

# HIPAA NOTICE OF PRIVACY PRACTICES

Practice Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Effective Date: January \_\_\_, 2026

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**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.**

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## OUR LEGAL DUTIES

We are required by law to maintain the privacy and security of your protected health information ("PHI"), to provide you with this Notice of Privacy Practices, and to comply with the terms of this notice while it is in effect. We are required to notify you following a breach of unsecured PHI. We must follow the duties and privacy practices described in this notice and give you a copy upon request.

We reserve the right to change our privacy practices and the terms of this notice at any time, provided such changes are permitted by law. Any revised notice will apply to all PHI we maintain, including information created or received before the change. The effective date of any revised notice will be stated. Copies of the current notice are available at our facility and upon request.

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## CONTACT INFORMATION / HIPAA PRIVACY OFFICIAL (REQUIRED)

**If you have questions about this Notice of Privacy Practices, your privacy rights, how your health information is used or disclosed, or if you wish to file a privacy-related complaint with our office, you may contact our designated HIPAA Privacy Official:**

HIPAA Privacy Officer: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email (if applicable): \_\_\_\_\_

We will investigate all complaints and will not retaliate against you for filing a complaint or exercising your rights under HIPAA or applicable state law.

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## USES AND DISCLOSURES OF YOUR HEALTH INFORMATION

### Treatment

We may use and disclose your PHI for treatment purposes, including coordination of care, consultations, referrals, and communications among healthcare providers involved in your care.

### Payment

We may use and disclose your PHI to bill and collect payment from health plans, insurers, or other responsible parties.

## **Health Care Operations**

We may use and disclose PHI for health care operations, including but not limited to:

- Quality assessment and improvement activities
- Credentialing, accreditation, licensing, and peer review
- Audits, legal services, and fraud and abuse detection
- Business planning, administration, and general management
- Training and compliance activities
- De-identification and creation of limited data sets as permitted by law

We may disclose PHI to other covered entities for health care operations purposes when there has been a relationship with you and the disclosure is for legally permitted operational activities.

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## **USES AND DISCLOSURES REQUIRING YOUR AUTHORIZATION**

We will obtain your written authorization before using or disclosing your PHI for:

- Marketing purposes (except for permitted treatment communications)
- Sale of PHI
- Certain fundraising communications
- Uses not otherwise permitted by law

You may revoke an authorization at any time in writing, except to the extent we have already relied upon it.

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## **INDIVIDUALS INVOLVED IN YOUR CARE OR PAYMENT**

We may disclose PHI to family members, friends, or others involved in your care or payment for your care, limited to information relevant to their involvement. You may object to or restrict these disclosures. If you are unavailable or incapacitated, we may use professional judgment to determine whether disclosure is in your best interest.

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## **PUBLIC HEALTH, SAFETY, AND LEGAL DISCLOSURES**

We may disclose PHI without your authorization as required or permitted by law, including for:

- Public health reporting and disease control
- Abuse, neglect, or domestic violence reporting
- Health oversight activities
- Judicial or administrative proceedings
- Law enforcement purposes
- Coroners, medical examiners, funeral directors
- Organ donation
- Workers' compensation
- Military, national security, or correctional institutions

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## **SUBSTANCE USE DISORDER (SUD) RECORDS — SPECIAL FEDERAL PROTECTIONS**

Substance Use Disorder treatment records are subject to enhanced confidentiality protections under federal law (42 CFR Part 2). We may not disclose such records for use in civil, criminal, administrative, or legislative proceedings against you without your written consent or a court order meeting specific legal requirements. These records generally may not be used or disclosed without your authorization except as permitted by law.

## BUSINESS ASSOCIATES

We may disclose PHI to business associates that perform services on our behalf. Business associates are required by law and contract to safeguard your PHI and may only use or disclose it as permitted.

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## BREACH NOTIFICATION

We may use your contact information to notify you of a breach of unsecured PHI as required by law.

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## ADDITIONAL FEDERAL AND CALIFORNIA LAW PROTECTIONS

Certain health information is subject to additional protections under federal and California law, including but not limited to:

- HIV/AIDS information
- Mental health records
- Genetic information (GINA)
- Reproductive health information
- Alcohol and drug abuse treatment records
- Child or adult abuse and neglect records

Where state or federal law provides greater privacy protections, we will follow the more stringent law.

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## YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the following rights under HIPAA and applicable state law:

### 1. Right of Access (Including Electronic Access)

You have the right to inspect, obtain, or receive a copy of your PHI, including in electronic form. You also have the right to direct us to transmit an electronic copy of your PHI directly to a person or entity you designate. Requests will be acted upon within the timeframes required by law (generally no later than 15 days).

### 2. Right to Amend

You have the right to request an amendment to your PHI. Requests must be submitted in writing. Approval is not guaranteed but will be reviewed in accordance with the law.

### 3. Right to an Accounting of Disclosures

You have the right to receive an accounting of certain disclosures of your PHI made during the prior three (3) years, excluding disclosures permitted by law.

### 4. Right to Restrict Disclosures

You have the right to request restrictions on certain uses and disclosures of your PHI. While we are not required to agree to all requests, we will comply when required by law.

### 5. Mandatory Self-Pay Restriction Right

You have the right to require that we **not disclose PHI to your health plan** for purposes of payment or health care operations if you have paid out-of-pocket in full for the service or item.

### 6. Right to Confidential Communications

You have the right to request that we communicate with you about your PHI by alternative means or at alternative locations. Reasonable requests will be accommodated.

**7. Right to a Paper Copy of This Notice**

You have the right to receive a paper copy of this notice at any time, even if you previously agreed to receive it electronically.

**8. No Waiver of Rights**

We will not require you to waive your HIPAA rights as a condition of treatment, payment, enrollment, or eligibility for benefits.

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**COMPLAINTS AND NON-RETALIATION**

If you believe your privacy rights have been violated, you may file a complaint with us or with the U.S. Department of Health and Human Services. We will not retaliate against you for filing a complaint.

**Privacy Officer:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**U.S. Department of Health and Human Services**

Office for Civil Rights

200 Independence Avenue, SW

Washington, DC 20201

1-800-368-1019