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Notice of Privacy Practices

Effective April 14, 2003

Your Information. Your Rights. My Responsibilities.

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.**

In certain cases I may use and share some of your information as part of your treatment. These disclosures may occur upon your written request as part of coordination with physicians or other health care providers, or for insurance billing purposes. I will not share psychotherapy notes unless required by a court order.

Your Rights and Choices

When it comes to your health information, you have certain rights. This section explains your rights and some of my responsibilities to help you.

You have the right to request an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of a summary of your counseling record and other health information I have about you. I will provide a copy of your health information within 14 days of your written request. You will be charged for one hour of my time, at the regular session rate.

You have the right to ask me to correct your medical record

- You can ask me to correct health information about you that you think is incorrect or incomplete. I may say “no” to your request, but I will tell you why in writing within 60 days.

You have the right to request confidential communications

- You can ask me to contact you in a specific way (for example, home or office phone) or to send mail to a different address. I will comply with all reasonable requests.

You have the right to ask me to limit what I use or share

- You can ask me not to use or share certain health information for treatment or payment.
- I am not required to agree to your request, and I may say “no” if it would negatively affect your care.
- If you pay for my service out-of-pocket in full, you can ask me not to share your information with your health insurer. I will comply with your request unless a law requires me to share that information.

You have the right to request a list of those with whom I’ve shared information

- You can ask for a list of the times I have shared your health information for six years prior to the date you ask, who I shared it with, and why.

You have the right to request a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. I will provide you with a paper copy promptly.

You have the right to choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- I will make sure the person has this authority and can act for you before I take any action.

You have the right to ask me to share information with your family, close friends, health care providers, or others involved in your care

If you are not able to tell me your preference, for example if you are unconscious, I may go ahead and share your information if I believe it is in your best interest. I may also share your information when needed to lessen a serious and imminent threat to health or safety.

You have the right to file a complaint if you feel your rights are violated

- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- I will not retaliate against you for filing a complaint.

Billing and Receipts for Counseling Services

If you are using your medical insurance to pay for my services, I will need to share your health information to bill and get payment from your health plan. This information will include dates and times of service, any fees paid out-of-pocket by you, and a mental health diagnosis.

At your written request, I will provide you with receipts for service through email or paper copy.

Please remember that email is not a secure method of data transmission. Though I will do all I can to protect your information, I cannot guarantee your privacy if you choose to receive statements from me through email.

My Responsibilities

- I am required by law to maintain the privacy and security of your protected health information.
- I will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- I must follow the duties and privacy practices described in this notice and give you a copy of it.
- I will not use or share your information other than as described here unless you request it in writing. You may change your mind at any time by letting me know in writing.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.