

# NOTICE OF PRIVACY PRACTICES

This notice describes how your health and personal information may be used and disclosed and how you can get access to this information. Please review it carefully.

## I. INFORMATION WE COLLECT

### Types of Information

We collect and maintain the following types of information:

- Protected Health Information (PHI) about your physical or mental health condition, healthcare services, and related payments
- Contact information including:
  - Name
  - Email address
  - Phone number
  - Mailing address
- Service-related information
- Payment information when applicable

### How We Collect Information

We collect information through:

- Direct interaction during healthcare services
- Forms on our website
- Email communications
- Service contracts
- Phone or text message communications
- In-person collection at our office

## II. HOW WE USE YOUR INFORMATION

### Healthcare Operations

We use your information to:

- Provide quality healthcare services
- Coordinate your care with other healthcare providers when necessary
- Process payment for services
- Send appointment reminders
- Communicate about treatment alternatives or other health-related services
- Conduct normal healthcare operations

### SMS Communications

We use your mobile phone number to:

- Send appointment reminders
- Provide important healthcare updates
- Communicate about your care

- Send service-related notifications

## III. INFORMATION SHARING AND DISCLOSURE

### Healthcare Disclosures

As detailed in our HIPAA compliance section, we may use and disclose health information for:

- Treatment purposes
- Payment processing
- Healthcare operations
- Legal requirements
- Public health activities
- Health oversight activities
- Judicial proceedings
- Law enforcement purposes
- Specialized government functions
- Workers' compensation purposes

### Third-Party Sharing Policy

- We DO NOT share or sell customer information to third parties for marketing or promotional purposes
- All sharing mentioned in this policy excludes mobile opt-in and consent; opt-in information is never shared with anyone for any purpose
- Information sharing is limited to legitimate business purposes only (such as payment processing or required healthcare operations)
- Any business associates who receive your information are bound by contract to maintain the same level of privacy and security

## IV. YOUR RIGHTS AND CHOICES

### General Rights

You have the right to:

- Request limits on uses and disclosures of your PHI
- Request restrictions for out-of-pocket expenses paid in full
- Choose how we send information to you
- See and get copies of your PHI
- Get a list of disclosures we have made
- Correct or update your PHI
- Get a paper or electronic copy of this notice

### Communication Preferences and Opt-Out

You can opt out of communications by:

- Texting STOP, UNSUBSCRIBE, or QUIT to opt out of SMS messages
- Following the unsubscribe instructions in any email
- Contacting our office directly
- Submitting a written request

## **V. CONTACT INFORMATION**

For questions about this privacy policy or to exercise your rights:

- Phone: 818-336-1786
- Email: SolomonPsyd@gmail.com

## **VI. UPDATES TO THIS POLICY**

We can change the terms of this Notice, and such changes will apply to all information we have about you. The new Notice will be available upon request, in our office, and on our website.

## **VII. EFFECTIVE DATE**

1/15/2019

### **ACKNOWLEDGMENT OF RECEIPT**

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 checking the box below, you are acknowledging that you have received a copy of this Privacy Notice.

I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.