

FORM 3 — NOTICE OF PRIVACY PRACTICES

Effective date: September 9, 2026

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Your Information. Your Rights. Our Responsibilities.

This notice describes how health information about you may be used and disclosed and how you can obtain access to this information. Please review it carefully.

Your Rights

- Get an electronic or paper copy of your health record, subject to applicable law and limited exceptions.
- Ask to correct health information you believe is incorrect or incomplete.
- Request confidential communications, such as asking the practice to contact you in a specific way or at a specific location.
- Ask the practice to limit certain uses or disclosures. The practice is not required to agree to every requested restriction, except when the law requires it.
- If you pay out of pocket in full for a service, ask the practice not to disclose information about that service to your health plan for payment or health-care operations, when the law requires the practice to honor that request.
- Request an accounting of certain disclosures made during the period allowed by law.
- Get a paper copy of this notice at any time.
- Choose someone with legal authority to act for you.
- Complain if you believe your privacy rights have been violated. You will not be retaliated against for filing a complaint.

Your Choices

For certain health information, you may tell the practice your choices about what is shared. When applicable, you may direct the practice to share information with family, friends, or others involved in your care. If you are unable to communicate your preference, the practice may share information when permitted by law and when it is believed to be in your best interest.

The practice will obtain written authorization for uses and disclosures that require authorization under applicable law. The practice does not sell your health information or use it for marketing in a manner that requires authorization without obtaining the required authorization.

How the Practice May Use and Share Information

- Treatment: to provide, coordinate, or manage your health care and, when permitted, consult with other health professionals.

- **Payment:** to collect payment from you and, when you request a superbill or authorize another payment-related disclosure, provide information needed for that purpose.
- **Health-care operations:** for lawful practice operations such as quality improvement, business administration, legal/risk consultation, and privacy/security activities.
- **Public health and safety:** when law permits or requires disclosures for purposes such as reporting suspected abuse or neglect, preventing or reducing a serious threat, or responding to certain public-health requirements.
- **Legal requirements:** when required by law, including certain court orders, legal proceedings, oversight activities, or law-enforcement requests that meet applicable legal standards.
- **Workers' compensation and similar programs** when applicable and permitted by law.

Special Protection for Mental Health and Substance Use Information

California law may provide protections for mental-health information that are more restrictive than general HIPAA rules. The practice will follow applicable California and federal law.

Federal rules also provide special protections for certain substance use disorder records. As required by the HIPAA Privacy Rule beginning in 2026, this Notice addresses those protections. If the practice is subject to 42 CFR Part 2 for particular records or services, the practice will follow the additional Part 2 requirements that apply. This paragraph does not represent that the practice is a federally assisted Part 2 program.

Our Responsibilities

- Maintain the privacy and security of protected health information as required by law.
- Notify you following a breach when notification is required by law.
- Follow the duties and privacy practices described in the current Notice.
- Provide a copy of this Notice and make it available as required.
- Not use or disclose your information other than as described in this Notice or otherwise permitted by law unless you authorize it in writing. You may revoke an authorization in writing, subject to legal limitations.

Changes to This Notice

The practice may change the terms of this Notice. Changes may apply to health information already held by the practice. The current Notice will be available upon request and, if the practice maintains a website that provides information about its services, will be posted or made available there as required by law.

Questions or Complaints

Privacy contact: Sydney Ashe, LMFT | 424-257-0966 | sydneyashe@gmail.com

You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. Information about filing a complaint is available at www.hhs.gov/ocr/privacy/hipaa/complaints/. The practice will not retaliate against you for filing a complaint.

Acknowledgment of Receipt

My signature acknowledges that I received the Notice of Privacy Practices. It does not mean that I agree to special uses or disclosures of my health information.

Client name: _____	Date of birth: _____
Client signature: _____	Date: _____

If acknowledgment is not obtained, practice documentation of good-faith effort/reason:
