Notice of Privacy Practices

Plant Psychological Services, Inc.

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.

Privacy is a very important concern for all those who receive services from Plant Psychological Services, all of which are provided by secure telehealth. It is also complicated, because of the many federal and state laws and our professional ethics. Because the rules are so complicated, some parts of this notice are very detailed, and you may have to read them more than once to understand them. If you have any questions, our compliance officer, Christopher Plant, PhD, will be happy to help you understand our procedures and your rights.

Contents of this notice of privacy practices

A. Introduction: To our clients

This notice will tell you how we handle your medical information. It tells how we use this information when providing telehealth services, how we disclose (share) it with other health care professionals and organizations, and how you can see it. We want you to know all of this so that you can make the best decisions for yourself and your family. If you have any questions or want to know more about anything in this notice, please ask our compliance officer for answers or explanations.

B. What we mean by your medical information

Each time you receive services from us or any other health care provider, information is collected about you and your physical and mental health. It may be information about your past, present, or future health or conditions, the tests or treatment you received from us or from others, or payment for health care. All this information is called “PHI,” which stands for “protected health information,” which means its privacy must be protected. This information goes into your electronic health record, which is kept in a secure, HIPAA-compliant record system.

Your PHI is likely to include these kinds of information:

- Your history: things that happened to you as a child; your school and work experiences; your marriage, relationships, and other personal history.
- Your medical history of problems and treatments.
- Reasons you came for treatment: your problems, complaints, symptoms, or needs.
- Diagnoses: the medical terms for your problems or symptoms.
- A treatment plan: a list of the treatments and other services that we think will best help you.
- Progress notes: each time we meet, we write down some things about how you are doing, what we notice about you, and what you tell us.
- Records we get from others who treated or evaluated you.
- Psychological test scores, school records, and other evaluations and reports.
- Information about medications you took or are taking.

- Legal matters.
- Billing and insurance information.

There may also be other kinds of information that go into your health care record. We use PHI for many purposes. For example, we may use it:

- To plan your care and treatment.
- To decide how well our treatments are working for you.
- When we talk with other health care professionals who are also treating you, such as your family doctor or the professional who referred you to us. When we do this, we will ask for your consent, and almost always we will also ask you to sign a release-of-information form explaining what information is to be shared and why.
- For teaching and training other health care professionals or for psychological research. If we do this, your name will never be shown, and there will be no way for others to find out who you are. Before we do this, we will ask you to sign an authorization so that you know what information will be shared and why.
- To show that you actually received services from us, which we billed to you or to your health insurance company.
- For public health officials trying to improve health care in this area of the country.
- To improve the way we do our job by measuring the results of our work.

When you understand what is in your record and what it is used for, you can make better decisions about who else should have this information, when, and why.

C. Privacy and the laws about privacy, and our legal duties

We are required to tell you about privacy because of a federal law, the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the HIPAA Omnibus Final Rule of 2013, and state law, including the California Confidentiality of Medical Information Act.

We are required by law to maintain the privacy of your PHI; to give you this notice of our legal duties and privacy practices; to follow the terms of the notice currently in effect; and to notify you if a breach of your unsecured PHI occurs.

This notice is not legal advice. It is meant to educate you about your rights and our procedures. It is based on current federal and state laws and might change if those laws or court decisions change. We reserve the right to change this notice, and any change will apply to all the PHI we keep. If we change it, we will post the new notice on our website at plantpsychological.com, and you can ask for a copy at any time.

D. How your protected health information (PHI) can be used and shared

Except in some special circumstances, when we use your PHI or disclose it to others, we share only the minimum necessary PHI needed for those other people to do their jobs. The laws give you rights to know about your PHI, to know how it is used, and to have a say in how it is shared.

Mainly, we will use and disclose (share) your PHI for routine purposes to provide for your care, as explained below. For other uses, we must tell you about them and ask you to sign a written authorization. The law also says that there are some uses and disclosures that don't need your consent or authorization, which we explain in section 3. Even so, in most cases we will explain what PHI will be shared and with whom, and ask you to agree by signing a release-of-information form.

1. Uses and disclosures with your consent

We need information about you and your condition to provide care to you. In almost all cases, we intend to use your PHI or share it with other people or organizations to provide treatment to you, arrange for payment for our services, or carry out some other business functions called "health care operations." To agree to the uses and disclosures described in this notice, we will ask you to sign a separate consent form before we begin treatment. If you do not consent, we will not be able to treat you, because there is a risk of not helping you if we don't have some information.

a. The basic uses and disclosures: For treatment, payment, and health care operations

For treatment. We use your information to provide you with psychological treatment and services. These might include individual therapy, psychological testing, treatment planning, telehealth, or measuring the benefits of our services.

