Notice of Privacy Practices

Survive 2 Thrive Therapy Services

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.

I. MY PRIVACY DUTIES

I protect your health information. This notice covers protected health information ("PHI") I create, receive, or maintain in my practice. I am required by law to:

- Maintain the privacy of your PHI and give you this notice of my legal duties and privacy practices.
- Notify you following a breach of unsecured PHI that affects you.
- Follow the terms of the notice currently in effect.

I reserve the right to change this notice and apply lawful changes to all PHI I maintain, including earlier records. I will make the revised notice available upon request, at my office, and on my website.

II. TREATMENT, PAYMENT, AND PRACTICE OPERATIONS

I may use and disclose PHI for these purposes without written authorization, except where the protections below require it:

- **Treatment.** I use PHI to provide and coordinate care. For example, I may consult with another treating clinician about your treatment.
- **Payment.** I use and disclose PHI to obtain payment. For example, I may send your diagnosis and service information to your insurer or billing service to process a claim.
- **Health care operations.** I use PHI to administer my practice. For example, I use appointment and service records to manage scheduling. I may contact you with appointment reminders.

California protections. I follow California confidentiality law, including the Confidentiality of Medical Information Act, whenever it provides greater protection. Certain requests for outpatient psychotherapy information require a signed request specifying the information, intended use, retention period, and commitments to limit use and dispose of the information. The requester must send you a copy within 30 days after receiving the information unless you waive notification in writing. These safeguards do not apply to diagnosis or treatment disclosures and certain other legal exceptions. I follow additional restrictions on specially protected records I receive.

Substance use disorder records. If I receive or maintain records protected by 42 CFR Part 2, I follow its additional restrictions. I will not use or disclose those records, or testimony describing their contents, in civil, criminal, administrative, or legislative investigations or proceedings against you without your specific written consent or a Part 2 court order. The order requires notice and an opportunity for you or the record holder to be heard as provided by Part 2, and must be accompanied by a subpoena or other legal requirement compelling disclosure.

III. WRITTEN AUTHORIZATION

Psychotherapy notes. Separately maintained notes analyzing counseling conversations have special protection; ordinary treatment and billing records are different. I obtain your written authorization for uses or disclosures of psychotherapy notes, except for my treatment use of notes I wrote, defending proceedings you bring against me, legally required disclosures, and legally permitted oversight of the notes' author, coroner duties, or prevention of serious and imminent threats. California and Part 2 restrictions still apply.

I do not use or disclose your PHI for marketing, and I do not sell your PHI. Other uses and disclosures not described here require your written authorization. You may revoke an authorization at any time by notifying me in writing using the contact in Section VII. Revocation does not undo actions already taken in reliance on your authorization.

IV. OTHER PERMITTED OR REQUIRED DISCLOSURES

Subject to the protections above, I may disclose PHI:

- **Legal duties and oversight.** As required by law, including abuse reports and HHS compliance investigations; for legally authorized health oversight, such as licensing investigations; and as required for workers' compensation or coroner duties.
- **Safety.** When legally permitted and necessary to prevent or lessen a serious and imminent threat to health or safety, to someone reasonably able to help prevent or lessen it.
- **Lawsuits and legal proceedings.** Only when California confidentiality law, psychotherapist-patient privilege, HIPAA, and any Part 2 protections permit or require it. A subpoena alone does not automatically authorize disclosure. I follow applicable authorization, notice, protective-order, and court-order requirements and limit disclosure to information lawfully required or permitted.

V. FAMILY, FRIENDS, AND REPRESENTATIVES

I obtain written authorization before sharing PHI with family, friends, or others involved in your care or payment, except for disclosures permitted or required under Section IV. You may limit whom I contact and what I share. I verify a personal representative's legal authority before allowing access or decisions on your behalf. Parents do not automatically have access to every minor client's records; I follow California rules on minors' consent and confidentiality.

VI. YOUR RIGHTS

To exercise these rights, contact me using Section VII. I will help you submit your request. For written requests, contact me for delivery instructions.

1. **Request restrictions.** Identify the PHI, uses, or recipients you want restricted for treatment, payment, operations, or involvement in your care. I generally need not agree, except for the following restriction.
2. **Keep fully paid items or services from your health plan.** I must honor your request to withhold PHI from your health plan for payment or operations when it relates solely to a health care item or service you, or someone other than the plan on your behalf, paid me for in full, unless disclosure is required by law. Identify the item or service and plan.
3. **Receive confidential communications.** Tell me your preferred contact method or address. I accommodate reasonable requests without requiring an explanation.
4. **Inspect or obtain records.** Identify the treatment, billing, or other decision-making records you want and your preferred paper or electronic format. Subject to legal exceptions, I permit inspection within five working days and send copies within 15 days. A summary requires your advance agreement, including any fee. I charge only legally permitted fees and provide free copies when required. I explain any denial and applicable review rights.
5. **Request an accounting.** Specify a period within the past six years. I provide a list of disclosures HIPAA requires me to account for; it generally excludes treatment, payment, operations, authorized disclosures, and other legal exceptions. The first accounting in any 12 months is free. Before charging for another, I explain the fee and let you change or withdraw your request.
6. **Request an amendment.** Write to me identifying inaccurate or incomplete information and explaining the requested correction. If I deny the request on legally permitted grounds, I explain why in writing and how to submit a statement of disagreement.
7. **Obtain this notice.** Ask me for a paper or electronic copy. You may receive a paper copy even if you previously agreed to electronic delivery.

VII. COMPLAINTS AND QUESTIONS

If you believe your privacy rights have been violated, you may complain to me or to the Secretary of the U.S. Department of Health and Human Services. To complain to me, use the contact below. To complain to HHS, visit www.hhs.gov/hipaa/filing-a-complaint. I will not retaliate against you for filing a complaint.

For questions, requests, or complaints, contact: **Tina Aggarwal, LMFT — Privacy Officer**, 650-383-0120.

EFFECTIVE DATES

Original notice effective: January 1, 2026.
This revised notice effective: September 13, 2026.