

# NOTICE OF PRIVACY PRACTICES

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**THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

This Notice is provided in accordance with the HIPAA Privacy Rule and California law, including the California Confidentiality of Medical Information Act.

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## **EFFECTIVE DATE**

March 23, 2026

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## **ACKNOWLEDGEMENT OF RECEIPT**

You will be asked to sign an acknowledgment that you have received this Notice.

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## **I. MY PLEDGE REGARDING YOUR HEALTH INFORMATION**

I understand that your health information is personal and confidential. I am committed to protecting your Protected Health Information (“PHI”).

I create a record of the care and services you receive. This record is necessary to provide you with quality care and to comply with legal requirements.

I am required by law to:

- Maintain the privacy and security of your PHI
- Provide you with this Notice of my legal duties and privacy practices
- Follow the terms of this Notice currently in effect
- Notify you promptly if a breach occurs that may have compromised your PHI

I reserve the right to change this Notice. Any changes will apply to all PHI I maintain and will be available upon request, in my office, and on my website.

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## II. HOW I MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

### 1. Treatment, Payment, and Health Care Operations

I may use and disclose your PHI without your written authorization for:

- **Treatment** (e.g., consulting with another provider)
- **Payment** (e.g., billing, superbills)
- **Health care operations** (e.g., scheduling, practice management, appointment reminders via phone, email, or text)

California law may impose stricter limitations in some cases, and I will comply with those requirements.

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### 2. Lawsuits and Legal Proceedings

I may disclose PHI in response to:

- Court or administrative orders
  - Subpoenas or legal processes, in accordance with California law and required safeguards
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## **III. USES AND DISCLOSURES REQUIRING YOUR WRITTEN AUTHORIZATION**

### **Psychotherapy Notes**

Psychotherapy notes receive special protection. I will not disclose these without your written authorization except in limited circumstances, including:

- Use for your treatment
  - Training or supervision
  - Legal defense
  - When required by law
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### **Marketing**

I will not use or disclose your PHI for marketing without your written authorization. You may revoke this authorization at any time in writing. If you authorize the use of a testimonial or review, you understand there is some risk once information is shared publicly.

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### **Sale of PHI**

I will never sell your PHI.

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## **IV. USES AND DISCLOSURES THAT DO NOT REQUIRE AUTHORIZATION**

I may use or disclose your PHI without authorization when permitted or required by law, including:

- Appointment reminders and communications (including email and text, if you choose to use them)
- Public health activities (e.g., suspected abuse or neglect reporting)
- Health oversight activities
- Judicial and administrative proceedings
- Law enforcement purposes
- To prevent a serious threat to health or safety (including duties under Tarasoff v. Regents of the University of California)

- Workers' compensation claims
  - Coroners or medical examiners
  - Research (with appropriate safeguards)
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## **V. ELECTRONIC COMMUNICATIONS & TELEHEALTH**

### **Telehealth Services**

I may provide services via telehealth (video or phone). I use secure, HIPAA-compliant platforms when possible. However, there are risks associated with electronic communication, including potential breaches of confidentiality due to technology failures or unauthorized access.

By choosing telehealth services, you acknowledge and accept these risks.

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### **Email, Text, and Electronic Communication**

If you choose to communicate with me via email or text message:

- These methods may not be fully secure
- There is a risk that messages could be intercepted or accessed by others
- I will use reasonable safeguards but cannot guarantee confidentiality

You may request to limit or opt out of electronic communications at any time.

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## **VI. DISCLOSURES WHERE YOU HAVE THE OPPORTUNITY TO OBJECT**

I may share your PHI with family members, friends, or others involved in your care or payment for care. You have the right to object to these disclosures.

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## **VII. YOUR RIGHTS UNDER HIPAA AND CALIFORNIA LAW**

You have the following rights:

### **1. Right to Inspect and Copy**

You may request access to your medical records. In California, records are generally provided within 15 days of your request. A reasonable fee may apply.

## **2. Right to Request Amendments**

You may request corrections to your PHI. I will respond within required legal timeframes.

## **3. Right to an Accounting of Disclosures**

You may request a list of certain disclosures of your PHI.

## **4. Right to Request Restrictions**

You may request limits on how your PHI is used or disclosed. I am not required to agree in all cases.

## **5. Right to Confidential Communications**

You may request that I contact you in a specific way (e.g., different phone number, email, or mailing address). I will accommodate reasonable requests.

## **6. Right to a Copy of This Notice**

You may request a paper or electronic copy at any time.

## **7. Right to Revoke Authorization**

You may revoke any authorization in writing at any time.

## **8. Right to Breach Notification**

You have the right to be notified if your PHI is compromised.

## **9. Additional California Privacy Rights**

California law provides additional protections, including stricter confidentiality standards and enhanced protections for mental health information.

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# **VIII. MINORS AND CONFIDENTIALITY (CALIFORNIA)**

In California, minors may consent to certain mental health services. When minors consent to their own treatment:

- They may control access to their health information
- Parents or guardians may not have access without the minor's authorization, unless permitted or required by law

I will discuss confidentiality and its limits with both minors and their parents/guardians as appropriate.

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## **IX. GOOD FAITH ESTIMATE (NO SURPRISES ACT)**

Under the federal **No Surprises Act**, you have the right to receive a **Good Faith Estimate** of the expected cost of services if you are not using insurance.

You may request this estimate before scheduling services or at any time. If you receive a bill that is significantly higher than your estimate, you have the right to dispute the charges.

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## **X. COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint:

**With this practice:**

Patricia Keblis, LMFT #162356  
Phone: 562-900-8350  
Email: [info@patriciakeblislmft.com](mailto:info@patriciakeblislmft.com)

**Or with:**

U.S. Department of Health and Human Services Office for Civil Rights  
200 Independence Ave SW  
Washington, DC 20201  
Phone: (877) 696-6775  
Website: [www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints)

You will not be penalized for filing a complaint.

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## **XI. CHANGES TO THIS NOTICE**

I reserve the right to change this Notice at any time. Updated versions will be available upon request, in my office, and on my website.