



THOMAS STERLING, LCSW LCS#18845

PROVIDER 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.

USES AND DISCLOSURES: WE USE HEALTH INFORMATION ABOUT YOU FOR TREATMENT, TO OBTAIN PAYMENT FOR TREATMENT, FOR ADMINISTRATIVE PURPOSES, AND TO EVALUATE THE QUALITY OF CARE THAT YOU RECEIVE. CONTINUITY OF CARE IS PART OF TREATMENT AND YOUR RECORDS MAY BE SHARED WITH OTHER PROVIDERS TO WHOM YOU ARE REFERRED. INFORMATION MAY BE SHARED BY PAPER MAIL, ELECTRONIC MAIL, FAX, OR OTHER METHODS. WE MAY USE OR DISCLOSE IDENTIFIABLE HEALTH INFORMATION ABOUT YOU WITHOUT YOUR AUTHORIZATION IN SEVERAL SITUATIONS, BUT BEYOND THOSE SITUATIONS, WE WILL ASK FOR YOUR WRITTEN AUTHORIZATION BEFORE USING OR DISCLOSING ANY IDENTIFIABLE HEALTH INFORMATION ABOUT YOU.

YOUR RIGHTS: IN MOST CASES, YOU HAVE THE RIGHT TO LOOK AT OR GET A COPY OF HEALTH INFORMATION ABOUT YOU. IF YOU REQUEST COPIES, WE WILL CHARGE YOU NORMAL PHOTOCOPY FEES. YOU ALSO HAVE THE RIGHT TO RECEIVE A LIST OF CERTAIN TYPES OF DISCLOSURES OF YOUR INFORMATION THAT WE MADE. IF YOU BELIEVE THAT INFORMATION IN YOUR RECORD IS INCORRECT, YOU HAVE THE RIGHT TO REQUEST THAT WE CORRECT THE EXISTING INFORMATION.

OUR LEGAL DUTY: WE ARE REQUIRED BY LAW TO PROTECT THE PRIVACY OF YOUR INFORMATION, PROVIDE THIS NOTICE ABOUT OUR INFORMATION PRACTICES, FOLLOW THE INFORMATION PRACTICES THAT ARE DESCRIBED IN THIS NOTICE, AND SEEK YOUR ACKNOWLEDGEMENT OF RECEIPT OF THIS NOTICE. BEFORE WE MAKE A SIGNIFICANT CHANGE IN OUR POLICIES, WE WILL CHANGE OUR NOTICE AND POST THE NEW NOTICE IN THE WAITING AREA.

YOU CAN ALSO REQUEST A COPY OF OUR NOTICE AT ANY TIME. FOR MORE INFORMATION ABOUT OUR PRIVACY PRACTICES, CONTACT THE PERSON LISTED BELOW.

COMPLAINTS: IF YOU ARE CONCERNED THAT WE HAVE VIOLATED YOUR PRIVACY RIGHTS, OR YOU DISAGREE WITH A DECISION WE MADE ABOUT ACCESS TO YOUR RECORDS, YOU MAY CONTACT THE PERSON LISTED BELOW. YOU MAY ALSO SEND A WRITTEN COMPLAINT TO THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES.

IF YOU HAVE ANY QUESTIONS OR COMPLAINTS, PLEASE CONTACT:

THOMAS STERLING, LCSW
2001 N STREET, SUITE 240
SACRAMENTO, CA 95811
(916) 743-1763

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

FOLLOWING ARE EXAMPLES OF THE TYPES OF USES AND DISCLOSURES OF YOUR PROTECTED HEALTH CARE INFORMATION THAT THE PROVIDER IS PERMITTED TO MAKE. THESE EXAMPLES ARE NOT MEANT TO BE EXHAUSTIVE, BUT TO DESCRIBE THE TYPES OF USES AND DISCLOSURES.

TREATMENT: WE WILL USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION TO PROVIDE, COORDINATE, OR MANAGE YOUR HEALTH CARE AND ANY RELATED SERVICES. FOR EXAMPLE, YOUR PROTECTED HEALTH INFORMATION MAY BE PROVIDED TO A DOCTOR TO WHOM YOU HAVE BEEN REFERRED TO ENSURE THAT THE DOCTOR HAS THE NECESSARY INFORMATION TO DIAGNOSE OR TREAT YOU.

PAYMENT: YOUR PROTECTED HEALTH INFORMATION WILL BE USED, AS NEEDED, IN ACTIVITIES RELATED TO OBTAINING PAYMENT FOR YOUR HEALTHCARE SERVICES. FOR EXAMPLE, OBTAINING APPROVAL FOR A



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HOSPITAL STAY MAY REQUIRE THAT YOUR RELEVANT PROTECTED HEALTH INFORMATION BE DISCLOSED TO YOUR HEALTH INSURANCE COMPANY TO OBTAIN APPROVAL FOR THE ADMISSION.

