



# HIPAA 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.

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Fax: (310) 247-4910  
[www.tmcc.org](http://www.tmcc.org)

## GENERAL RULES

We take our legal responsibilities seriously, and care about your privacy. We are obligated by law to give you this Notice of Privacy Practices. It explains our privacy practices with respect to your medical information, which includes mental health information, billing information, demographic information, and other individually-identifiable health information.

## TYPICAL USES AND DISCLOSURES

We typically use or share your health information in the following ways.

- **To treat you (“treatment”)**

We can use your health information and share it with other professionals who are treating you.

Examples: We use this information to set up an appointment with you, and to communicate with your other health care providers. If we refer you to another doctor or clinic, we may also share your information in that case.

- **To run our organization (“health care operations”)**

We can use and share your health information to run our center, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

- **To bill for your services (“payment”)**

We can use and share your health information to bill and get payment from you, health plans, or other entities.

Example: We may give information about you to your health insurance plan so it will pay for your services.

Although not required, we may ask that you sign a consent form, expressly giving us permission to use and disclose your information for the purposes listed above, namely, treatment, health care operations, and payment.

## APPOINTMENT REMINDERS

We may use your information to call to remind you of scheduled appointments. We may also call to notify you of other available treatments or services that might be helpful to you.

## OTHER USES AND DISCLOSURES

We are allowed, or sometimes required, to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet

many conditions in the law before we can share your information for these purposes.

- **Help with public health and safety issues**

We can share health information about you for certain situations, such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

- **Do research**

We can use or share your information for health research.

- **Comply with the law**

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services, if it wants to see that we're complying with federal privacy law.

- **Address workers' compensation, law enforcement, and other government requests**

- We can use or share health information about you: For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services
- Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

## **SPECIAL RESTRICTIONS ON USES AND DISCLOSURES**

Unless you give us written permission, we will not use or disclose your medical information in these cases:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

**Fundraising.** In the case of fundraising, we may contact you for fundraising efforts, but you can tell us not to contact you again.

## **OUR RESPONSIBILITIES**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

- We must follow the duties and privacy practices described in this Notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

## YOUR RIGHTS REGARDING YOUR MEDICAL FREEDOM

The law gives you many rights regarding your mental health information. You can:

- **Request a Restriction.** Ask us to restrict our uses and disclosures for purposes of treatment (except emergency treatment) and payment of confidential care operations. We do not have to agree to do this, but if we agree, we must honor the restrictions that you want. If you pay for a service out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will accommodate this request unless a law requires us to share that information. To ask for a restriction, send a written request to TMCC at the address or fax shown on this notice.
- **Request Confidential Communications.** Ask us to communicate with you in a confidential way, such as by phoning you at work rather than at home, by mailing information to a different address, or by using email for your personal email address. We will accommodate these requests if they are reasonable. If you want to ask for confidential communication, send a written request to TMCC at the address or fax shown on this notice.
- **Access.** Ask to see or to get photocopies of your medical files. By law, there are a few limited situations in which we can refuse to permit access or copying. For the most part, however, you will be able to review or have a copy of your health information within 30 days of asking us. You may have to pay a reasonable, cost-based fee for photocopies in advance. If we deny your request, we will send you a written explanation, and instruction about how to get an impartial review of our denial if one is legally required. If you want to review or get photocopies of your medical information, send a written request to TMCC at the address or fax shown at the beginning of this notice.
- **Amendment.** Ask us to amend your medical information if you think that it is incorrect or incomplete. If we agree, we will amend the information within 60 days from when you ask us. If we do not agree, you can write a statement of your position, and we will include it with your confidential information along with any rebuttal statement that we may write. If you want to ask us to amend your medical information, send a written request, including your reasons for the amendment, to TMCC at the address or fax shown on this notice.
- **Accounting.** Get a list of the disclosures that we have made of your medical information within the past six years (or a shorter period if you want), except disclosures for purposes of treatment, payment, or health care operations, and some other limited disclosures. You are entitled to one such list per year without charge. If you want more frequent lists, you will have to pay a reasonable, cost-based fee for them in advance. If you want to ask us for an accounting, send a written request to TMCC at the address or fax shown on this notice.
- **Copy of the Notice of Privacy Practices.** You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a

paper copy promptly. To request a copy send a written notice to the TMCC at the address or fax shown on this Notice.

## **CHANGES TO OUR NOTICE OF PRIVACY PRACTICES**

By law, we must abide by the terms of this Notice of Privacy Practices until we choose to change it. We reserve the right to change this notice at any time in compliance with and as allowed by law. If we change this Notice, the new privacy practices will apply to your medical information that we already have as well as to such information that we may generate in the future. If we change our Notice of Privacy Practices, we will post the new notice in our office, have copies available in our office, and post it on our Web site.

## **COMPLAINTS**

You can complain if you feel we have violated your rights.

- 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/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).

We will not retaliate against you if you make a complaint. If you want to complain to us, send a written complaint to TMCC the address or fax shown on this Notice. If you prefer, you can discuss your complaint in person or by phone.

## **CONTACT PRIVACY OFFICIAL**

- The Clinical Director is our Privacy Officer. Please contact our office at 310-271-9999.

## **EFFECTIVE DATE**

This Notice is effective as of August 5, 2019.