. You also have the right to request that I limit disclosures of your PHI to family members or friends or others involved in your care or who are financially responsible for your care. Please submit such requests in writing. I will consider your request, but am not legally required to accept it. If I accept your request, I will abide by them except in emergency situations. However, be advised, you may not limit the uses and disclosures that I am legally required or allowed to make.

The Right to Choose How I Send PHI to You: You have the right to ask that I send information to you to at an alternate address (for example, sending information to your work address rather than your home address) or by alternate means (for example, e-mail instead of regular mail). I must agree to your request so long as it is reasonable and you specify how or where you wish to be contacted, and, when appropriate, you provide me with information as to how payment for such alternative communications will be handled. I may not require an explanation from you as to the basis of your request as a condition for providing communications on a confidential basis.

The Right to See and Receive Copies of Your PHI: In most cases, you have the right to inspect and receive a copy of your PHI that I have on you, but you must make your request in writing. If I don't have your PHI but I know who does, I will tell you how to get it. I will respond to you within 30 days of receiving your written request. In certain circumstance, I may deny your request. If I do, I will tell you why in writing, and explain to you your rights to have my denial reviewed. If you request copies of your PHI, I will charge you not more than \$.25 for each page. I may provide you with a summary or explanation of the PHI as long as you agree to that and to the cost in advance.

The Right to a List of Disclosures I Have Made: You have the right to a list of instances (for example, an Accounting of Disclosures) in which I have disclosed your PHI. The list will not include disclosures made for my treatment, payment, or other health care operations; disclosures to which you have already consented and authorized; disclosures incident to a use or disclosure permitted or required by the federal privacy rule; disclosures made for national security or intelligence purposes; disclosures made to correctional institutions or law enforcement personnel; or disclosures made before April 14, 2003 (when this notice went into effect). I will respond to your request within 60 days of receiving it. The list 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. I will provide the list to you at no charge, but for more than one request per year, I will charge you a reasonable cost-based fee for each additional request.

The Right to Amend Your PHI: If you believe that there is a mistake in your PHI or that important information is missing, you have the right to request that I make a correction or add the missing information. You must provide the request and reason in writing. I will respond within 60 days of receiving your request to correct or update your PHI. I may deny your request in writing if the PHI is: 1) correct and complete, 2) not created by me, 3) not allowed to be disclosed, or 4) not part of my records. My 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 don't file one, you have the right to request that your request and my denial be attached to all future disclosures of your PHI. If I approve your request, I will make the change to your PHI, tell you that I have done it, and tell others that need to know about the change to your PHI.

The Right to Receive a Paper and Electronic Copy of this Notice: You have the right to get a copy of this notice by e-mail. Even if you request to receive notice via e-mail, you also have the right to request a paper copy of it. A paper copy will almost always be provided to take home at the onset of treatment.

How to Make a Complaint / Person to Contact

If you think I may have violated your privacy rights, or disagree with a decision I made about access to your PHI, you may file a complaint with the person listed below. You also may send a written complaint to the Secretary of the Department of Health and Human Services at 200 Independence Avenue S.W., Washington, D.C. 20201. I will take no retaliatory action against you if you file a complaint about my privacy practices. If you have any questions or complaints about this notice or my privacy practices, or would like to know how to file a complaint with the Secretary of the Department of Health and Human Services, please contact me at (818) 533-1897 or my supervisor and employer Dr. Foojan Zeine at (818) 648-2140.

Gina Balit, MA, MFTi, ATR

Marriage & Family Therapy Registered Intern IMF#72714
Registered Art Therapist ATCB#14-224

supervised by **Dr. Foojan Zeine, PsyD, LMFT Lic#33723**
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Acknowledgement of Receipt of Notice of Privacy Practices

By signing this form, you acknowledge receipt of the Notice of Privacy Practices. It provides information about how I may use and disclose your protected health/medical information and how you can get access to it. Please read it carefully; it is subject to change.

You understand having a right to receive a copy of the authorization (if filled out), cancelling the authorization at any time, and that any cancellation or modification to the authorization must be in writing. You may obtain a copy or a revised version from me or by supervisor.

I will be taking the attached paper copy (first 2 pages) and acknowledge receipt of the Notice of Privacy Practices of Gina Balit, MA, MFTi, ATR.

Printed Name (and relationship to client)	Signature	Date
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Inability to Obtain Acknowledgement of Receipt of Notice of Privacy Practices

I made good faith attempts to obtain my patient’s acknowledgment of receipt of my Notice of Privacy Practices, including _____.

However, because of _____, ***I was unable to***

obtain my patient’s acknowledgment for Private Practices of Gina Balit, MA, MFTi, ATR.

Signature of Provider: _____ **Date:** _____

Printed Name of Provider (and credentials): _____