HEALTHCARE OPERATIONS: WE MAY USE OR DISCLOSE, AS NEEDED, YOUR PROTECTED HEALTH INFORMATION IN ORDER TO SUPPORT OUR BUSINESS ACTIVITIES. FOR EXAMPLE, WHEN WE REVIEW EMPLOYEE PERFORMANCE, WE MAY NEED TO LOOK AT WHAT AN EMPLOYEE HAS DOCUMENTED IN YOUR MEDICAL RECORD.

BUSINESS ASSOCIATES: WE WILL SHARE YOUR PROTECTED HEALTH INFORMATION WITH THIRD PARTY BUSINESS ASSOCIATES THAT PERFORM VARIOUS ACTIVITIES (E.G. BILLING, TRANSCRIPTION SERVICES). WHENEVER AN ARRANGEMENT BETWEEN US AND A BUSINESS ASSOCIATE INVOLVES THE USE OR DISCLOSURE OF YOUR PROTECTED HEALTH INFORMATION, WE WILL HAVE A WRITTEN CONTRACT THAT CONTAINS TERMS THAT WILL PROTECT THE PRIVACY OF YOUR PROTECTED HEALTH INFORMATION.

MARKETING: WE MAY USE OR DISCLOSE CERTAIN HEALTH INFORMATION IN THE COURSE OF PROVIDING YOU WITH INFORMATION ABOUT TREATMENT ALTERNATIVES OR HEALTH RELATED SERVICES. YOU MAY CONTACT US TO REQUEST THAT THESE MATERIALS NOT BE SENT TO YOU.

WRITTEN AUTHORIZATION: OTHER USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION WILL BE MADE ONLY WITH YOUR WRITTEN AUTHORIZATION, UNLESS OTHERWISE PERMITTED OR REQUIRED BY LAW AS DESCRIBED BELOW. YOU MAY REVOKE THIS AUTHORIZATION, AT ANY TIME, IN WRITING.

OPPORTUNITY TO OBJECT

WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION IN THE FOLLOWING INSTANCES. YOU HAVE THE OPPORTUNITY TO OBJECT. IF YOU ARE NOT PRESENT OR ABLE TO OBJECT, THEN YOUR PROVIDER MAY, USING PROFESSIONAL JUDGMENT, DETERMINE WHETHER THE DISCLOSURE IS IN YOUR BEST INTEREST.

FACILITY DIRECTORIES: UNLESS YOU OBJECT, WE WILL USE AND DISCLOSE IN OUR FACILITY DIRECTORY YOUR NAME, THE LOCATION AT WHICH YOU ARE RECEIVING CARE, AND YOUR CONDITION (IN GENERAL TERMS).

OTHERS INVOLVED IN YOUR HEALTHCARE: UNLESS YOU OBJECT, WE MAY DISCLOSE TO A MEMBER OF YOUR FAMILY, A RELATIVE, A CLOSE FRIEND OR ANY OTHER PERSON YOU IDENTIFY, YOUR PROTECTED HEALTH INFORMATION THAT DIRECTLY RELATES TO THAT PERSON'S INVOLVEMENT IN YOUR HEALTHCARE.

EMERGENCIES: IN AN EMERGENCY TREATMENT SITUATION, YOUR PROVIDER SHALL TRY TO PROVIDE YOU A NOTICE OF PRIVACY PRACTICES AS SOON AS REASONABLY POSSIBLE AFTER TREATMENT IS PROVIDED.

COMMUNICATION BARRIERS: WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION IF YOUR PROVIDER ATTEMPTS TO OBTAIN ACKNOWLEDGEMENT FROM YOU OF THE NOTICE OF PRIVACY PRACTICES BUT IS UNABLE TO DO SO DUE TO SUBSTANTIAL COMMUNICATION BARRIERS AND THE PROVIDER DETERMINES, USING PROFESSIONAL JUDGMENT THAT YOU WOULD AGREE.

WITHOUT OPPORTUNITY TO OBJECT

WE MAY USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION IN THE FOLLOWING SITUATIONS WITHOUT YOUR AUTHORIZATION OR OPPORTUNITY TO OBJECT:

PUBLIC HEALTH: FOR PUBLIC HEALTH PURPOSES TO A PUBLIC HEALTH AUTHORITY OR TO A PERSON WHO IS AT RISK OF CONTRACTING OR SPREADING YOUR DISEASE.

HEALTH OVERSIGHT: TO A HEALTH OVERSIGHT AGENCY FOR ACTIVITIES AUTHORIZED BY LAW, SUCH AS AUDITS, INVESTIGATIONS, AND INSPECTIONS.

