

Sesi Signature Inc.

NOTICE OF PRIVACY PRACTICES

Effective: {{DATE}}

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.

Our Commitment to Your Privacy Sesi Signature Inc. is required by law to maintain the privacy of your Protected Health Information (PHI) under both the federal Health Insurance Portability and Accountability Act (“HIPAA”) and California’s Confidentiality of Medical Information Act (“CMIA”). We are committed to protecting your health information.

Changes to the Terms of This Notice. We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

Your Health Information Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

- **Get an electronic or paper copy of your medical record:**
 - You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
 - We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
- **Ask us to correct your medical record:**
 - You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
 - We may say “no” to your request, but we’ll tell you why in writing within 60 days.
- **Request confidential communications**
 - You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
 - We will say “yes” to all reasonable requests.
- **Ask us to limit what we use or share:**
 - You can ask us not to use or share certain health information for treatment, payment, or our operations.

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- We are not required to agree to your request, and we may say “no” if it would affect your care.
 - If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.
 - We will say “yes” unless a law requires us to share that information.
- **Get a list of those with whom we’ve shared information:**
 - You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
 - We will include all disclosures except for certain ones related to treatment, payment, and healthcare operations. However, if our disclosures for these purposes are made through an Electronic Health Record (EHR), you have the right to request an accounting of those disclosures as well.
- **Get a copy of this privacy notice:**
 - You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
- **Choose 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 health information.
 - We will make sure the person has this authority and can act for you before we take any action.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

- **In these cases, you have both the right and choice to tell us to:**
 - Share information with your family, close friends, or others involved in your care.
 - Share information in a disaster relief situation.
 - Include your information in a hospital directory.
 - Contact you for fundraising efforts

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also

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share your information when needed to lessen a serious and imminent threat to health or safety.

- **In these cases we never share your information unless you give us written permission:**
 - Marketing purposes
 - Sale of your information
 - Sharing of psychotherapy notes
- **In the case of fundraising:**
 - We may contact you for fundraising efforts, but you can tell us not to contact you again.

How We May Use and Disclose Your Health Information

How do we typically use or share your health information? We typically use or share your health information in the following ways.

- **For Treatment, Payment, and Health Care Operations:** We may use and disclose your PHI for your treatment, to obtain payment for services, and for our own healthcare operations, such as quality assessment and improvement activities.
- **As Required By Law:** We will disclose your PHI when required to do so by federal or state law. This includes:
 - **Public Health Activities:** We can share health information about you for certain situations such as:
 - Preventing disease
 - Helping with product recalls
 - Reporting adverse reactions to medications
 - Reporting suspected abuse, neglect, or domestic violence
 - Preventing or reducing a serious threat to anyone's health or safety
 - **Health Oversight Activities:** For audits, investigations, inspections, and licensure as authorized by law. We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
 - **Respond to Organ and Tissue Donation Requests:** We can share health information about you with organ procurement organizations.
 - **Lawsuits and Disputes:** In response to a court order, subpoena, or other lawful process.
 - **Law Enforcement:** To report certain types of wounds or other physical injuries or to identify or locate a suspect, fugitive, or missing person.

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- **Coroners, Medical Examiners, and Funeral Directors:** To allow them to carry out their duties.
- **Address workers' compensation, law enforcement, and other government requests:** We can use or share health information about you:
 - For workers' compensation claims
 - For law enforcement purposes or with a law enforcement official
 - With health oversight agencies for activities authorized by law
 - For special government functions such as military, national security, and presidential protective services
- **National Security:** For intelligence, counterintelligence, and other national security activities authorized by law.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

Uses and Disclosures Requiring Your Written Authorization

California's CMIA is generally stricter than HIPAA and often requires your specific written authorization before your information can be disclosed. Our policy is to follow the stricter law. Therefore, for many disclosures, we will obtain your specific authorization even in situations where federal law might otherwise permit disclosure without it.

Other uses and disclosures of your health information not covered by this notice will be made only with your written authorization. Specifically, we must obtain your written authorization for:

- Most uses and disclosures of psychotherapy notes.
- Uses and disclosures of PHI for marketing purposes.
- Disclosures that constitute a sale of your PHI.
- Most disclosures of your information for research purposes.

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You may revoke an authorization at any time, in writing, but we cannot take back any disclosures we have already made with your permission.

Special Protections under California Law

- **Minors:** In California, there are situations where minors can consent for their own treatment. In these cases, the parent or guardian may not have access to the minor's health record without the minor's written consent. These situations include treatment for pregnancy, sexually transmitted diseases, drug or alcohol abuse, and when a minor is legally emancipated.
- **Psychotherapy Notes & Substance Use Records:** These types of records have special protections and generally require a specific written authorization from you before they can be disclosed.

Filing a Complaint

If you believe your privacy rights have been violated, you may file a complaint with our Privacy Officer or with the Secretary of the U.S. Department of Health and Human Services. You will not be retaliated against for filing a complaint. **You may also have additional rights to file a complaint under California law.**

- **To file a complaint with our practice, please contact:**

Sesi Signature Inc.

Lauren Michelle Sesi or Jason Sesi, Privacy Officers

2082 Michelson Drive, Irvine, California 92612

714-905-5900 // contact@sesisignature.com

- **To file a complaint with the U.S. Department of Health and Human Services, contact:** Office for Civil Rights 200 Independence Avenue, S.W., Washington, D.C. 20201 1-877-696-6775 www.hhs.gov/ocr/privacy/hipaa/complaints/

Acknowledgment of Receipt of Notice of Privacy Practices

By signing below, I acknowledge that I have been provided with a copy of Sesi Signature Inc.'s Notice of Privacy Practices. I understand that this notice explains how my health information may be used and disclosed, and it details my privacy rights under HIPAA and California law.

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I have had the opportunity to review the notice and ask questions.

Patient Signature *(or Signature of Legal Representative)*

Printed Name

Date

Relationship to Patient (if applicable)