



matt carrillo
counseling + psychotherapy

therapy to live easier

NOTICE OF PRIVACY PRACTICES

7/11/2025

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

I. PLEDGE REGARDING HEALTH INFORMATION:

Matt Carrillo Counseling & Psychotherapy (“Provider”) understands that health information about you and your health care is personal. Provider is committed to protecting health information about you. Provider creates a record of the care and services you receive from Provider. Provider needs this record to provide you with appropriate therapeutic care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by this Provider. This notice will tell you about the ways in which Provider may use and disclose health information about you. Provider also describes your rights to the health information Provider keeps about you, and describe certain obligations Provider has regarding the use and disclosure of your health information. Provider is required by law to:

- Make sure that protected health information (“PHI”) that identifies you is kept private.
- Give you this notice of Provider’s legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect.

Provider may change the terms of this notice from time to time and it will be provided to you upon request and on Provider website.

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

The following categories describe different ways that Provider may use and disclose health information. For each category of uses or disclosures Provider will explain what Provider means and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways Provider is permitted to use and disclose information will fall within one of the categories.

For Treatment Payment, or Health Care Operations: Federal privacy rules (regulations) allow health care providers who have direct treatment relationship with you to use or disclose your

personal health information without your written authorization, to carry out the provider's own treatment, payment or health care operations. Provider may also disclose your protected health information for the coordination of treatment activities of other health care providers. This too can be done without your written authorization. For example, if Provider were to consult with another licensed health care provider about your condition, Provider would be permitted to use and disclose your personal health information, which is otherwise confidential, in order to assist the Provider in diagnosis and treatment of your mental health condition.

Disclosures for treatment purposes are not limited to the minimum necessary standard. Providers need access to the full record and/or full and complete information in order to provide quality and appropriate care. The word "treatment" includes, among other things, the coordination and management of health care providers with a third party, consultations between health care providers and referrals of a patient for health care from one health care provider to another.

Lawsuits and Disputes: If you are involved in a lawsuit, Provider may disclose health information in response to a court or administrative order. Provider may also disclose health information about your child in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:

1. Psychotherapy Notes. Provider may keep "psychotherapy notes" as that term is defined in 45 CFR § 164.501, and any use or disclosure of such notes requires your Authorization unless the use or disclosure is:
 - a. For Provider use in treating you.
 - b. For Provider 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 Provider use in defending Provider in legal proceedings instituted by you.
 - d. For use by the Secretary of Health and Human Services to investigate Provider compliance with the Health Insurance Portability and Accountability Act (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. Provider will not use or disclose your PHI for marketing purposes.
3. Sale of PHI. Provider will not sell your PHI in the regular course of my business.

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

Subject to certain limitations in the law, Provider can use and disclose your PHI without your Authorization for the following reasons (although Provider will always attempt to and my preference is to obtain an Authorization from you, before doing so):

1. 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.
2. For public health activities, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone's health or safety.
3. For health oversight activities, including audits and investigations by State licensing boards.
4. For judicial and administrative proceedings such as a court or administrative order.
5. For law enforcement purposes limited to reporting crimes occurring on Provider premises.
6. For appointment reminders, check ins, and health related benefits or services. Provider may use and disclose your PHI to contact you to remind you that you have an appointment with Provider via text, phone, or email. Provider may also, via text, phone, email, message through the client portal, use and disclose to you your PHI to provide treatment information, tell you about treatment alternatives, or other health care services or benefits that Provider offers.

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

1. Disclosures to family, friends, or others. Provider may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

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 Provider not to use or disclose certain PHI for treatment, payment, or health care operations purposes. Provider not required to agree to your request, and may say "no" if Provider believes 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 disclosures of your PHI to health plans for payment or health care operations 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 Provider Send PHI to You. You have the right to ask me to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and Provider will agree to all reasonable requests.
4. The Right to See and Get Copies of Your PHI. You have the right to get an electronic or paper copy of your medical record. Provider will provide you with a copy of your record, or a summary of it, if you agree to receive a summary, within 30 days of receiving your written request, and Provider may charge a reasonable, cost based fee for doing so.
5. The Right to Get a List of the Disclosures Provider Has Made. You have the right to request a list of instances in which Provider have disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided me with an Authorization. Provider will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list Provider will give you will include disclosures made in the last six years unless you request a shorter time. Provider will provide the list to you at no charge, but if you make more than one request in the same year, Provider may 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 Provider correct the existing information or add the missing information. Provider may say “no” to your request, but Provider will tell you why in writing within 60 days of receiving your request.
7. The Right to Get a Paper or Electronic Copy of this notice. You have the right get a paper copy of this notice, and you have the right to get a copy of this notice by e-mail. And, even if you have agreed to receive this notice via e-mail, you also have the right to request a paper copy of it.

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY PRACTICES

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By signing below, you are acknowledging that you have received a copy of HIPAA Notice of Privacy Practices.

BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.