We may share your PHI with others who provide treatment to you. With your permission, we usually try to share your information with your personal physician. If you are being treated by a team, we can share some of your PHI with the team members so that these providers can work together. If we want to share your PHI with any other professionals, we will ask for your permission on a signed release-of-information form. For example, we may refer you to other professionals or consultants for services we cannot provide. When we do this, we need to tell them things about you and your conditions, and their findings and opinions will go into your record here.

For payment. We may use your information to bill you, your insurance, or others, so we can be paid for the treatment we provide. We may contact your insurance company to find out exactly what your insurance covers. We may have to tell them about your diagnoses, what treatment you have received, and the changes we expect in your condition, as well as when we met and your progress. Insurers may also review some of our records to evaluate the completeness of our record keeping.

For health care operations. We may use or disclose your PHI to see where we can make improvements in the care and services we provide. We may be required to supply some information to government health agencies so they can study disorders and treatment and plan for services that are needed. If we do, your name and all personal information will be removed from what we send.

b. Other uses and disclosures in health care

Appointment reminders. We may use and disclose your PHI to schedule or remind you of appointments. If you prefer that we contact you in a particular way or at a particular place, just tell us (see section E.1).

Treatment alternatives and other services. We may use and disclose your PHI to tell you about possible treatments, alternatives, or health-related benefits and services that may be of help to you.

Research. We may use or share your PHI for research to improve treatments, for example comparing two treatments for the same disorder. We will not use your PHI for research unless you give your permission on an authorization form, and your name, address, and other personal information will be removed from anything given to researchers.

Business associates. We hire other businesses to do some jobs for us. In the law, they are called our "business associates." Examples include our secure electronic health record system, our secure video platform, and our secure email and forms provider. These business associates need to receive some of your PHI to do their jobs. To protect your privacy, they have agreed in written contracts with us to safeguard your information as the law requires.

2. Uses and disclosures that require your written authorization

If we want to use your information for any purpose besides those described in this notice, we need your permission on a written authorization form. In particular, we must have your written authorization before we:

- Use or disclose psychotherapy notes, except in the limited situations the law allows (for example, to defend ourselves in a legal action you bring, or when required by law);
- Use or disclose your PHI for marketing purposes; or
- Sell your PHI.

If you give us authorization and then change your mind, you can cancel (revoke) it in writing at any time. We will then stop using or disclosing your information for that purpose. We cannot take back any information we have already used or disclosed with your permission.

As a psychologist licensed in California and a member of the American Psychological Association, I protect your privacy more carefully than HIPAA requires. The situations described below are allowed by law, but we will almost always discuss them with you and ask you to sign a release of information so that you are fully informed.

3. Uses and disclosures that don't require your consent or authorization

The law lets us use and disclose some of your PHI without your consent or authorization in certain cases. Here are examples of when we might do this. When the law allows, we will tell you if any of these situations occur.

a. When required by law

- We have to report suspected abuse or neglect of children, elders (adults 65 or older), and dependent adults to a state agency.

- If you are involved in a lawsuit or legal proceeding, and we receive a court order, subpoena, discovery request, or other lawful process, we may have to release some of your PHI. Where the law allows, we will tell you about the request first and suggest that you talk to your lawyer.
- We have to disclose some information to government agencies that check that we are obeying privacy laws, and to organizations that review our work for quality and efficiency.

b. For law enforcement purposes

We may disclose limited PHI to law enforcement officials only as federal and California law allow, for example in response to a court order, warrant, or subpoena, or as described in section f below.

c. For public health activities

We may disclose some of your PHI to agencies that investigate diseases or injuries.

d. For matters relating to deceased persons

We may disclose PHI to coroners, medical examiners, or funeral directors, and to organizations relating to organ, eye, or tissue donation or transplants.

e. For specific government functions

We may disclose PHI of military personnel and veterans to government benefit programs relating to eligibility and enrollment. We may disclose your PHI to workers' compensation and disability programs, to correctional facilities if you are an inmate, or to other government agencies for national security reasons.

f. To prevent a serious threat to health or safety

If we come to believe that there is a serious threat to your health or safety, or that of another person or the public, we can disclose some of your PHI, and only to those people who can prevent the danger. California law also requires us to take steps to protect a reasonably identifiable person when a client communicates a serious threat of physical violence against that person.

