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Notice of Privacy Practices

Effective Date: 5.1.2026

What is the purpose of this document?

The purpose of this document is to describe how medical information about you may be used and disclosed and how you can access to this information.

Please review each section below carefully.

Summary of Sections

1. Definitions
2. My Responsibilities
3. Uses and Disclosures with Your Authorization
4. Uses and Disclosures Without Your Authorization
5. Your Rights
6. Your Choices
7. Changes to Terms of this Notice
8. Acknowledgement of Receipt

1. Definitions

- **HIPAA**

HIPAA is a federal law called the *Health Insurance Portability and Accountability Act*. It is designed to protect your privacy and give you rights over your health information. The HIPAA Privacy Rule is administered and enforced by the U.S. Department of Health and Human Services (HHS).

For more information about HIPAA, please visit:

<https://www.hhs.gov/hipaa/for-individuals/notice-privacy-practices/index.html>

- **PHI**

Protected Health Information (“PHI”) includes information that can identify you and relates to your mental or behavioral health, the care you receive, or payment for that care. The following are some examples of PHI: your name, address, email address, phone number, date of birth, dates of service, diagnoses, treatment plans, session progress notes, billing and payment records, insurance information, correspondence related to your care, and any other information that could reasonably identify you as a client receiving services.

2. My Responsibilities

In the course of providing psychotherapy services to you, I collect, create, and retain personal health information (PHI). I take your privacy seriously and am committed to protecting your PHI in accordance with the Health Insurance Portability and Accountability Act. I am required by law to comply with the following legal responsibilities to safeguard your protected health information:

- Maintain the privacy and security of your protected health information;
- I must offer you a copy of this HIPAA Notice of Privacy Practices;
- Follow the terms of this HIPAA Notice of Privacy Practices that are currently in effect; and
- Notify you if a breach occurs that may have compromised the privacy or security of your personal health information.

Please note that I will never share your information for marketing purposes or sell your personal information.

3. Uses and Disclosures with Your Authorization

I will require written authorization and identity verification (e.g. government issued identification or driver’s license) from you prior to releasing any protected health information (e.g. assessment, treatment plan, treatment summary, progress notes, etc.) to you or person(s) you authorize me to communicate with.

- If you would like for me to provide the medical records directly to you, please complete a medical records request authorization form.
- If you would like for me share your personal health information with someone else, please complete both a medical records request form and a release of information (ROI). An ROI allows healthcare providers to share your medical information with another person or organization. It’s important to note that you are not required to sign an ROI in order to obtain treatment or having your services paid for (e.g. family member is giving you money to pay for services). On the ROI form, you can specify what information can be shared with the other person(s). Please note that you can revoke any authorizations any anytime in writing.

Section 5 below includes timeframes associated with medical records for your reference.

4. Uses and Disclosures Without Your Authorization

Subject to applicable federal and California law, I may use or disclose your PHI without your authorization for the following purposes:

Category	Description
Treatment	I may use your health information and share it with other professionals who are treating you (e.g. I can share information with another medical professional that is providing you healthcare services).
Billing and Payment	I may use your health information with public or private insurance companies (e.g. health insurance companies, PPOs, HMOs, Medicare, Medi-Cal) to receive payment for the services that I provide to you.
Healthcare Operations	I may use or disclose your PHI for the purposes of conducting health care operations pertaining to my practice, including contacting you when necessary. For example, I may need to disclose PHI to an attorney to obtain advice about complying with applicable laws.
Federal and State Laws	I may disclose PHI when disclosure is required by federal or state law, and the use is limited to the relevant requirements of such law.
Mandated Abuse Reporting Laws	I may use or disclose PHI to meet my legal requirements of reporting child, elder adult, and dependent adult abuse.
Safety	I may use or disclose PHI to reduce a serious threat to your safety or anyone's safety.
Law Suits or Legal Actions	I may use or disclose PHI in response to judicial or administrative proceedings, including court orders, subpoenas, or discovery requests, as permitted by law.
Public Health Oversight	I may use or disclose PHI for health oversight activities such as audits, investigations, inspections, and licensure actions.
Coroners and Medical Examiners	I may use or disclose PHI to Coroners or medical examiners when such individuals are performing duties authorized by law.
Research:	I may use or share personal health information for research purposes if an institutional review board (IRB) overseeing the research approves the use without a written authorization.

