

Ray of Sunshine Therapy LCSW, Inc.

Evelyn De La Rosa, LCSW RPT™

EFFECTIVE DATE OF THIS NOTICE 4/2025

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.

The Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule gives individuals a fundamental right to be informed of the privacy practices of their personal health information. I, Evelyn De La Rosa, LCSW (“Provider” or Clinician”), am required by law to maintain the privacy and security of the Client’s health information.

I am also required to give you (“Client”) this Notice about my privacy practices, legal obligations, and your rights concerning your health information (“Protected Health Information” or “PHI”). I will follow the privacy practices that are described in this Notice. I must abide by the terms of the Notice of Privacy Practices (“Notice”) and I must notify you if a breach of your unsecured PHI occurs. Except for the specific purposes set forth below, I will use and disclose your PHI only with your written authorization (“Authorization”).

It is your right to revoke such Authorization at any time by giving me written notice of your revocation. I can change the terms of this Notice, and such changes will apply to all information I have about you. The new Notice will be available upon request. If I amend this Notice, I will provide you with the amended Notice for your information and signature. For more information about privacy practices or for additional copies of this Notice, please notify me.

Uses and Disclosures of Protected Health information

1. Permissible Uses and Disclosures Without My Written Authorization:

- I may use and disclose your PHI without your written authorization for certain purposes as described below. The examples provided in each category are not meant to be exhaustive, but instead are meant to describe the types of uses and disclosures of your mental health information that are legally permissible.
- **Appointment reminders and health related benefits or services:** I may use and disclose your PHI to contact you to remind you that you have an appointment with me. I may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that I offer.
- **Payment:** I may use or disclose your PHI for the purposes of billing, claims management, and reimbursement. For example, a bill sent to collections/legal claims for reimbursement may include some information about our work together to insure pay for the treatment.
- **Required or Permitted by Law:** I may use or disclose your PHI when I am required or permitted to do so by law. For example, if I reasonably believe that you are a possible

victim of abuse, neglect, domestic violence, or the possible victim of other crimes. I may disclose your PHI to the extent necessary to avert a serious threat to your health or safety or the health or safety of others. Other disclosures permitted or required by law include the following: disclosures for public health activities; health oversight activities including disclosures to state or federal agencies authorized to access your PHI; when such individuals are performing duties authorized by law; research purposes, including 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; specialized government functions, including, ensuring the proper execution of military missions; protecting the President of the United States.

- **Court and Lawsuits:** I may use and disclose PHI in response to a court or administrative order, certain subpoenas, or other legal process. I may also use and disclose PHI to the extent permitted by law without your authorization such as defending against a lawsuit or arbitration.
 - **Disclosures to Parents as Personal Representatives of Minors:** I may disclose your minor child's PHI to you. However, I am permitted and sometimes required by law to deny you access to your minor child's PHI. An example may be PHI can be detrimental to minor or others.
 - **Family and Other Persons Involved or paying for your Care:** I may use or disclose your PHI to notify, or assist in the notification of (including identifying or locating) your personal representative, or another person responsible for your care or payment for service (i.e. conservatorship, legal caregiver). In the event of your incapacity or emergency circumstances, I will limit disclose of your PHI as need to know basis and as determined by my professional judgment to ensure your safety and best interest. If you are present, we will discuss options and you may opt out of authorization if deemed appropriate.
2. **Uses and Disclosures Requiring Your Written Authorization**
- I will obtain your written permission through an authorization for other uses and disclosures of your PHI not covered by this Notice. One example may be minor consenting for disclosure to parents. The authorization may be revoked in writing at any time and I will stop disclosing PHI about you for the reasons stated in your written authorization. Any disclosures made prior to the revocation are not affected by the revocation. In case of emergency and need for authorization, verbal consent will be adequate.
 - **Psychotherapy Notes:** I do 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 my use in treating you.
 - B. For my use in training or supervising other 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 Health and Human Services 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.

- **Marketing Purposes:** I will not use or disclose your PHI for marketing purposes.
- **Sale of PHI:** I will not sell your PHI in the regular course of my business.

3. **My Individual Rights**

- **Right to Inspect and Copy:** You may request access to your records and billing records maintained by me in order to inspect and request copies of the records. All requests for access must be made in writing. Under limited circumstances, I may deny access to your records. I may charge a fee for the costs of copying and sending you any records requested.
- **Right to Alternative Communications:** You may request, and I will accommodate, any reasonable written request for you to receive your PHI by alternative means of communication or at alternative locations. 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 I will agree to all reasonable requests.
- **Right to Request Restrictions:** You have the right to request a restriction on your PHI that I use or disclose for treatment or payment. You must request any such restriction in writing addressed to Evelyn De La Rosa, LCSW. I am not required to agree to any such restriction you may request and I may say “no” if I believe it would affect your health care, except if your request is to restrict disclosing your PHI not otherwise required by law, and the PHI pertains solely to item or service which has been paid in full by you or another person or entity on your behalf.
- **Right to Request Amendment:** You have the right to request that I amend your PHI. Your request must be in writing and should explain why the information should be amended. I may deny your request under certain circumstances.
- **Right to Obtain Notice:** You have the right to obtain a paper copy of this Notice by submitting a request to Evelyn De La Rosa, LCSW at any time.
- **Right to Receive Notification of a Breach:** I am required to notify you if I discover a breach of your unsecured PHI, according to requirements under federal law.
- **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. Other than “psychotherapy notes,” you have the right to get 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 a summary of it, if you agree to receive a summary, within 30 days of receiving your written request, and I may charge a reasonable, cost-based fee for doing so.

- **Right to Get 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, or for which you provided me with an Authorization. I will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list I will give 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.
- **Questions and Complaints:** If you desire further information about your privacy rights or are concerned that I have violated your privacy rights, please contact me, Evelyn De La Rosa, LCSW at (714) 696-1122. You may also file a written complaint with the Director, Office for Civil Rights of the U.S. Department of Health and Human Services <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>. I will not retaliate against you if you file a complaint.

CHANGES TO THIS NOTICE

I may change the terms of this Notice at any time and I will notify of changes. You may also obtain any revised notice by asking me directly.

Acknowledgment of Receipt of Notice of Privacy Practices

BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT AND THAT A COPY OF THIS NOTICE IS AVAILABLE.