#### Framework Behavioral Health Clinic

# **Notice of Privacy Practices (NPP)**

Effective Date: September 14, 2025

This notice explains how your health information may be used and shared, and how you can see or get a copy of that information. Please read it carefully.

### 1. Our Promise to You

Your privacy is very important. Health information about you and your care is personal, and we are committed to protecting it. We keep records of the services you receive so we can provide quality care and meet legal requirements. This notice applies to all records of your care created or maintained by this practice.

By law, we must keep your health information private and secure, give you this notice, and follow its terms. We follow whichever law—federal or California—gives your information more protection. We will notify you if your information is compromised in a data breach, and we will update this notice if our privacy practices change.

In most situations, we share only the minimum amount of information needed. The one exception is for treatment: when coordinating care with another health professional (such as your doctor or psychiatrist), it may be necessary to share your full clinical record so they have the complete picture to provide safe and effective care.

### 2. How We Use and Share Your Information

We may use or share your health information in three main ways:

For treatment. We may share information with other health professionals involved in your care. For example, if you are seeing a psychiatrist, we may provide them with your treatment history so they can make informed decisions about your medication.

For payment. Because our practice is cash-pay only, we use your information to bill you directly for services. If you ask us, we can provide you with a receipt or statement so you may submit a claim to your insurance company on your own. We do not bill or communicate with insurance companies on your behalf.

For health care operations. We may use your information to run our practice and improve quality of care. This includes reviewing records to meet professional standards, contacting you with appointment reminders (if you consent), or letting you know about other services or treatment options that might help you.

### 3. When We May Share Information Without Your Permission

The law allows (and sometimes requires) us to share your information without your written permission in certain situations. These include:

- When required by law (for example, if a court orders us to release records).
- For public health and safety: to report child, elder, or dependent adult abuse; prevent or control disease; respond to medication problems or product recalls; or help prevent a serious threat to someone's health or safety.
- For oversight activities: such as audits, licensing, or investigations by government agencies.
- For lawsuits and disputes: if you are involved in a legal matter, we may disclose records as required, after making efforts to protect your privacy.
- For law enforcement: to respond to legal requests or if a crime occurs on our premises.
- To coroners or medical examiners so they can perform their legal duties.
- For research, but only if approved by a privacy or ethics board.
- For specialized government functions: such as military, national security, or correctional facility purposes.
- For workers' compensation: to comply with workers' compensation laws.
- With business services: such as billing or electronic health record systems. These companies are required by law to protect your information.

### 4. When We Will Ask for Your Permission

We will only use or share your information with your written authorization in these cases:

Psychotherapy notes. We generally cannot share your therapy notes unless you authorize it. Limited exceptions include using them for your treatment, training or supervision of other providers, defending ourselves in legal proceedings you initiate, compliance reviews by the U.S. Department of Health and Human Services, certain legal requirements (such as a coroner's duty), or to prevent a serious safety threat.

Marketing. We do not use your information for marketing. If this ever changed, we would first ask for your written permission.

Sale of information. We do not sell your information. If this ever changed, we would first ask for your written permission.

Family and friends. Unless you object, in emergencies, we may share information with people you identify as involved in your care or payment for care. In emergencies, we may share information as needed and confirm with you afterward.

In California, certain health information (such as HIV test results) has extra protection. We will not release this information without your specific written authorization unless the law requires it.

### 5. Your Rights

You have important rights regarding your health information:

See and get a copy of your record. You can ask for an electronic or paper copy of your health record. We will provide it within 30 days of your written request. A reasonable fee may

apply.

Request corrections. If you believe something in your record is wrong or missing, you can ask us to correct it. We will respond within 60 days. If we cannot make the change, we will explain why in writing.

Get a list of disclosures. You can ask for a list of times we shared your information for reasons other than treatment, payment, or operations. We will respond within 60 days. The list covers the past six years. The first list each year is free; additional requests may involve a reasonable fee.

Request confidential communications. You can ask us to contact you in a specific way, such as by mail only. We will honor reasonable requests.

Ask us to limit sharing. You may ask us not to use or share certain information. While we may not always agree, your request will be honored if you pay in full out-of-pocket and ask us not to share that information with your health plan. Because we are cash-pay only, we do not send information to insurance unless you specifically request it.

Receive this notice. You can request a paper or electronic copy of this notice at any time.

Have a representative act for you. If you have a medical power of attorney or a legal guardian, that person may exercise these rights on your behalf.

#### 6. Electronic Communications

If you provide your email or phone number, you are consenting to communication by those methods. Please note that email and text are not always fully secure. While we take precautions, we cannot guarantee complete confidentiality of electronic communications.

#### 7. Record Retention

California law requires us to keep records for a certain time: at least 7 years after your last session for adults, and at least 1 year after you turn 18 (but never less than 7 years) for minors.

# 8. Complaints

If you believe your privacy rights have been violated, you may file a complaint without fear of retaliation.

Framework Behavioral Health Clinic – Contact: 425-686-8349, info@frameworkbehavioral.com, 4079 Governor Dr#5107, San Diego, CA 92122

U.S. Department of Health & Human Services, Office for Civil Rights (OCR) – Phone: 1-800-368-1019 | Website: www.hhs.gov/ocr

California Department of Public Health – Phone: 1-916-558-1784

# 9. Contact Information

If you have questions about this notice or your rights, please contact us:

Framework Behavioral Health Clinic – Contact: 425-686-8349, <a href="mailto:info@frameworkbehavioral.com">info@frameworkbehavioral.com</a>, 4079 Governor Dr#5107, San Diego, CA 92122