ABUSE OR NEGLECT: TO AN APPROPRIATE AUTHORITY TO REPORT CHILD ABUSE OR NEGLECT, IF WE BELIEVE THAT YOU HAVE BEEN A VICTIM OF ABUSE, NEGLECT, OR DOMESTIC VIOLENCE.

FOOD AND DRUG ADMINISTRATION: AS REQUIRED BY THE FOOD AND DRUG ADMINISTRATION TO TRACK PRODUCTS.



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LEGAL PROCEEDINGS: IN THE COURSE OF LEGAL PROCEEDINGS.

LAW ENFORCEMENT: FOR LAW ENFORCEMENT PURPOSES, SUCH AS PERTAINING TO VICTIMS OF A CRIME OR TO PREVENT A CRIME.

CORONERS, FUNERAL DIRECTORS, AND ORGAN DONATION: FOR THE CORONER, MEDICAL EXAMINER, OR FUNERAL DIRECTOR TO PERFORM DUTIES AUTHORIZED BY LAW AND FOR ORGAN DONATION PURPOSES.

RESEARCH: TO RESEARCHERS WHEN THEIR RESEARCH HAS BEEN APPROVED BY AN INSTITUTIONAL REVIEW BOARD.

SOLDIERS, INMATES, AND NATIONAL SECURITY: TO MILITARY SUPERVISORS OF ARMED FORCES PERSONNEL OR TO CUSTODIANS OF INMATES, AS NECESSARY. PRESERVING NATIONAL SECURITY MAY ALSO NECESSITATE SHARING PROTECTED HEALTH INFORMATION.

WORKERS= COMPENSATION: TO COMPLY WITH WORKERS= COMPENSATION LAWS.

COMPLIANCE: TO THE DEPARTMENT OF HEALTH AND HUMAN SERVICES TO INVESTIGATE OUR COMPLIANCE.

IN GENERAL, WE MAY USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION AS REQUIRED BY LAW AND LIMITED TO THE RELEVANT REQUIREMENTS OF THE LAW.

YOU HAVE THE RIGHT TO:

INSPECT AND COPY YOUR PROTECTED HEALTH INFORMATION. HOWEVER, WE MAY REFUSE TO PROVIDE ACCESS TO CERTAIN PSYCHOTHERAPY NOTES OR INFORMATION FOR A CIVIL OR CRIMINAL PROCEEDING.

REQUEST A RESTRICTION OF YOUR PROTECTED HEALTH INFORMATION. YOU MAY ASK US TO USE OR DISCLOSE CERTAIN PARTS OF YOUR PROTECTED HEALTH INFORMATION FOR TREATMENT, PAYMENT OR HEALTHCARE OPERATIONS. YOU MAY ALSO REQUEST THAT INFORMATION NOT BE DISCLOSED TO FAMILY MEMBERS OR FRIENDS WHO MAY BE INVOLVED IN YOUR CARE.

YOUR REQUEST MUST STATE THE SPECIFIC RESTRICTION REQUESTED AND TO WHOM YOU WANT THE RESTRICTION TO APPLY. WE ARE NOT REQUIRED TO AGREE TO A RESTRICTION THAT YOU MAY REQUEST, BUT IF WE DO AGREE, THAN WE MUST BEHAVE ACCORDINGLY.

REQUEST TO RECEIVE CONFIDENTIAL COMMUNICATIONS FROM US BY ALTERNATIVE MEANS OR AT AN ALTERNATIVE LOCATION. WE WILL ACCOMMODATE REASONABLE REQUESTS. WE MAY ALSO CONDITION THIS ACCOMMODATION BY ASKING YOU FOR INFORMATION AS TO HOW PAYMENT WILL BE HANDLED OR SPECIFICATION OF AN ALTERNATIVE ADDRESS OR OTHER METHOD OF CONTACT. WE WILL NOT REQUEST AN EXPLANATION AS TO THE BASIS FOR THE REQUEST.

ASK YOUR PROVIDER TO AMEND YOUR PROTECTED HEALTH INFORMATION. YOU MAY REQUEST AN AMENDMENT OF PROTECTED HEALTH INFORMATION ABOUT YOU. IF WE DENY YOUR REQUEST FOR AMENDMENT, YOU HAVE THE RIGHT TO FILE A STATEMENT OF DISAGREEMENT WITH US, AND YOUR MEDICAL RECORD WILL THE NOTE THE DISPUTED INFORMATION.

