

Notice of Privacy Practices

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I. 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. (This language is mandated by HIPAA and must appear exactly as written.)

II. MY LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI)

I am legally required to protect the confidentiality of your Protected Health Information (PHI) under the federal Health Insurance Portability and Accountability Act (HIPAA), as amended by the HITECH Act and the 21st Century Cures Act, as well as state-specific laws in California and Colorado.

Your PHI includes any information that can identify you and relates to your physical or mental health, treatment, or payment for services. I am required to provide you with this Notice explaining how and why I use or disclose your PHI, and your rights in relation to that information.

This notice reflects current federal and state regulations and replaces any prior privacy notices.

III. HOW I MAY USE AND DISCLOSE YOUR PHI

A. Uses and Disclosures That Do Not Require Your Written Authorization

I may use and disclose your PHI for:

- Treatment: To coordinate or manage your care with other professionals (e.g., consulting with your psychiatrist or primary care physician).
- Payment: To bill for services or obtain reimbursement (e.g., insurance companies, billing services).
- Health Care Operations: For quality improvement, training, legal or accounting audits, or administrative purposes.
- Emergency Situations: If you are unable to provide consent and disclosure is necessary to prevent harm or provide care.

B. Additional Uses and Disclosures Permitted Without Authorization

- Legal Requirements: Reporting child, elder, or dependent adult abuse (as required under CA WIC §15630 and CO C.R.S. §19-3-304).
- Health Oversight: Compliance with audits or investigations by licensing boards or agencies (e.g., BBS or Colorado Department of Regulatory Agencies).
- Public Health & Safety: Coroner's reports, health registries, and prevention of serious threats to self/others.
- Judicial Proceedings: Court orders, subpoenas (after attempts to notify you unless legally exempt).
- Workers' Compensation: In compliance with workers' compensation laws.
- Military/National Security: If required by lawful authorities.
- Research: Under strict review board oversight and data protections.

C. Disclosures With an Opportunity to Object

- Family or Caregiver Involvement: I may disclose information to a person involved in your care (e.g., family member or 911 contact) unless you object. This may be done retroactively in emergencies.

D. Disclosures Requiring Your Written Authorization

I will not disclose your PHI for any other purpose—including but not limited to:

- Marketing

- Sale of PHI
- Psychotherapy notes (except under limited legal conditions) without your explicit, written authorization.

You may revoke your authorization in writing at any time, except to the extent I have already acted upon it.

IV. ADDITIONAL PRIVACY INFORMATION

A. Telehealth & Electronic Communication

If you choose to participate in teletherapy, your PHI may be shared over secure, HIPAA-compliant platforms. I maintain Business Associate Agreements (BAAs) with all technology vendors (e.g., video, billing, EHR systems) to ensure your privacy is protected.

If you choose to communicate via email or text, you acknowledge that while reasonable safeguards are in place, these forms of communication may carry risks of interception or error beyond my control.

B. Electronic Health Records (EHR) and the 21st Century Cures Act

Under the Cures Act (2021), you have the right to timely and electronic access to your health records. Unless an exception applies, I will provide digital access to your clinical notes or documentation within 5 business days upon request.

V. YOUR RIGHTS REGARDING YOUR PHI

You have the following rights:

- Request Restrictions – On how your PHI is used or disclosed (though I'm not required to agree unless payment is out-of-pocket in full).
- Confidential Communication – Request contact at alternate locations or via alternate methods, email vs. mail).
- Access to Records – View or obtain a copy of your records within 30 days. Reasonable fees may apply for hard copies.
- Amendment Requests – If you believe your record contains errors, you may request corrections.
- Disclosure Accounting – Receive a record of certain disclosures (excluding those made for treatment, payment, or operations).
- Right to a Copy of This Notice

VI. HOW TO FILE A COMPLAINT

If you believe your privacy rights have been violated, you may file a complaint with:

Charlotte Kay, LMFT
2820 Glendale Blvd., #5
Los Angeles, CA 90039
323-825-1585 / charlottekaytherapy@gmail.com

You may also file directly with the U.S. Department of Health and Human Services:

Office for Civil Rights / 200 Independence Avenue SW, Washington, D.C. 20201 /
1-877-696-6775 / www.hhs.gov/ocr

You will not be retaliated against for filing a complaint.

VII. EFFECTIVE DATE AND UPDATES

This Notice is effective July 24, 2025. It replaces all previous versions. I reserve the right to change this policy at any time. Changes will apply to all current and past records and will be posted at my office and on my website at www.charlottekaytherapy.com.