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NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MENTAL HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This notice takes effect on July 1, 2024 and remains in effect until Dr. Hofstetter's office replaces it.

The privacy of your mental health information is important to Dr. Hofstetter. She understands that your mental health information is personal and is committed to protecting it. Dr. Hofstetter creates a record of the care and services you receive. Dr. Hofstetter's office needs this record to provide you with quality care and to comply with certain legal requirements. This notice will tell you about the ways Dr. Hofstetter's office may use and share mental health information about you. We also describe your rights and certain duties Dr. Hofstetter has regarding the use and the disclosure of mental health information.

Dr. Hofstetter is required by law to:

1. Keep your mental health information private.
2. Give you this notice describing our legal duties, privacy practices, and your rights regarding your mental health information.
3. Follow the terms of the current notice.

Dr. Hofstetter's office has the right to:

1. Change our privacy practices and the terms of this notice at any time, provided that changes are permitted by law.
2. Make the changes in our privacy practices and the new terms of our notice effective for all mental health information that we keep, including information previously created or received before the changes.

Notice of changes to privacy practices:

1. Before Dr. Hofstetter's makes an important change in privacy practices the office will change this notice and make the new notice available upon request.

WE WILL OBTAIN AN AUTHORIZATION FROM YOU BEFORE USING OR DISCLOSING:

1. Private Health Information (PHI) in a way that is not described in this

Notice.

2. Psychotherapy notes.
3. Private Health Information for marketing purposes.
4. Private Health Information in a way that is considered a sale of PHI.

USE AND DISCLOSURE OF YOUR MENTAL HEALTH INFORMATION The following section describes different ways that Dr. Hofstetter's office uses and discloses mental health information. Not every use or disclosure will be listed. However, here are listed different ways the office is permitted to use and disclose mental health information. The office will not use or disclose your mental health information for any purpose not listed below, without your specific written authorization. Any specific written authorization you provide may be revoked at any time by providing us with your revocation in writing.

FOR TREATMENT: The office may use mental health information about you to provide you with treatment or services. Dr. Hofstetter's office may disclose mental health information about you to your treatment team or other people who are taking care of you. We may also share mental health information about you to your other health providers to assist them in treating you.

FOR PAYMENT: Dr. Hofstetter may use and disclose your mental health information for payment purposes. A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include your mental health information.

FOR HEALTH CARE OPERATIONS: Dr. Hofstetter's office may use and disclose your mental health information to your health care service plan or insurance company for purposes of administering the plan, such as case management and care coordination.

APPOINTMENT REMINDERS OR CHANGES IN APPOINTMENTS: Dr. Hofstetter's office may use or disclose your mental health information to contact you as a reminder that you have an appointment. Dr. Hofstetter's office may also contact you to notify you of a change in your appointment. For example, if your therapist were ill, the office may contact you to notify you that the appointment is cancelled.

WHEN DISCLOSURE IS REQUIRED BY STATE, FEDERAL, OR LOCAL LAW: The office may use or disclose your mental health information when a law requires that we report information about suspected child, elder, or dependent adult abuse or neglect, or in response to a court order. We may also disclose information to authorities that monitor compliance with these privacy requirements.

TO AVOID HARM: We may use or disclose information to appropriate authorities if Dr. Hofstetter reasonably believes that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. The office may share your mental health information if it is necessary to prevent a serious threat to your health or the safety of others.

JUDICIAL AND ADMINISTRATIVE PROCEEDINGS: We may disclose your mental health

information in the course of a judicial or administrative proceeding in response to a legal order or other lawful process.

LAW ENFORCEMENT OFFICIALS: Dr. Hofstetter's office may disclose your mental health information to the police or other law enforcement officials as required by law or in compliance with a court order or grand jury or administrative subpoena.

FOR HEALTH OVERSIGHT ACTIVITIES: We may disclose your mental health information to a health oversight agency for activities authorized by the law.

SPECIALIZED GOVERNMENT FUNCTIONS: We may disclose your mental health information to units of the government with special functions, such as the US military or the US Department of State under certain circumstances.

