



**Erica Thomas, M.A., LMFT**  
**Licensed Marriage and Family Therapist #77166**

**PRIVACY NOTICE**

**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 privacy is important to me.**

Because I understand that medical information about you and your family member is personal, I am committed to protecting your medical information.

This notice will tell you about the ways in which I may use and disclose medical information about you. This notice also describes your rights and certain obligations I have regarding the use and disclosure of your medical information.

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

**USES AND DISCLOSURES:**

- Your protected health information is accessed and used for healthcare related purposes only.
- Your protected health information is never sold, rented, transferred, exchanged and/or used for non-healthcare related purposes without your written authorization.
- Your protected health information is disclosed to third-party entities without written authorization for the purpose of treatment, to obtain payment for treatment, and for healthcare operations.

**CERTAIN CIRCUMSTANCES**

Your protected health information can be disclosed without your written authorization in certain limited circumstances.

- For my use in treating you or consulting with other Mental Health professionals on your treatment
- For my use in training or supervising other Mental Health professionals
- Medical emergencies
- When required by law
- With individuals involved in your care
- When requested by a public health agency
- When requested by a law enforcement agency

For any purposes other than treatment, obtaining payment, healthcare operations, or certain circumstances, I will ask for your written authorization before using or disclosing your Protected Health Information. If you choose to sign an authorization to disclose Protected Health Information, you can revoke that authorization in writing at any time.

Appointment reminder: I may use or disclose your Protected Health Information to provide you with appointment reminders such as voicemail messages, postcards or letters.

**Disclosures to Parents as Personal Representatives of Minors**

In most cases, I may disclose your minor child's medical information to you. In some situations, however, I am permitted or even required by law to deny your access to your minor child's medical information. An example of when I must deny such access is when I feel that disclosure of such information would be detrimental to the child's

treatment and/or the therapeutic relationship. Another situation when we must deny access to parents is when minors have adult rights to make their own health care decisions.

**PATIENT RIGHTS**

You have the right to request...

- In writing, to inspect and/or receive a copy of your health information. (Psychotherapy notes are excluded from this right)\*
  - An alternate means or location to receive communications regarding your health information. \*
  - In writing, to amend or correct any recorded health information within my possession. \* \*\*
  - In writing, to restrict some of the uses and disclosures of your health information. \* \*\*
  - In writing, an accounting of certain disclosures of your health information that were made by Me.\*
- \* Conditions and limitations may apply; obtain additional information from me.  
 \*\* I may deny your request, but you will be notified of the reason for the denial.

**HOW TO COMPLAIN ABOUT MY PRIVACY PRACTICES**

If you feel that I have violated your privacy rights, you may file a complaint with me, as the Privacy Officer for my Practice. My Address and Phone Number are:

Erica Thomas, LMFT  
P. O. Box 1394  
Rohnert Park, CA 94928  
707-206-8698

You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by:

1. Sending a letter to: 200 Independence Ave., SW., Washington, D.C. 20201.
2. Calling 1-877-696-6775; or
3. Visiting [www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints).

I will not retaliate against you if you file a complaint about my privacy practices.

**ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY PRACTICES NOTICE**

I acknowledge that I have received or been offered a copy of the Notice of Privacy Practices which includes acknowledgement of adherence to HIPAA guidelines. I understand that if I have any questions regarding the Notice of Privacy Practices or my privacy rights, I can discuss it with my therapist, Erica Thomas, LMFT

Name of Client \_\_\_\_\_  
(Please print)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

If not signed by the client, please indicate relationship:

\_\_\_\_\_ Parent or guardian of minor client

\_\_\_\_\_ Other client representative (specify):