If it is an emergency and we are unable to get your agreement, we can disclose information if we believe it is what you would have wanted and that it will help you. When we share information in an emergency, we will tell you as soon as we can. If you don't approve, we will stop, as long as doing so is not against the law.

4. Uses and disclosures where you have an opportunity to object

We can share some information about you with your family and anyone else you choose, such as close friends or clergy. We will ask you which people you want us to tell, and what information you want us to tell them about your condition or treatment. We will honor your wishes as long as doing so is not against the law.

5. An accounting of disclosures we have made

When we disclose your PHI, we keep a record of whom we sent it to, when we sent it, and what we sent. You can get an accounting (a list) of many of these disclosures made in the six years before your request. The first accounting in any 12-month period is free; we may charge a reasonable, cost-based fee for additional requests in that period, and we will tell you the fee in advance.

E. Your rights about your protected health information

1. Confidential communications. You can ask us to communicate with you about your health and related issues in a particular way or at a particular place that is more private for you. For example, you can ask us to call you at home rather than at work. We will accommodate reasonable requests, and we will not ask why. Sending information by regular email has some risk that it could be read by someone else. We use secure, HIPAA-compliant systems, including a secure client portal, and we ask that you be thoughtful before you put any information in an email and not use email for anything you want kept private. By signing the separate consent form, you agree to this use of email. Please note that anything you send us electronically becomes part of your legal record, even if we do not place it in the chart. Please do not forward us emails from third parties or others in your life; it is better to discuss them in session.
2. Restrictions. You have the right to ask us to limit what we use or share about you, including what we tell people involved in your care or payment for your care, such as family members and friends. We don't have to agree to your

request, but if we do agree, we will honor it except when it is against the law, in an emergency, or when the information is necessary to treat you.

3. Services you pay for yourself. If you pay for a service or health care item out of pocket in full, you can ask us not to share information about that service with your health insurer for payment or health care operations. We will say "yes" unless a law requires us to share that information.
4. Access to your records. You have the right to look at and get a copy of the PHI we have about you, such as your medical and billing records, in paper or electronic form, and to have a copy sent to someone you choose. Ask our compliance officer to arrange this. We will respond within the time frames required by law (under California law, generally within 5 working days to let you inspect your records and within 15 days to provide copies). We may charge a reasonable, cost-based fee for copies. If you prefer, we will be happy to review your records with you or provide a summary. In limited circumstances allowed by law, such as when a licensed professional determines that access is reasonably likely to endanger your life or physical safety or that of another person, we may deny some or all of your request. If we do, we will tell you why in writing, and in most cases you can ask to have the denial reviewed. Psychotherapy notes, which are kept separately from your medical record, are not included in this right.
5. Amendments. You have the right to ask us to correct or add to your records if you believe the information in them is incorrect or missing something important. You have to make this request in writing and send it to our compliance officer. We may say "no," but if we do, we will tell you why in writing within 60 days, and you may submit a statement of disagreement to be included in your record.
6. An accounting of disclosures. You have the right to a list of certain disclosures we have made, as described in section D.5.
7. A copy of this notice. You have the right to a paper copy of this notice at any time, even if you have agreed to receive it electronically. The current notice is always posted on our website.
8. Notice of a breach. You have the right to be notified if a breach occurs that may have compromised the privacy or security of your PHI.
9. Choosing someone to act for you. If you have given someone medical power of attorney, or if someone is your legal guardian, that person can exercise your rights and make choices about your PHI.
10. Complaints. If you have a problem with how your PHI has been handled, or if you believe your privacy rights have been violated, contact our compliance officer. We will do our best to resolve the problem. You also have the right to file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, 200 Independence Avenue SW, Washington, DC 20201; by calling 1-800-368-1019; or online at www.hhs.gov/ocr/complaints.
11. We will not in any way limit your care or take any action against you if you complain or make a request about your privacy.

You may have other rights under California law, which may be the same as or different from the rights described above. We will be happy to discuss them with you.

F. If you have questions or problems

If you have any questions or problems about our health information privacy policies, please contact our compliance officer, Christopher Plant, PhD, at (562) 646-6313.

The effective date of this notice is October 1, 2026. It replaces the notice dated August 18, 2021.