

NOTICE OF PRIVACY PRACTICES

Effective Date: 02/02/2025

Your Information. Your Rights. My Responsibilities.

This Notice of Privacy Practices describes how your protected health information (PHI) may be used and disclosed and how you can access your information. Please review it carefully.

Your Rights

You have the right to:

- **Get a copy of your mental health records**
 - **Correct your records**
 - **Request confidential communication**
 - **Ask us to limit the information we share**
 - **Get a list of those with whom we've shared your information**
 - **Get a copy of this privacy notice**
 - **Choose someone to act on your behalf**
 - **File a complaint if you believe your rights have been violated**
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Your Choices

You have some choices in the way we use and share information, including:

- **Sharing your information with family, close friends, or others involved in your care**
 - **Sharing information in a disaster relief situation**
 - **Including your information in a facility directory (if applicable)**
 - **Contacting you for fundraising efforts (we will obtain your permission first)**
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Uses and Disclosures

I may use and share your information in the following ways:

- **Treatment:** I can use your health information and share it with other professionals who are treating you.
 - **Payment:** I can use and share your health information to bill and get payment from health plans or other entities.
 - **Health Care Operations:** I can use and share your health information to run my practice, improve your care, and contact you when necessary.
 - **Legal and Safety Purposes:** I may share your information as required by law, including reporting abuse, neglect, or threats to harm yourself or others.
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My Responsibilities

- **I am required by law to maintain the privacy and security of your protected health information.**
- **I will notify you promptly if a breach occurs that may have compromised the privacy or security of your information.**

- I will not use or share your information other than as described here unless you give me written permission.

State-Specific Protections

Washington State law provides additional protections for your mental health records. Your records will not be disclosed without your written authorization except as required by law, such as in cases of imminent danger or mandatory reporting situations.

How to File a Complaint

If you believe your privacy rights have been violated, you may contact:

- **Office for Civil Rights, U.S. Department of Health & Human Services**
- **Washington State Department of Health**

You will not be penalized for filing a complaint.

For questions about this notice, contact:

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