BLISSFUL MARRIAGE & FAMILY THERAPY
Dr. Adrianne Bliss-Williams, MA, LMFT, LAADC, Psy.D.
LICENSED MARRIAGE AND FAMILY THERAPIST, M.F.T. #94903
P.O. BOX 1253 WESTWOOD, CA 96137
(530) 237-4343, EMAIL: dr.blisswilliams@gmail.com
VIRTUAL OFFICE: https://doxy.me/drblisswilliams

Notice of Privacy Practices

This notice describes how health information about you may be used and disclosed and how you can obtain access to this information. Please review this notice carefully. The privacy of your health information is important to us.

Our Legal Duty

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties and your rights concerning your health information. We must follow the privacy practices that are described in this Notice until we replace it.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available upon request.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for copies of this Notice, please request in person at our office or by sending a written request to the contact information listed at the end of this Notice.

Uses and Disclosures of Health Information

We use and disclose health information about you for treatment, payment and healthcare operations. For example:

Treatment: We may use or disclose your health information to a physician or other healthcare provider providing treatment to you.

Payment: We may use and disclose your health information to obtain payment for services we provide you (if applicable).

Healthcare Operations: We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

Your Authorization: In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization to use your health information or disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in affect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

To Your Family and Friends: We must disclose your health information to you, as described in the Patients Rights section of this Notice. We may disclose your health information to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so.

Persons Involved in Care: We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of health information.

Marketing Health-Related Services: We will not use your health information for marketing communications without your written authorization.

Blissful Therapy

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Required by Law: We may use or disclose your health information when we are required to do so by law.

Abuse or Neglect: We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health and safety of others.

National Security: We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institutions or law enforcement officials who have lawful custody of protected health information of inmate or patient under certain circumstances.

Appointment Reminders: We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, postcards or letters).

Patient Rights

Access: You have a right to look at or obtain copies of your health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. You must make a request in writing to obtain access to your health information. You may obtain a form to request access and/or copies by using the contact information listed at the end of this Notice.

Disclosure Accounting: You have the right to receive a list of instances in which we disclosed your health information for purposes other than treatment, payment, healthcare operations and certain other activities. Your request must state a time period to be covered, may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you would like the list (for example, on paper, electronically). The first list you request within a twelve month period will, if fulfilled, be free. For additional lists, we may charge you for the cost of providing the list. We will notify you of the costs involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Restrictions: You have the right to request that we place additional restrictions on our use and disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).

Alternate Communication: You have the right to request that we communicate with you about your health information by alternative means or alternative locations. You must make this request in writing. Your request must specify the alternative means or location, and provide satisfactory explanation of how payments will be handled under the alternative means or location you request.

Amendment: You have the right to request that we amend your health information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request under certain circumstances.

Electronic Notice: If you received this Notice on our website or by electronic mail, you are entitled to receive this Notice in written form.

Questions and Complaints:

If you want more information about our privacy practices or have questions or concerns, please contact us.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using our contact information. You may also submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request. You will not be penalized for filing a complaint. We support your right to the privacy of your health information. Please sign the Acknowledgment of Receipt of Notice of Privacy Practices on the following page and return to the office. Please obtain the actual "Notice" for your records.

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Health Insurance & Confidentiality of Records: The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal law that is designed to protect the privacy of patient information, provide for the electronic and physical security of health and patient medical information, and simplify billing and other electronic transactions by standardizing codes and procedures. A piece of this law recently took effect and is known as the HIPAA Privacy Rule. The HIPAA Privacy Rule creates a minimum federal standard for the use and disclosure of Protected Health Information (PHI) by health care organizations. One of the requirements of the Privacy Rule is that we give to you a **Notice of Privacy Practices (NPP)** that describes your rights and protections regarding your health care records (PHI). The Notice explains your rights regarding your private healthcare information, including your right to:

- Inspect and copy your medical records;
- Request an amendment or addendum to your medical records;
- An accounting of disclosures of your private health information;
- Request restrictions to release your medical information; and
- Request restrictions of confidential communications with you.

Upon request, **paper copies** may also be obtained.

By signing this contract, you are consenting to a release of information about your case to your health plan for claims, certification and case management for the purposes of treatment and payment. Dr. Adrianne Bliss-Williams has no control or knowledge over what insurance companies do with the information that is submitted or who has access to this information. You must be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk to confidentiality, privacy or to future capacity to obtain health or life insurance.

I have reviewed and understand Dr. Adrianne Bliss-Williams' HIPAA policies- Notice of Privacy Practices and have been made aware of how my records may be used and disclosed

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Acknowledgment of Receipt of Notice of Privacy Practices

Please read our Notice of Privacy Practices and sign this Acknowledgment of Receipt of our Notice of Privacy Practices. Detach the "receipt" from the Notice and return to the office. Please obtain the Notice for your records.

We are committed to protecting your personal health information in compliance with the law. Our Notice of Privacy Practices states:

- Our obligation under the law with respect to your personal health information.
- How we may use and disclose the health information we maintain about you.
- Your rights relating to your personal health information.
- Our rights to change our Notice or Privacy Practices.
- How to file a complaint if you believe your privacy rights have been violated.
- The conditions that apply to uses and disclosures not described in the Notice.
- How you may receive further information about our privacy practices.

I hereby acknowledge that I have received and read Blissful Marriage and Family Therapy's Notice of Privacy Practices. I understand I may request additional copies of the Notice at any time. My typed name is my signature if obtained electronically.

Participant's Name:_____ DOB:_____

Participant/Guardian's Signature:_____ Date:_____

Printed Name if Signature is NOT Participant's:_____