



STEPHANIE DORSEY
LICENSED CLINICAL SOCIAL WORKER

Notice of Privacy Practices

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.

I Stephanie Dorsey, LCSW, PC am committed to protecting your privacy. I am required by federal law to maintain the privacy of Protected Health Information ("PHI"), which is information that identifies or could be used to identify you. I am required to provide you with this Notice of Privacy Practices (this "Notice"), which explains the Practice's legal duties and privacy practices and your rights regarding PHI that we collect and maintain.

YOUR RIGHTS

Your rights regarding PHI are explained below. To exercise these rights, please submit a written request to me at stephanie.dorsey@hushmail.com or in writing to address PO Box 1113, San Andreas CA 95249.

To inspect and copy PHI: You have the right to get an electronic or paper copy of your medical record and other information that I have about you. I will provide you with a copy of your record, or a summary of it, if you agree. to receive a summary, within 30 days of receiving your written request, and I may charge a reasonable, cost-based fee for doing so.

To amend PHI: You can ask to correct PHI you believe is incorrect or incomplete. I may require you to make your request in writing and provide a reason for the request. I may deny your request. I will send a written explanation for the denial within 60 days of the request and allow you to submit a written statement of disagreement.

To request confidential communications: You can ask me to contact you in a specific way. I will say "yes" to all reasonable requests. You can ask me to limit what is used or shared. You can ask me not to use or share PHI for treatment, payment, or business operations. I am not required to agree if it would affect your care. If you pay for a service or health care item out-of-pocket in full, you can ask me not to share PHI with your health insurer. You can ask for me not to share your PHI with family members or friends by stating the specific restriction requested and to whom you want the restriction to apply.

To obtain a list of those with whom your PHI has been shared: You have the right to request a list of instances 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.

To receive a copy of this Notice: You can ask for a paper copy of this Notice, even if you agreed to receive the Notice electronically. To 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.

To file a complaint if you feel your rights are violated: The Board of Behavioral Sciences receives and responds to complaints regarding services provided within the scope of practice of (marriage and family therapists, licensed educational psychologists, clinical social workers, or professional clinical counselors).

You may contact the board online at www.bbs.ca.gov, or by calling **(916) 574-7830**. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. I will not retaliate against you for filing a complaint.

ROUTINE USES and DISCLOSURES of PHI

I am permitted under federal law to use and disclose PHI, without your written authorization, for certain routine uses and disclosures, such as those made for treatment, payment, and the operation of my business. I typically use or share your health information in the following ways:

To treat you: This may include disclosing your PHI to another health care professional. For example, if you are being treated by a physician or a psychiatrist, I can disclose your PHI to him or her to help coordinate your care.

To run the health care operations: I can use and disclose your PHI for purposes of conducting health care operations pertaining to my practice, including contacting you when necessary. For example, I may need to disclose your PHI to my attorney to obtain advice about complying with applicable laws.

To bill for your services: I can use and disclose your PHI to bill and collect payment for the treatment and services provided by me to you. For example, I might send your PHI to your insurance company to get paid for the health care services that I have provided to you.

Certain Uses and Disclosures Do Not Require Your Authorization. *Subject to certain limitations in the law, I can use and disclose your PHI without your Authorization for the following reasons:*

1. When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.
2. For public health activities, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone's health or safety.

3. For health oversight activities, including audits and investigations by government agencies that oversee the health care system, government benefit programs, other government regulatory programs, and civil rights laws.
4. For judicial and administrative proceedings, including responding to a court or administrative order, although my preference is to obtain an Authorization from you before doing so.
5. For law enforcement purposes, including reporting crimes occurring on my premises.
6. To coroners or medical examiners, when such individuals are performing duties authorized by law.
7. For research purposes, including studying and comparing the mental health of patients who received one form of therapy versus those who received another form of therapy for the same condition.
8. Specialized government functions, including ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counter-intelligence operations; or, helping to ensure the safety of those working within or housed in correctional institutions.
9. For workers' compensation purposes to comply with workers' compensation laws or support claims.
10. To Business Associates which are organizations that perform functions, activities or services on my behalf.
11. Appointment reminders and health related benefits or services. I may use and disclose your PHI to contact you to remind you that you have an appointment with me. I may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that I offer.

Uses and Disclosures of PHI That May Be Made with Your Authorization or Opportunity to Object

Unless you object, the Practice may disclose PHI:

Disclosures to family, friends, or others. I may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

Uses and Disclosures of PHI Based Upon Your Written Authorization: *The law requires I obtain your written authorization to use and/or disclose PHI for Marketing, sale of PHI, and psychotherapy notes.*

Marketing. As a psychotherapist, I will not use or disclose your PHI for marketing purposes**. **

Sale of PHI. As a psychotherapist, I will not sell your PHI in the regular course of my business.

Psychotherapy Notes: I do not keep “psychotherapy notes” as that term is defined in

45 CFR§ 164.501. I maintain a record of your treatment and you may request a copy of such record at any time, or you may request that I prepare a summary of your treatment. There may be reasonable, cost-based fees involved with copying the record or preparing a summary.

MY RESPONSIBILITIES

I am required by law to maintain the privacy and security of PHI. I am required to abide by the terms of this Notice currently in effect. Where more stringent state or federal law governs PHI, I will abide by the more stringent law. I reserve the right to amend this Notice. All changes are applicable to PHI collected and maintained by me. Should I make changes, you may obtain a revised Notice by requesting a copy from me or using the information above. I will inform you if PHI is compromised in a breach.

This Notice is effective as of September 1, 2023. Updated August 9, 2025

STEPHANIE DORSEY LCSW OPERATES AS A PROFESSIONAL CORPORATION UNDER CALIFORNIA LAW.