RECEIVE AN ACCOUNTING OF CERTAIN DISCLOSURES WE MAY HAVE MADE. THIS RIGHT APPLIES TO DISCLOSURES FOR PURPOSES OTHER THAN TREATMENT, PAYMENT OR HEALTHCARE OPERATIONS. IT EXCLUDES DISCLOSURES WE MAY HAVE MADE TO YOU, FOR A FACILITY DIRECTORY, TO FAMILY MEMBERS OR FRIENDS INVOLVED IN YOUR CARE, OR FOR NOTIFICATION PURPOSES. YOU HAVE THE RIGHT TO RECEIVE SPECIFIC INFORMATION REGARDING THESE DISCLOSURES. THE RIGHT TO RECEIVE THIS INFORMATION IS SUBJECT TO CERTAIN EXCEPTIONS, RESTRICTIONS AND LIMITATIONS.

OBTAIN A PAPER COPY OF THIS NOTICE FROM US, UPON REQUEST, EVEN IF YOU HAVE AGREED TO ACCEPT THIS NOTE ELECTRONICALLY.



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LIMITS TO CONFIDENTIALITY

CONTENTS OF ALL THERAPY SESSIONS ARE CONSIDERED TO BE CONFIDENTIAL. BOTH VERBAL INFORMATION AND WRITTEN RECORDS ABOUT A CLIENT CANNOT BE SHARED WITH ANOTHER PARTY WITHOUT THE WRITTEN CONSENT OF THE CLIENT OR THE CLIENT'S LEGAL GUARDIAN. NOTED EXCEPTIONS ARE AS FOLLOWS:

DUTY TO WARN AND PROTECT

WHEN A CLIENT DISCLOSES INTENTIONS OR A PLAN TO HARM ANOTHER PERSON, THE MENTAL HEALTH PROFESSIONAL IS REQUIRED TO WARN THE INTENDED VICTIM AND REPORT THIS INFORMATION TO LEGAL AUTHORITIES. IN CASES IN WHICH THE CLIENT DISCLOSES OR IMPLIES A PLAN FOR SUICIDE, THE HEALTH CARE PROFESSIONAL IS REQUIRED TO NOTIFY LEGAL AUTHORITIES AND MAKE REASONABLE ATTEMPTS TO NOTIFY THE FAMILY OF THE CLIENT.

ABUSE OF CHILDREN AND VULNERABLE ADULTS

IF A CLIENT STATES OR SUGGESTS THAT HE OR SHE IS ABUSING A CHILD (OR VULNERABLE ADULT) OR HAS RECENTLY ABUSED A CHILD (OR VULNERABLE ADULT), OR A CHILD (OR VULNERABLE ADULT) IS IN DANGER OF ABUSE, THE MENTAL HEALTH PROFESSIONAL IS REQUIRED TO REPORT THIS INFORMATION TO THE APPROPRIATE SOCIAL SERVICE AND/OR LEGAL AUTHORITIES.

PRENATAL EXPOSURE TO CONTROLLED SUBSTANCES

MENTAL HEALTH CARE PROFESSIONALS ARE REQUIRED TO REPORT ADMITTED PRENATAL EXPOSURE TO CONTROLLED SUBSTANCES THAT ARE POTENTIALLY HARMFUL.

MINORS/GUARDIANSHIP

PARENTS OR LEGAL GUARDIANS OF NON-EMANCIPATED MINOR CLIENTS HAVE THE RIGHT TO ACCESS THE CLIENTS' RECORDS.

INSURANCE PROVIDERS (WHEN APPLICABLE)

INSURANCE COMPANIES AND OTHER THIRD-PARTY PAYERS ARE GIVEN INFORMATION THAT THEY REQUEST REGARDING SERVICES TO CLIENTS. INFORMATION THAT MAY BE REQUESTED INCLUDES, BUT IS NOT LIMITED TO: TYPES OF SERVICE, DATES/TIMES OF SERVICE, DIAGNOSIS, TREATMENT PLAN DESCRIPTION OF IMPAIRMENT, PROGRESS OF THERAPY, CASE NOTES, AND SUMMARIES.



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THANK YOU FOR UNDERSTANDING OUR NOTICE OF PRIVACY PRACTICES. YOUR SIGNATURE BELOW ACKNOWLEDGES THAT YOU HAVE RECEIVED AND REVIEWED THIS NOTICE AND THAT YOU UNDERSTAND THE INFORMATION CONTAINED IN THIS DOCUMENT.
I HAVE RECEIVED AND REVIEWED THE NOTICE OF PRIVACY PRACTICES AND AM AWARE OF THE ABOVE LIMITS OF CONFIDENTIALITY AND UNDERSTAND THEIR MEANINGS AND RAMIFICATIONS.

CLIENT SIGNATURE (CLIENT'S PARENT/GUARDIAN IF UNDER 18)

TODAY'S DATE