Special Government Functions	I may use or disclose PHI for specialized government functions (such as military, national security, or correctional institutions)
Business Associates	I may contact with certain organizations, called “business associates” to provide HIPAA compliant services and maintain your confidentiality (e.g. electronic health care software, phone services, e-mail services).
Workers Compensation	I may use or disclose PHI to comply with workers’ compensation laws.
Appointment reminders	I may use and disclose your PHI to contact you via e-mail, text, or phone to remind you that you have an appointment with me.
Other	I may use and disclose public health information when otherwise required by law.

5. Your Rights

It is important for you to know that you have the following rights with respect to your PHI. Where California law provides greater privacy protections than federal law, I follow California law.

A. Right to Inspect and Obtain Copies:

- You have the right to inspect or receive copies of your health care records in paper or electronic format with certain exceptions. In order for you to inspect or receive any copies of your health care records, I must receive the request in writing and will provide you with the medical records request form to fill out.
- After I receive your written request, Pursuant to California Health & Safety Code, I will make records available for inspection within 5 working days, provide copies within 15 calendar days, or provide a summary within 10 working days. In some cases, treatment summaries may be provided within 30 calendar days if your medical records are extraordinary in length. If an extension is needed, I will notify you of the delay and the expected completion date within the initial 10-day period.
- After I receive your written request, I may ask to discuss the request with you to understand the purpose of your request. In some cases, a treatment summary might be more suitable for you depending on your needs; however, I will only provide a summary if you agree in advance to receive a summary in lieu of your partial or full records and agree to any associated preparation fees.

- Under California law, I may deny your request to inspect or provide you with a copy of your health care records if I determine that providing access would create a substantial risk of significant adverse or detrimental consequences to you.

If I deny your request, I will:

- Provide a written explanation in your record for the denial
- Inform you of your right to have another licensed health care professional (such as a physician, psychologist, LCSW, LPCC, or LMFT) of your choosing inspect or receive a copy of the records on your behalf.
- This second professional will review the records and provide an independent determination as to whether, and to what extent, the records should be shared with you. Once I transmit the records to the professional of your choice, their clinical judgment will govern the final release of your health care information.

Below is a summary table of the medical records request deadlines for reference:

California Medical Records Turnaround Timelines

Action Type	Required Timeline	Day Type	Legal Citation
Inspection (Viewing records)	5 Days	Working	HSC § 123110(a)
Copies of Records (Paper/Digital)	15 Days*	Calendar	HSC § 123110(b)
Treatment Summary (Standard)	10 Days*	Working	HSC § 123130(a)
Treatment Summary (Extended)	30 Days*	Calendar	HSC § 123130(a)

** These deadlines represent the date of transmission (postmark or e-mail send date).*

Fees for Health Care Records:

- In accordance with California law (Health & Safety Code § 123110), I may charge a reasonable, cost-based fee to cover the expenses associated with copying and transmitting your medical records.

Payment Terms:

- I may require payment of the reasonable, cost-based fees for copying and transmission before the records are released to you. However, I cannot withhold your medical records or a treatment summary simply because of an unpaid balance for clinical services previously rendered (such as therapy sessions).

Public Benefit Exception:

- You are entitled to one free copy of the relevant portion of your record if it is needed to support an appeal regarding eligibility for a public benefit program (such as Medi-Cal or Social Security Disability) per HSC § 123110(d).

More Information:

- Please reference my informed consent or medical records request forms for more information regarding specific fees related to health care records.

