

**Marta H. Schmal, M.A.**  
**Licensed Marriage & Family Therapist, MFC #51673**  
**Notice of Privacy Practices for Protected Health Information**  
**Effective Date: June 6, 2012**

**This notice describes how protected health information about you may be used and disclosed and how you can get access to this information. Please review it carefully!**

The office is permitted by federal privacy laws to make uses and disclosures of your health information for purposes of treatment, payment, and health care operations. Protected health information is the information we create and obtain in providing our services to you. Such information may include documenting your symptoms, examination and test results, diagnoses, treatment, and applying for future care or treatment. It also includes billing documents for those services.

**Examples of Use of Your Health Information for Accounting Purposes:**

- I use a computer-based accounting program to store information about you and your therapy sessions.
- In addition, statements may be emailed to you.

**Your Health Information Rights**

**The health and billing records I maintain are the physical property of the office. The information in it, however, belongs to you. You have a right to:**

- Request a restriction on certain uses and disclosures of your health information by delivering the request to my office -- I am not required to grant the request, but I will comply with any request granted;
- Obtain a paper copy of the current Notice of Privacy Practices for Protected Health Information ("Notice") by making a request at my office;
- Request that you be allowed to inspect and copy your health record and billing record – you may exercise this right by delivering the request to my office;
- Appeal a denial of access to your protected health information, except in certain circumstances;
- Request that your health care record be amended to correct incomplete or incorrect information by delivering a request to our office. I may deny your request if you ask me to amend information that:
  - Was not created by me, unless the person or entity that created the information is no longer available to make the amendment;
  - Is not part of the health information kept by or for the office;
  - Is not part of the information that you would be permitted to inspect and copy; or,
  - Is accurate and complete.
- If your request is denied, you will be informed of the reason for the denial and will have an opportunity to submit a statement of disagreement to be maintained with your records;
- Request that communication of your health information be made by alternative means or at an alternative location by delivering the request in writing to my office;

- Obtain an accounting of disclosures of your health information as required to be maintained by law by delivering a request to our office. An accounting will not include uses and disclosures of information for treatment, payment, or operations; disclosures or uses made to you or made at your request; uses or disclosures made pursuant to an authorization signed by you; uses or disclosures made in a facility directory or to family members or friends relevant to that person's involvement in your care or in payment for such care; or, uses or disclosures to notify family or others responsible for your care of your location, condition, or your death.
- Revoke authorizations that you made previously to use or disclose information by delivering a written revocation to our office, except to the extent information or action has already been taken.

If you want to exercise any of the above rights, please contact me in person or in writing, during regular business hours: Marta H. Schmal, LMFT, 3455 American River Drive, Suite A, Sacramento, CA 95864. Tel: (916) 595-3047. I will inform you of the steps that need to be taken to exercise your rights.

### **My Responsibilities**

#### **The office is required to:**

- Maintain the privacy of your health information as required by law;
- Provide you with a notice as to our duties and privacy practices related to the information we collect and maintain about you;
- Abide by the terms of this Notice;
- Notify you if I cannot accommodate a requested restriction or request; and,
- Accommodate your reasonable requests regarding methods to communicate health information with you.

I reserve the right to amend, change, or eliminate provisions in my privacy practices and access practices and to enact new provisions regarding the protected health information we maintain. If my information practices change, I will amend my Notice. You are entitled to receive a revised copy of the Notice by calling and requesting a copy of our "Notice" or by visiting my office and picking up a copy.

### **To Request Information or File a Complaint**

If you have questions, would like additional information, or want to report a problem regarding the handling of your information, you may contact Marta H. Schmal, LMFT, Tel: 916-595-3047.

Additionally, if you believe your privacy rights have been violated, you may file a written complaint at my office by delivering the written complaint to Marta H. Schmal, LMFT, Tel: 916-595-3047. You may also file a complaint by mailing it or e-mailing it to the Secretary of Health and Human Services, whose street address and e-mail address is: Office for Civil Rights - U.S. Department of Health and Human Services - 200 Independence Avenue S.W. - Room 509F, HHH Building - Washington, D.C. 20201.

- I cannot, and will not, require you to waive the right to file a complaint with the Secretary of Health and Human Services (HHS) as a condition of receiving treatment from the office.
- I cannot, and will not, retaliate against you for filing a complaint with the Secretary of Health and Human Services.

## Other Disclosures and Uses

### **Communication with Family**

- Using my best judgment, I may disclose to a family member, other relative, close personal friend, or any other person you identify, health information relevant to that person's involvement in your care or in payment for such care if you do not object or in an emergency.

### **Notification**

- Unless you object, I may use or disclose your protected health information to notify, or assist in notifying, a family member, personal representative, or other person responsible for your care, about your location, and about your general condition, or your death.

### **Abuse & Neglect**

- I may disclose your protected health information to public authorities as allowed by law to report abuse or neglect.

### **Law Enforcement**

- I may disclose your protected health information for law enforcement purposes as required by law, such as when required by a court order, or in cases involving felony prosecution, or to the extent an individual is in the custody of law enforcement.

### **Judicial/Administrative Proceedings**

- I may disclose your protected health information in the course of any judicial or administrative proceeding as allowed or required by law, with your authorization, or as directed by a proper court order.

### **Serious Threat**

- To avert a serious threat to health or safety, I may disclose your protected health information consistent with applicable law to prevent or lessen a serious, imminent threat to the health or safety of a person or the public.

### **For Specialized Governmental Functions**

- I may disclose your protected health information for specialized government functions as authorized by law such as to Armed Forces personnel, for national security purposes, or to public assistance program personnel.

### **Other Uses**

- Other uses and disclosures, besides those identified in this Notice, will be made only as otherwise required by law or with your written authorization and you may revoke the authorization as previously provided in this Notice under "Your Health Information Rights."

### **Website**

- If I maintain a website that provides information about my entity, this Notice will be on the website.