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NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. YOU MAY HAVE ADDITIONAL RIGHTS UNDER STATE AND LOCAL LAW. PLEASE SEEK LEGAL COUNSEL FROM AN ATTORNEY LICENSED IN YOUR STATE IF YOU HAVE QUESTIONS REGARDING YOUR RIGHTS TO HEALTH CARE INFORMATION.

EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on February 9, 2026.

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

Under the Health Insurance Portability and Accountability Act of 1996 (hereafter, "HIPAA"), you have certain rights regarding the use and disclosure of your protected health information (hereafter, "PHI").

I. MY PLEDGE REGARDING HEALTH INFORMATION:

I understand that information about your health and health care is personal and I am committed to protecting your information. I create and maintain a record of the care and services you receive from me, which are needed to comply with legal mandates and to provide you with quality care. This notice applies to all records regarding your care that is generated by this mental health care practice. This notice will inform you of the ways in which I may use and disclose your health information. This notice also describes your rights to your health information and the obligations that I have regarding the use and disclosure of your health information. I am required by law to:

- Make sure that PHI identifying you is kept private.
- Provide you this notice documenting my legal obligations and privacy practices with respect to your health information.
- Follow the terms of this notice that is currently in effect.

II. HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:

The following categories describe various ways that I may use and disclose health information. For each category of uses or disclosures, I will explain the meaning and provide examples where beneficial. Not every use or disclosure in a category will be listed, however, the ways that I am permitted to use and disclose information will fall within one of the categories.

For Treatment, Payment, and/or Health Care Operations: Federal privacy regulations allow health care providers who have a direct treatment relationship with a client to:

- Use or disclose the client's personal health information without the patient's written authorization.
- Carry out the health care provider's own treatment, payment, and/or health care operations.
- Disclose your PHI for the treatment activities of any health care provider, which can be done without your written authorization. For example, if a clinician were to consult with another licensed health care provider about your condition, we would be permitted to use and disclose your PHI, which is otherwise confidential, to assist the clinician in the diagnosis and treatment of your health condition.
- Use your PHI for operational purposes, which include sending appointment reminders, billing invoices, and other documentation.

Disclosures for treatment purposes are not limited to the minimum necessary standard due to therapists and other health care providers' need for access to your records to provide quality care. The word "treatment" includes the coordination or management of health care and related services by one or more healthcare providers, consultations between providers, and the referral of a patient/client.

Lawsuits and Disputes: If you are involved in a lawsuit, I may be required to disclose specific health information in response to a court or administrative order. This can include health information about you or your minor child(ren) in response to a subpoena, discovery request, and/or other lawful process by someone else involved in the dispute. This information will only be disclosed after efforts have been made to tell you about the request and after efforts have been made to obtain an order protecting the information that was requested.

III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:

I keep “psychotherapy notes” as that term is defined in 45 CFR § 164.501, and any use or disclosure of such notes require your authorization unless the use or disclosure is:

- a. For my use in treating you.
 - b. For my use in training or supervising mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy.
 - c. For my use in defending myself in legal proceedings instituted by you.
 - d. For use by the secretary of the Department of Health and Human Services (HHS) to investigate my compliance with HIPAA.
 - e. Required by law and the use or disclosure is limited to the requirements of such law.
 - f. Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes.
 - g. Required by a coroner who is performing duties authorized by law.
 - h. Required to help avert a serious threat to the health and safety of others.
2. **Marketing Purposes.** I will not use or disclose your PHI for marketing purposes without your prior written consent. For example, if I request a review from you and plan to share the review publicly online or elsewhere to advertise my services or my practice, I will provide you with a release form and HIPAA authorization to be signed. The HIPAA authorization is required in the instance that your review contains PHI (i.e., your name, the date of the service you received, the kind of treatment you are seeking or other personal health details). Due to the possibility of you not being aware of what constitutes as “PHI,” I will send you a HIPAA authorization and request your signature regardless of the content of your review. Once you complete the HIPAA authorization, I will have the legal right to use your review for advertising and marketing purposes, even if it contains PHI. You may withdraw this consent at any time by submitting a written request to me via the email address I keep on file or via certified mail to my address. Once I have received your written withdrawal of consent, I will remove your review from my website and from any other place that it was posted by my practice. I cannot guarantee that others who may have copied your review from my website or other locations will also remove the review. This is a risk that I want you to be aware of should you give me permission to post your review.
3. **Sale of PHI.** I will not sell your PHI.

