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NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. Please review it carefully. You may have additional rights under state law. If you have questions about this Notice, please contact the Privacy Officer listed below.

Effective Date: February 10, 2026

Privacy Officer: Jennifer Starlight Rojas, LMFT (CA Lic. 129992). You may contact the Privacy Officer at (888) 996-7178 or jennifer@mended-heart.com.

I. OUR DUTIES REGARDING YOUR HEALTH INFORMATION

We understand that your health information is personal. We are committed to protecting the privacy of your protected health information (PHI). We create and maintain a record of the care and services you receive from us. We need this record to provide you with quality care and to comply with legal requirements.

We are required by law to:

- Maintain the privacy of your PHI.
- Provide you with this Notice of our legal duties and privacy practices with respect to your PHI.
- Follow the terms of this Notice that is currently in effect.
- Notify you following a breach of your unsecured PHI, as required by law.

We may change the terms of this Notice. Any changes will apply to all PHI we maintain about you. The current Notice will be available upon request and on our website.

II. HOW WE MAY USE AND DISCLOSE YOUR PHI WITHOUT YOUR WRITTEN AUTHORIZATION

HIPAA allows health care providers with a direct treatment relationship with a client to use or disclose PHI without written authorization for **treatment, payment, and health care operations**.

For Treatment: We may use or disclose your PHI to provide, coordinate, or manage your mental health care. For example, we may consult with another licensed health care provider about your care, or make referrals when appropriate.

For Payment: We may use or disclose your PHI to bill and collect payment for services. For example, we may submit claims to your health plan or an employee assistance program (EAP), and we may respond to requests for information from your health plan.

For Health Care Operations: We may use or disclose PHI for practice operations such as scheduling, quality assessment, record keeping, training, supervision, and business management. This includes appointment reminders, billing invoices, and related communications.

Business Associates: We may use third parties to help us provide services or run our practice (for example, our electronic health record and practice management system). These vendors are called business associates and, when required, they must agree to protect your PHI.

Minimum Necessary: When we use or disclose your PHI (other than for treatment), we take reasonable steps to limit the information shared to what is necessary for the purpose. Disclosures for treatment purposes are not limited to the minimum necessary standard because providers may need full information to provide appropriate care.

Other Uses and Disclosures Permitted or Required by Law

Subject to legal limitations, we may use or disclose your PHI without authorization for the following purposes:

- **As required by law**, including state and federal reporting obligations.
- **Public health and safety**, including reporting suspected abuse or neglect and preventing or reducing a serious threat to health or safety.
- **Health oversight**, including audits, investigations, and inspections by government agencies.
- **Judicial and administrative proceedings**, including responding to a court order. We may also respond to a subpoena or other lawful process as permitted by law.
- **Law enforcement**, including reporting crimes that occur on our premises, when required or permitted by law.
- **Coroners and medical examiners**, when authorized by law.
- **Research**, when required legal conditions are met to protect privacy.
- **Specialized government functions**, such as military and national security activities, as permitted by law.
- **Workers' compensation**, to comply with workers' compensation laws.
- **Organ and tissue donation**, as permitted by law.

III. USES AND DISCLOSURES THAT REQUIRE YOUR WRITTEN AUTHORIZATION

Certain uses and disclosures of PHI require your written authorization. You may revoke an authorization in writing at any time, except to the extent that we have already relied on it.

Psychotherapy Notes: We may keep psychotherapy notes, as that term is defined by HIPAA (45 CFR 164.501). Psychotherapy notes are different from the general record and contain the therapist's private notes from a counseling session. With limited exceptions, we will not use or disclose psychotherapy notes without your written authorization.

Exceptions where authorization is not required include: (1) our use for your treatment, (2) our use for training or supervision of mental health practitioners, (3) our use to defend ourselves in a legal action brought by you, (4) disclosures to the Secretary of the U.S. Department of Health and Human Services (HHS) to investigate or determine our compliance with HIPAA, (5) disclosures required by law that are limited to the requirements of that law, (6) certain health oversight activities related to the originator of psychotherapy notes, (7) disclosures to a coroner or medical examiner when authorized by law, and (8) disclosures needed to avert a serious and imminent threat to health or safety.

Marketing and Testimonials: We will not use or disclose your PHI for marketing without your written authorization. If we request or use a testimonial or review that identifies you as a client or includes information about your care, we will ask you to sign a HIPAA authorization first. If you revoke your authorization, we will make reasonable efforts to remove the testimonial from places under our control. We

cannot guarantee removal from third party sites that may have copied or reposted it.

Sale of PHI: We do not sell your PHI.

IV. USES AND DISCLOSURES WHERE YOU HAVE THE OPPORTUNITY TO AGREE OR OBJECT

Disclosures to family, friends, or others involved in your care: With your agreement, or if you do not object, we may disclose relevant PHI to a family member, friend, or another person you identify as involved in your care or payment for care. In emergencies, or when you are not able to express your preference, we may share information if we believe it is in your best interests, consistent with law.

V. YOUR RIGHTS REGARDING YOUR PHI

You have the following rights with respect to your PHI. To exercise these rights, contact the Privacy Officer using the information above.

- **Right to inspect and obtain copies:** You can ask to see or get an electronic or paper copy of your record and other PHI we have about you. We will respond within 30 days of receiving your written request. We may charge a reasonable, cost-based fee.
- **Right to request amendments:** You can ask us to correct or update PHI you believe is incorrect or incomplete. We may deny your request, but we will provide a written explanation, generally within 60 days.
- **Right to an accounting of disclosures:** You can ask for a list of certain disclosures of your PHI made in the last six years, excluding disclosures for treatment, payment, health care operations, and certain other disclosures. We will respond within 60 days. One list per year is free, additional requests may have a reasonable fee.
- **Right to request restrictions:** You can ask us to limit how we use or disclose your PHI for treatment, payment, or health care operations. We are not required to agree, and we may say no if it would affect your care.
- **Right to restrict disclosures to a health plan when you pay in full:** If you pay out-of-pocket in full for a service, you can ask us not to share PHI about that service with your health plan for payment or operations. We will honor this request unless the law requires otherwise.
- **Right to request confidential communications:** You can ask us to contact you in a specific way (for example, only by email) or at a specific location. We will agree to reasonable requests.
- **Right to obtain a paper or electronic copy of this Notice:** You can ask for a copy of this Notice at any time.
- **Right to choose someone to act for you:** If you have a legal guardian or someone with medical power of attorney, that person can exercise your rights and make choices about your PHI, as permitted by law.
- **Right to file a complaint:** You can complain if you feel your privacy rights have been violated. We will not retaliate against you for filing a complaint.

VI. COMPLAINTS AND CONTACT INFORMATION

If you have questions, concerns, or wish to exercise your rights, contact the Privacy Officer at (888) 996-7178 or jennifer@mended-heart.com.

You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights (OCR). To file a complaint, you may call (877) 696-6775 or visit the OCR complaint portal on the HHS website. We will not retaliate against you for filing a complaint.

VII. CHANGES TO THIS NOTICE

We may change this Notice and our privacy practices at any time. Any changes will apply to all PHI we maintain about you. The updated Notice will be available upon request and on our website.