



Uplifting Therapy

Licensed Marriage and Family Therapist
Brenda Franks, Lic. # LMFT 96217
PH: 530.645.2278 FAX: 530.441.1277

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.

COMMITMENT TO YOUR PRIVACY

My practice is dedicated to maintaining the privacy of your personal health information as part of providing professional care. I am required by law to keep your information private. These laws are complicated, but I must give you this important information.

I will use the information I collect about you mainly to provide you with treatment, to arrange payment for my services, and for some other business activities that are called, in the law, health care operations. After you have read this notice, I will ask you to sign a consent form to let me use and share your information in these ways. If you do not consent and sign this form, I cannot treat you. If I want to use or send, share, or release your information for other purposes, I will discuss this with you and ask you to sign an authorization form to allow this.

There are some times when the laws require me to use or share your information. For example: 1. When there is a serious threat to your or another's health and safety or to the public. I will only share information with persons who are able to help prevent or reduce the threat.

1. When I am required to do so by lawsuits and other legal or court proceedings.
2. If a law enforcement official requires me to do so.
3. For worker's compensation and similar benefit programs.
4. There may be some other rare situations.

YOUR RIGHTS REGARDING YOUR HEALTH

1. You can ask me to communicate with you in a particular way or at a certain place that is more private for you. For example, you can ask me to call you at home, and not at work, to schedule or cancel an appointment. I will try to accommodate to the best of my ability.
2. You can ask us to limit what I tell people involved in your care or the payment of your care, such as family members and friends.
3. You have the right to look at the health information I have about you, such as your medical and billing records. If you wanted a copy of the records you would have to submit the request in writing and I may have to charge you for it. An appropriate



Uplifting Therapy

Licensed Marriage and Family Therapist
Lic. # LMFT 96217
PH: 530.645.2278 FAX: 530.441.1277

amount of time would also have to be allotted to obtain the records. If you are using your medical insurance to pay for my services, I will need to share your health information to bill and get payment from your health plan. This information will include dates and times of service, any fees paid out of pocket by you, and a mental health diagnosis. At your written request, I will provide you with receipts for services through emails or paper copy. **Please remember that email is not a secure method of data transmission. I cannot guarantee your privacy if you choose to receive statements from me through email.**

4. If you believe that the information in your records is incorrect or missing something important, you can ask me to make additions to your records or correct them. You have to make this request in writing. You must also include the reasons you want the change.
5. You have the right to a copy of this notice. If I change this notice, I will notify you.
6. You have the right to file a complaint if you believe your privacy rights have been violated. You can file a complaint with the Secretary of the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Ave., S. W., Washington, D.C. 20201; calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. I will not retaliate against you for filing a complaint. All complaints must be in writing. Filing a complaint will not change the health care I provide to you in any way. Also, you may have other rights that are granted to you by the laws of our state, and these may be the same or different from the rights described above. I will be happy to discuss these situations with you now or as they arise.

For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html