

LANA PIVOVAR

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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.

I am required by law to maintain the privacy and security of your protected health information ("PHI") and to provide you with this Notice of Privacy Practice ("Notice"). I must abide by the terms of this notice, and I must notify you if a breach of your unsecured PHI occurs. I can change the terms of this Notice, and such a change will apply to all information I have about you. The new Notice will be available upon request, in my office.

Except for the specific purposes set forth below, I will use and disclose your PHI only with your written Authorization.

Uses(Inside Practice) and Disclosures(Outside Practice) Relating to Treatment, Payments, or Health Care Operations Do Not Require Your Written Consent. I can use and disclose your PHI without your Authorization for the following reasons:

1. For Your Treatment.
2. To obtain payment for your treatment.
3. For health care Operations.

I must provide you with this Notice about my privacy practices, and such a Notice must explain how, when and why I will "use " and disclose your PHI. A "use" of PHI occurs when we share, examine, utilize, apply or analyze such information within my practice; PHI is "disclosed" when it is released, transferred, has been given to, or otherwise divulged to a third party outside of my practice. With some exceptions, I may not disclose any more of your PHI that is necessary to accomplish the purpose for which the use or disclosure is made.

By signing this Notice you acknowledge I may use your PHI, but may not disclose your PHI without further written authorization by you. I do not keep separate treatment notes and psychotherapy notes, all my notes are treatment notes and can be found in the client file. Your PHI will not be disclosed for marketing purposes. If you pay for any service out-of-pocket, then you have a right to restrict disclosures of PHI to health plans for that service.

I acknowledge receipt of Notice of Privacy Practices of Lana Pivovar LMFT .

Signature: _____ Date: _____

Signature: _____ Date: _____