DISCLOSURE TO RELATIVES, CLOSE FRIENDS, AND OTHER CARE GIVERS: Dr. Hofstetter's office may use or disclose your mental health information to a family member, other relative, a close personal friend or any other person identified by you when you are present for, or otherwise available prior to, the disclosure, if the office (1) obtains your agreement; (2) provides you with the opportunity to object to the disclosure and you do not object; or (3) reasonably infers that you do not object to the disclosure. If you are not present, or the opportunity to agree to object to a use or disclosure cannot practicably be provided because of your incapacity or an emergency circumstance, Dr. Hofstetter may exercise professional judgment to determine whether a disclosure is in your best interest. If Dr. Hofstetter's office discloses information to a family member, other relative, or a close personal friend, it would disclose only information that we believe is directly relevant to the person's involvement with your health care or payment related to your health care.

WORKERS COMPENSATION: Dr. Hofstetter's office may disclose mental health information when authorized or necessary to comply with law relation to workers compensation or other similar programs.

AS REQUIRED BY LAW: Dr. Hofstetter's office may use and disclose your mental health information when required to do so by any other law not already referred to in the preceding categories.

WHEN THE USE AND DISCLOSURE WITHOUT YOUR CONSENT OF AUTHORIZATION IS ALLOWED UNDER OTHER SECTIONS OF SECTION 164.512 OF THE PRIVACY RULE AND THE STATE'S CONFIDENTIALITY LAW: This includes certain narrowly-defined disclosures to law enforcement agencies, to a health oversight agency (such as HHS or a state department of health), to a coroner or medical examiner, for public health purposes relating to disease or FDA-regulated products, or for specialized government functions such as fitness for military duties, eligibility for VA benefits, and national security and intelligence.

YOUR INDIVIDUAL RIGHTS REGARDING YOUR MENTAL HEALTH INFORMATION:

You have the following rights regarding mental health information we maintain about

you:

1. You have the right to inspect and copy your mental health information. You may request that the office provide copies in a format other than photocopies. The office will use the format you request unless it is not practical to do so. You must make your request in writing. The office will respond to your written request to inspect records. A charge for copying, mailing, and related expenses will apply.
2. Receive a list of all the times Dr. Hofstetter or her associates shared your mental health information for purposes other than treatment, payment, and health care operation and other specified exceptions.
3. Request that the office place additional restrictions on our use or disclosure of your mental health information. The office is required to agree to these additional restrictions, but if so, the office will abide by the agreement (except in the case of emergency).
4. Request that the office communicate with you about your mental health information by different means or to different locations. Your request that we communicate your mental health information to you by different means or at different locations must be made in writing.
5. Request that the office change certain parts of your mental health information. We may deny your request if the office did not create the information you want changed or for certain other reasons. If your request is denied, the office will provide you a written explanation. You may respond with a statement of disagreement that will be added to the information that you want changed. If the office accepts your request to change information, the office will make reasonable efforts to tell others, including people you name, of the change and to include the changes in any future sharing of that information.
6. If you have received this notice electronically and wish to receive a paper copy, you have the right to obtain a paper copy by making a request in writing at any times.
7. Have the right to restrict certain disclosures of PHI to a health plan when you pay out of-pocket in full for services.
8. You have a right to be notified if: (a) there is a breach (a use or disclosure of your PHI in violation of the HIPAA Privacy Rule) involving your PHI: (b) that PHI has not been encrypted to government standards: and (c) my risk assessment fails to determine that there is a low probability that your PHI has been compromised.

CHANGES TO THIS NOTICE

Dr. Hofstetter's office reserves the right to change this notice. The office reserves the right to make the revised or changed notice effective for mental health information the office already has about you as well as any information received in the future.

QUESTIONS AND COMPLAINTS

If you have any questions about this notice or if you think that the office may have violated your privacy rights, please contact Dr. Hofstetter. All complaints must be submitted in writing. You may also submit a written complaint to the US Department of Health and Human Services. You will not be penalized for filing a complaint.

State Boards of Psychology receive and respond to complaints regarding services provided within the scope of psychology (e.g., clinical psychologists). You may contact the boards of AZ or CA online at or at <https://psychboard.az.gov/> or <https://psychboard.ca.gov/>, respectively.