

NOTICE OF PRIVACY PRACTICES

AmStrong Health

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Psychiatric Mental Health Nurse Practitioner - Board Certified

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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.

OUR RESPONSIBILITIES

AmStrong Health is committed to protecting the privacy and security of your protected health information (PHI). We are required by law to maintain the privacy and security of your PHI, provide you with this Notice of our legal duties and privacy practices, and follow the terms of the Notice currently in effect. We will notify you promptly if a breach occurs that may have compromised the privacy or security of your information. We will not use or share your information other than as described in this Notice unless you authorize us in writing. You may revoke an authorization in writing at any time, except to the extent we have already acted in reliance on it.

We may change the terms of this Notice. Changes may apply to all PHI we maintain, including information created before the revised Notice. A current copy will be available upon request and on our website.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

Treatment. We may use and disclose PHI to provide, coordinate, or manage your care. For example, we may share relevant information with another health care provider involved in your treatment.

Payment. We may use and disclose PHI to bill and obtain payment for services, including sharing information with a health plan when necessary for claims, eligibility, or coverage.

Health care operations. We may use and disclose PHI for activities needed to operate the practice, such as quality improvement, compliance, credentialing, audits, and business administration.

Appointment reminders and treatment-related communications. We may contact you about appointments, treatment alternatives, or health-related services that may be of interest to you.

As required or permitted by law. Subject to applicable federal and California privacy protections, we may disclose PHI for public health activities; reporting suspected child, elder, or dependent-adult abuse; health oversight; judicial or administrative proceedings; certain law-enforcement purposes; coroners or medical examiners; workers' compensation; research when legally permitted; specialized government functions; or to prevent or lessen a serious and imminent threat to health or safety.

USES AND DISCLOSURES THAT GENERALLY REQUIRE YOUR WRITTEN AUTHORIZATION

Psychotherapy notes. If AmStrong Health creates psychotherapy notes as defined by HIPAA and keeps them separate from the medical record, most uses and disclosures require your written authorization. Authorization is not required for certain legally permitted uses, including use by the originator for treatment, certain supervised training, defense of a legal action brought by you, HHS oversight, or other uses specifically permitted or required by law.

Marketing and sale of PHI. We will obtain your authorization for uses or disclosures of PHI for marketing when authorization is required by law and for a sale of PHI when applicable. AmStrong Health does not sell PHI in the regular course of business.

Other uses and disclosures. Uses and disclosures not described in this Notice will be made only with your written authorization unless otherwise permitted or required by law.

SUBSTANCE USE DISORDER (SUD) RECORDS AND 42 C.F.R. PART 2

Federal law provides additional protections for certain SUD patient records. When AmStrong Health creates, receives, or maintains records protected by 42 C.F.R. Part 2, those records will be handled in accordance with applicable Part 2 and HIPAA requirements. Certain uses and disclosures may require your written consent. Records or testimony conveying the content of Part 2 records generally may not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you unless you provide specific written consent or a court order meeting Part 2 requirements applies.

If SUD counseling notes are maintained separately as protected notes, a separate written consent may be required for their use or disclosure. If Part 2 records are used for fundraising where permitted, you will be provided a clear opportunity to opt out.

CALIFORNIA PRIVACY PROTECTIONS

California law may provide privacy protections that are more stringent than HIPAA, particularly for mental health and other sensitive medical information. When California law imposes greater restrictions on a use or disclosure, AmStrong Health will follow the more protective requirement. We will not disclose mental health treatment information without authorization when authorization is required by California law, except where another law permits or requires disclosure.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

- 1. Get an electronic or paper copy of your medical record.** You may ask to inspect or obtain a copy of PHI in the designated record set, subject to legal exceptions such as separately maintained psychotherapy notes. We will respond within the time required by applicable federal and California law and may charge only fees permitted by law.
- 2. Ask us to correct your medical record.** You may request an amendment if you believe PHI is incorrect or incomplete. We may deny the request in circumstances permitted by law and will explain a denial in writing.
- 3. Request confidential communications.** You may ask us to contact you in a specific way or at a different address. We will accommodate reasonable requests as required by law.
- 4. Ask us to limit what we use or disclose.** You may request restrictions on certain uses or disclosures for treatment, payment, or health care operations. We are generally not required to agree, except when the law requires us to do so.
- 5. Restrict disclosure to a health plan for services paid in full out of pocket.** If you pay in full for a specific health care item or service and request that we not disclose information about that item or service to your health plan for payment or health care operations, we will honor the request when required by law.
- 6. Get an accounting of disclosures.** You may request a list of certain disclosures of your PHI made during the period allowed by law. The accounting does not include every type of disclosure, such as many disclosures for treatment, payment, or health care operations.
- 7. Get a copy of this Notice.** You may request a paper or electronic copy at any time, even if you previously agreed to receive it electronically.
- 8. Choose someone to act for you.** If you have given someone medical power of attorney, or if someone is your legal guardian or otherwise authorized by law, that person may exercise your rights as permitted by law. We will verify the person's authority.

DISCLOSURES TO FAMILY, FRIENDS, OR OTHERS INVOLVED IN YOUR CARE

When permitted by law, we may share PHI with a family member, friend, or other person you identify as involved in your care or payment for your care, unless you object. In an emergency or when you are unable to state your preference, we may use professional judgment and applicable law to determine whether a limited disclosure is in your best interest.

MINORS AND PERSONAL REPRESENTATIVES

For minors and other patients who have a legally authorized personal representative, access to and control of health information will be handled under applicable federal and California law. In some circumstances, California law allows a minor to consent to specific services and may limit a parent or guardian's access to information related to those services.

COMPLAINTS AND QUESTIONS

If you believe your privacy rights have been violated, or if you have questions about this Notice, you may contact:

Privacy Contact: Amaka Iheaka, PMHNP-BC
AmStrong Health
2447 Pacific Coast Highway, Hermosa Beach, CA 90254
Phone: (424) 209-8325
Email: amaka@amstronghealth.com

You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. Information about filing a HIPAA complaint is available at [hhs.gov/hipaa/filing-a-complaint](https://www.hhs.gov/hipaa/filing-a-complaint). **AmStrong Health will not retaliate against you for filing a complaint.**

ACKNOWLEDGEMENT OF RECEIPT

By signing below, you acknowledge that you received or were offered a copy of AmStrong Health's Notice of Privacy Practices. Your signature acknowledges receipt; it does not waive any privacy right or authorize a use or disclosure beyond what the law permits.

Patient/Client Name: _____

Signature: _____ Date: _____

Parent/Guardian/Personal Representative (if applicable): _____

Practice note: If an acknowledgement cannot be obtained, AmStrong Health may document its good-faith effort to provide the Notice and the reason an acknowledgement was not obtained, as applicable.