

# Health Insurance Portability and Accountability Act of 1996 (HIPAA): Notice of Privacy Practices

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## Wellness With Integrity Counseling

15218 Summit Ave Ste 300-138

Fontana, CA, 92336

info@wellnesswithintegrity.com

(909)577-1096

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## Notice of Privacy Practices

**Effective Date: September 1, 2025**

This notice describes how medical and mental health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

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## My Responsibilities

I am required by law to:

- Maintain the privacy of your protected health information (PHI).
  - Provide you with this notice of our legal duties and privacy practices.
  - Abide by the terms of this notice.
  - Notify you if there is a breach of your unsecured PHI.
  - Follow both federal HIPAA law and California law, whichever provides stronger privacy protections.
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## How I May Use and Disclose Information About You

I may use and disclose your health information for the following purposes:

- **Treatment:** To provide, coordinate, or manage your care.
- **Payment:** To obtain payment for services provided.
- **Health Care Operations:** For administrative, quality improvement, or practice management purposes.

Other disclosures are permitted or required by law, such as:

- To comply with laws (e.g., public health, court orders, law enforcement).
  - To prevent or lessen a serious threat to health or safety.
  - For mandatory reporting of child abuse, elder abuse, dependent adult abuse, or threats of serious physical violence (required under California law).
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## Uses and Disclosures Requiring Your Written Authorization

I will not use or disclose your information for purposes other than those described above unless you give us written authorization. Specifically:

- **Psychotherapy notes:** These receive special protection and cannot be shared without your explicit authorization, except as required by law.
- **Marketing or sale of PHI:** Requires your written authorization.

You may revoke an authorization at any time in writing.

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## Your Rights

You have the following rights regarding your health information:

- **Right to Inspect and Copy:** You may request to see or obtain a copy of your records. Under California law, you are entitled to access within **30 days**. In some cases, a treatment summary may be provided instead of full records.
  - **Right to Request Restrictions:** You may request limitations on how your information is used or disclosed. I am not required to agree, but will consider your request.
  - **Right to Confidential Communications:** You may request that we share information and communicate with you in a certain way (e.g., by mail to a different address).
  - **Right to Amend:** You may request corrections or updates to your records. I may say "no" to your request, but I will tell you why in writing within 60 days of receiving your request.
  - **Right to an Accounting of Disclosures:** You may request a list of certain disclosures I have made in which I have disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided me with an Authorization. I will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list I will give you will include disclosures made in the last six years unless you request a shorter time. I will provide the list to you at no charge, but if you make more than one request in the same year, I will charge you a reasonable cost-based fee for each additional request.
  - **Right to a Paper Copy:** You may request a paper copy of this notice at any time.
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## Special Rights for Minors in California

If you are a patient age **12 or older**, California law allows you to consent to your own outpatient mental health treatment in certain circumstances. In those cases, you may have the right to keep your records confidential from your parents or guardians, unless you agree otherwise or disclosure is required by law.

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## Changes to This Notice

I reserve the right to change the terms of this notice. The new notice will apply to all information I maintain. The revised notice will be available on request.

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## Complaints

If you believe your privacy rights have been violated, you may file a complaint with:

- **Our Office:** Wellness With Integrity Counseling, Anna King, (909)577-1096, info@wellnesswithintegrity.com, 15218 Summit Ave Ste 300-138  
Fontana, CA, 92336
- **U.S. Department of Health & Human Services, Office for Civil Rights** 200 Independence Avenue SW  
Washington, D.C. 20201 Phone: 1-877-696-6775

We will not retaliate against you for filing a complaint.

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## Contact Information

If you have questions about this notice, please contact: Anna King, (909)577-1096, info@wellnesswithintegrity.com, 15218 Summit Ave Ste 300-138, Fontana, CA, 92336

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## Acknowledgement of Receipt of Privacy Notice

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By checking the box below, you are acknowledging

that you have received a copy of HIPAA Notice of Privacy Practices.

BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.