B. Right to Request Amendments:

- You may request an amendment of your personal health information if you believe it is inaccurate or incomplete.
- The addendum shall be limited to 250 words per alleged incomplete or incorrect item in the patient's record and shall clearly indicate in writing that the patient requests the addendum to be made a part of his or her record.
- Please note that I have the right to deny the request for an amendment (e.g. if the information is accurate). If your request is denied, I will notify you 30 days after I receive your request for an amendment. Please note that if the denial involves a more complex situation, the time frame may be extended up to 60 days, and I will notify you of this delay withing the initial 30-day time frame.

To submit your written amendment request to me, please send it to me via e-mail at cindia@iwellnesscounseling.com or via mail at P.O. Box 345 San Martin, CA 95046 – 9988

C. Right to Request Confidential Communications:

- You may request that I communicate with you in a specific way or at a specific location (e.g. contacting you at a specific phone number). I will consider all reasonable requests.

D. Right to ask us to limit what we information we share

- You can ask us not to use or share certain protected health information for treatment, payment, or health care operations. Please note that I am not required to agree to this and I may say “no” to your request if it would affect your quality of care unless the PHI pertains solely to a psychotherapy service for which you have paid out-of-pocket in full. If I agree to your request, I will do so until you or I agree to end the limitation or in an emergency situation.

E. Right to get a list of those whom we've shared information:

- You can ask for a list (accounting) of the times I've shared your health information for six prior years to the date you ask, who we shared it with, and why.
- I will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked me to make).
- I will provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

F. Right to a Copy of This Notice:

- You may request a paper or electronic copy of this notice at any time.

G. Right to Choose a Personal Representative:

- If you have designated a personal representative, such as through a medical power of attorney or legal guardianship, that person may exercise your rights after I verify their authority.

H. Right to File a Complaint:

- If you believe your privacy rights have been violated, you may file a complaint with me:
 - Cindia Estrada, LMFT #154822
Address: P.O. Box 345 San Martin, CA 95046 – 9988
Phone: 408.767.7874
E-mail: cindia@iwellnesscounseling.com
- You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/
- I will not retaliate against you for filing a complaint.

6. Your Choices

You have the right to choose who I share your protected health information with:

For example, you have both the right and choice to tell me to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information with another medical professional that is providing you with treatment
- Share information in a disaster relief situation

If you would like for me to share information in a non-crisis or emergency situation, please note that I will require for you to complete the request in writing (see section 5 above).

If you are not able to tell me your sharing preference ahead of time (e.g. if you are unconscious) I may go ahead and share your information if I believe it is in your best interest. I may also share your information when needed to lessen a serious and imminent threat to health or safety.

7. Changes to the Terms of This Notice

Please note that I may change the terms of this or any future HIPAA Notice of Privacy Practices. If I update this notice, the new version will apply to all personal health information I have about you — including information created before the update. The revised notice will be available upon request and on my website.

8. Acknowledgement of Receipt

The law requires me to ask you to state in writing (for example, by signing below) that you received this HIPAA Notice of Privacy Practices. You are not required to sign this acknowledgment of receipt, and I can provide therapy services to you if you choose not to sign. If you decide not to provide your signature, I respect your decision and I am legally required to note in your medical record that you preferred not to sign the acknowledgment of receipt. Please note that, whether or not you sign, I may use or disclose your protected health information as permitted by HIPAA.

By signing below, I acknowledge the following:

- I have received a copy of this Notice of Privacy Practices and have read all sections.

Client Name: _____

Signature: _____

Date: _____

FOR OFFICE USE ONLY

I attempted to obtain written acknowledgement of receipt of HIPAA Notice of Privacy Practices and was unable to do so because:

- The client preferred not to sign.
- An emergency prevented me from obtaining written acknowledgement
- Other: _____

Printed Name: Cindia Estrada, LMFT #154822

Title: Licensed Marriage and Family Therapist

Signature: _____

Date: _____