

**Vanita Kunert, LMFT**

## **Notice of Privacy Practices**

*Your Information.  
Your Rights.  
Our Responsibilities.*

**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.**

# Your Rights

**When it comes to your health information you have certain rights.**

**This section explains some of them and my responsibility to help you**

<b>Get an electronic or paper copy of your medical record</b>	<ul style="list-style-type: none"><li>• You can ask to see or get an electronic or paper copy of your medical record and other health information I have about you. Ask me how to do this</li><li>• I will provide a copy or a summary of your health information, usually within 30 days of your request.</li><li>• I may charge a reasonable, cost-based fee</li></ul>
<b>Ask me to correct your medical record</b>	<ul style="list-style-type: none"><li>• You can ask me to correct health information about you that you think is incorrect or incomplete. Ask me how to do this.</li><li>• I may say “no” to your request, but I will tell you why in writing within 60 days</li></ul>
<b>Request confidential communications</b>	<ul style="list-style-type: none"><li>• You can ask me to contact you in a specific way (for example, home or office phone) or to send mail to a different address.</li><li>• I will say “yes” to all reasonable requests.</li></ul>
<b>Ask me to limit what I use or share</b>	<ul style="list-style-type: none"><li>• You can ask me not to use or share certain health information for treatment, payment, or our operations.</li><li>• I am not required to agree to your request, and I may say “no” if it would affect your care.</li><li>• If you pay for a service or health care item out-of-pocket in full, you can ask me not to share that information for the purpose of payment or our operations with your health insurer.</li><li>• I will say “yes” unless a law requires us to share that information.</li></ul>

## Your Rights

<p><b>Get a list of those with whom I've shared information</b></p>	<ul style="list-style-type: none"> <li>• You can ask for a list (accounting) of the times I've shared your health information for six years prior to the date you ask, who I shared it with, and why.</li> <li>• I 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). I'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.</li> </ul>
<p><b>Get a copy of this privacy notice</b></p>	<ul style="list-style-type: none"> <li>• You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically I will provide you with a paper copy promptly.</li> </ul>
<p><b>Choose someone to act for you</b></p>	<ul style="list-style-type: none"> <li>• If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.</li> <li>• I will make sure the person has this authority and can act for you before we take any action.</li> </ul>
<p><b>File a complaint if you feel your rights are violated</b></p>	<ul style="list-style-type: none"> <li>• You can complain if you feel I have violated your rights by contacting me using the information on the last page.</li> <li>• 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 <a href="http://www.hhs.gov/ocr/privacy/hipaa/complaints/">www.hhs.gov/ocr/privacy/hipaa/complaints/</a>.</li> <li>• I will not retaliate against you for filing a complaint.</li> </ul>

## Your Choices

**For certain health information, you can tell me your choices about what I share.** If you have a clear preference for how I share your information in the situations described below, talk to me. Tell me what you want me to do, and I will follow your instructions.

<b>In these cases an authorization is necessary but they are not applicable to my practice.</b>	<ul style="list-style-type: none"><li>• Marketing Purposes-As a psychotherapist, I will not use or disclose your PHI for marketing purposes</li><li>• Sale of PHI-As a psychotherapist, I will not sell your PHI in the regular course of my business</li><li>• Psychotherapy Notes- I do not keep "psychotherapy notes" as that term is defined in 45 CFR § 164.50; rather, I keep a record of your treatment.</li></ul>
<b>In these cases you have the right to limit or object</b>	<ul style="list-style-type: none"><li>• Disclosures to family, friends, or others. I may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. My preference is always to get an authorization from you. The opportunity to consent may be obtained retroactively in emergency situations.</li></ul>

# My Uses and Disclosures

## How do I typically use or share your health information?

I typically use or share your information in the following ways.

<b>Treat you</b>	<ul style="list-style-type: none"><li>• For your treatment I can use and disclose your PHI to treat you, which may include disclosing your PHI to another health care professional. For example, if you are being treated by a physician or a psychiatrist, I can disclose your PHI to him or her to help coordinate your care, although my preference is for you to give me an authorization to do so</li></ul>
<b>Run My Business</b>	<ul style="list-style-type: none"><li>• For health care operations I can use and disclose your PHI for purposes of conducting health care operations pertaining to my practice, including contacting you when necessary. For example, I may need to disclose your PHI to my attorney to obtain advice about complying with applicable laws.</li></ul>
<b>Bill For your services</b>	<ul style="list-style-type: none"><li>• To obtain payment for your treatment I can use and disclose your PHI to bill and collect payment for the treatment and services provided by me to you. For example, I might send your PHI to your insurance company to get paid for the healthcare services that I have provided to you, although my preference is for you to give me an authorization to do so</li></ul>

# My Uses and Disclosures

## How else can I share your or use your health information?

I am 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. I have to meet many conditions in the law before I can share your information for these purposes. For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

<b>Help with public health and safety issues</b>	<ul style="list-style-type: none"><li>• For public health activities, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone’s health or safety.</li><li>• For health oversight activities, including audits and investigations</li></ul>
<b>Research</b>	<ul style="list-style-type: none"><li>• I can use or share your information for health research</li></ul>
<b>Comply with the law</b>	<ul style="list-style-type: none"><li>• I 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 I am complying with federal privacy law.</li></ul>
<b>Work with a medical examiner or funeral director</b>	<ul style="list-style-type: none"><li>• I can share health information with a coroner, medical examiner, or funeral director when an individual dies.</li></ul>

## My Uses and Disclosures

<p><b>Address workers compensation, law enforcement and other government requests</b></p>	<ul style="list-style-type: none"> <li>• I can use or share health information about you:</li> <li>• For workers' compensation claims, although my preference is to get an authorization from you.</li> <li>• For law enforcement purposes or with a law enforcement official</li> <li>• With health oversight agencies for activities authorized by law</li> <li>• Specialized government functions, including, ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counter-intelligence operations; or, helping to ensure the safety of those working within or housed in correctional institutions</li> </ul>
<p><b>Respond to lawsuits and legal actions</b></p>	<ul style="list-style-type: none"> <li>• I can share health information about you in response to a court or administrative order, or in response to a subpoena, although my preference is to get authorization from you.</li> </ul>

## My Responsibilities

I am required by law to maintain the privacy and security of your protected health information.

I will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

I must follow the duties and privacy practices described in this notice and give you a copy of it.

I will not use or share your information other than as described here unless you tell us I can in writing. If you tell me I can, you may change your mind at any time. Let me know in writing if you change your mind. For more information

<http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html>.

### **Changes to the Terms of This Notice**

I can change the terms of this notice, and the changes will apply to all information I have about you. The new notice will be available upon request, in my office, and on my web site.

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