IV. USES AND DISCLOSURES THAT DO NOT REQUIRE YOUR AUTHORIZATION.

Subject to certain limitations in the law and after I have met legal obligations, I can use and disclose your PHI without your Authorization for these purposes:

1. Appointment reminders and health related benefits or services. I may use and disclose your PHI when contacting you to remind you of a scheduled appointment, to inform you of treatment alternatives, and/or other health care services or benefits that I offer.
2. When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.
3. For public health activities, including reporting suspected child, elder, or dependent adult abuse; or for preventing or reducing a serious threat to someone’s health or safety.
4. For health oversight activities, which include audits and investigations.
5. For judicial and administrative proceedings, which include responding to a court or administrative order or subpoena.
6. For law enforcement purposes, which include reporting crimes that occur on my premises.
7. To coroners or medical examiners, when such individuals are performing duties authorized by law.
8. For research purposes, which include studying and comparing the mental health of patients who received one form of therapy versus those who received another form of therapy for the same condition.
9. Specialized government functions, which include ensuring the proper execution of military missions, protecting the President of the United States, conducting intelligence or counterintelligence operations, and/or helping to ensure the safety of those working within or housed in correctional institutions.

10. For workers' compensation purposes. Although my preference is to obtain an Authorization from you, I may provide your PHI in order to comply with workers' compensation laws.
11. For organ and tissue donation requests.

V. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT.

Disclosures to family, friends, or others: You have the right to grant the sharing of your PHI to a family member, friend, or other person whom you indicate regarding your care, the payment for your care, and/or to share your information in a disaster relief situation. The opportunity to consent may be obtained retroactively in emergency situations to mitigate a serious and immediate threat to health or safety, and/or if you are unconscious.

VI. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI:

1. The right to request limits on uses and disclosures of your PHI. You have the right to ask me not to use or disclose certain PHI for treatment, payment, or health care operational purposes. I am not required to agree to your request, and can say "no" if I believe it would affect your health care.
2. The right to request restrictions for out-of-pocket expenses paid for in full. You have the right to request restrictions on the disclosure of your PHI to health plans for payment or health care operational purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full.
3. The right to choose how I send PHI to you. You have the right to ask me to contact you in a specific way (i.e., home, office, other address) and I will accommodate all reasonable requests.
4. The right to see and receive copies of your PHI. Other than in limited circumstances, you have the right to receive an electronic or paper copy of your medical record and other information that I have about you. I will provide you with a copy of your record, or if you agree, a summary of your record within 30 days of receiving your written request. I may charge a reasonable cost-based fee for doing so.
5. The right to receive a list of the disclosures I have made. You have the right to request a list of instances in which I have disclosed your PHI for purposes other than treatment, payment, or health care operations, and other disclosures (such as any you ask me to make). Ask me how to do this. I will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list I will provide you will include disclosures made in the last six years unless you request a shorter time. I will provide the list to you at no charge, but if you make more than one request in the same year, I will charge you a reasonable cost-based fee for each additional request.
6. The right to correct or update your PHI. If you believe that there is a mistake in your PHI or that a piece of important information is missing from your PHI, you have the right to request that I correct the existing information or add the missing information. I can say "no" to your request, however, will inform you of the reason(s) in writing within 60 days of receiving your request.
7. The right to receive a paper or electronic copy of this notice. You have the right to receive a paper copy of this notice by mail and the right to receive an electronic copy of this notice via email. If you initially agreed to receive this notice via email, you have the right to request a paper copy of it as well.
8. The right to choose someone to act for you. If you have given someone medical power of attorney or if someone is your legal guardian, that person can make choices regarding your health information.
9. The right to revoke an authorization.
10. The right to opt out of communications and fundraising from our organization.
11. The right to file a complaint. You can file a complaint if you feel that I have violated your rights by contacting me via phone or email (as listed on page one of this document), by filing a complaint with the HHS Office for Civil Rights located at 200 Independence Avenue, S.W., Washington D.C. 20201, by calling HHS at (877) 696-6775, or by visiting www.hhs.gov/ocr/privacy/hipaa/complaints. I will not retaliate against you for filing a complaint.

VII. CHANGES TO THIS NOTICE

I can change the terms of this notice and such changes will apply to all information that I have about you. The new notice will be available upon request and on my website.