

Notice of Privacy Practices

Disclaimer:

This document and the information in it does not constitute legal advice. It is also not a substitute for legal or other professional advice. Users should consult their own legal counsel for advice regarding the application of the law and this document as it applies to the **HIPAA regulations**.

EFFECTIVE DATE OF THIS NOTICE This notice went into effect on March 01, 2025.

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

If you have any questions about this notice, please contact Jingjing Cui, MD at 858-667-7404, 12625 High Bluff Drive, Suite 220, San Diego, CA 92130.

Your Rights

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

Get an electronic or paper copy of your medical record

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete.
- We may say "no" to your request, but if we say no, we'll tell you why in writing.

Request confidential communications

- You can ask us to contact you in a specific way or to send mail to a different address.
- We will say "yes" to all reasonable requests.

Ask us to limit what we use or share

- Youth can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say "no" if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share the information for the purpose of payment or our operations with your health insurer.
- We will say "yes" unless a law requires us to share that information.

Get a list of those with whom we've shared information

- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make).

Get 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. We will provide you with a paper copy promptly.

Choose someone to act for you

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

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights.
- We will not retaliate against you for filing a complaint.

Our Uses and Disclosures

We typically use or share your health information to:

Treat you

- We can use your health information and share it with other professionals who are treating you, including professionals who cover for Dr. Cui when she is not available.
- Your de-identified health information may be shared in case presentations or supervision with other professionals for educational or treatment planning purposes.

Run our organization

- We can use and share your health information to provide services, improve your care, and contact you when necessary.

Bill for your services

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

We are allowed or 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 before we can share your information for these purposes. For more information see:

www.hhs.gov/ocr/privacy/hippa/understanding/consumers/index.html.

Help with public health and safety issues

- We can share health information about you for certain situations such as:
 1. preventing disease
 2. helping with product recalls
 3. reporting adverse reactions to medications
 4. **reporting suspected abuse, neglect, or domestic violence**
 5. **preventing or reducing a serious threat to anyone's health or safety**

Comply with the law

- We will share information about you if state or federal laws require it.

Work with a medical examiner or funeral director

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

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

- We can use or share health information about you:
 1. for workers' compensation claims
 2. for law enforcement purposes or with a law enforcement official
 3. with health oversight agencies for activities authorized by law
 4. for special government functions such as military, national security, and presidential protective services
 5. we can share health information about you in response to a court or administrative order, or in response to a subpoena

Your Choices

In these cases, you have both the right and choice to tell us to:

- share information with your family, friends, or others involved in your care
- share information in a disaster relief situation
- contact you for fundraising efforts
- share certain information about your drug and alcohol treatment. This information may require your written authorization before we may share it with anyone.

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

In these cases we never share your information unless you give us written permission:

- marketing purposes
- sale of your information
- most sharing of psychotherapy notes

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.
- For additional information about this Notice, see:
www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

Changes to the Terms of This Notice:

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

BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.