

FREGOSO PSYCH Fregoso Psychiatric Nursing Services, Inc.

Jose Fregoso, PMHNP-BC

Email: jfregosopmhn@gmail.com

Phone: (323) 510-1058

Website: fregosopsych.com

Telehealth Services Throughout California

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

YOU MAY HAVE ADDITIONAL RIGHTS UNDER CALIFORNIA STATE LAW. PLEASE SEEK LEGAL COUNSEL FROM AN ATTORNEY LICENSED IN CALIFORNIA IF YOU HAVE QUESTIONS REGARDING YOUR RIGHTS TO HEALTH CARE INFORMATION.

EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on **February 1, 2026** and will remain in effect until replaced.

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 (PHI).

I. MY PLEDGE REGARDING YOUR HEALTH INFORMATION

I understand that health information about you and your health care is personal. I am committed to protecting health information about you. I create a record of the care and services you receive from me. I need this record to provide you with quality care and to comply with certain legal requirements.

This notice applies to all of the records of your care generated by this mental health care practice, whether created by me or other healthcare providers acting on my behalf.

This notice will tell you about the ways in which I may use and disclose health information about you. I also describe your rights to the health information I keep about you, and describe certain obligations I have regarding the use and disclosure of your health information.

I am required by law to:

- Make sure that PHI that identifies you is kept private and secure
- Give you this notice of my legal duties and privacy practices with respect to health information
- Follow the terms of the notice that is currently in effect
- Notify you if a breach of your unsecured PHI occurs

I can change the terms of this Notice, and such changes will apply to all the information I have about you. The new Notice will be available upon request, by email, and on my website at fregosopsych.com.

II. HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

The following categories describe different ways that I use and disclose health information. For each category of uses or disclosures I will explain what I mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways I am permitted to use and disclose information will fall within one of the categories.

For Treatment, Payment, or Health Care Operations

Federal privacy rules (regulations) allow health care providers who have a direct treatment relationship with the patient/client to use or disclose the patient/client's personal health information without the patient's written authorization, to carry out the health care provider's own treatment, payment, or health care operations.

Treatment: I may use and disclose your PHI to provide, coordinate, or manage your psychiatric care and related services. This includes consultation with other health care providers regarding your treatment and referrals to other providers for services I do not provide. For example:

- Consulting with another psychiatric provider or therapist about your care
- Coordinating care with your primary care physician
- Referring you to a specialist for additional evaluation
- Sharing information with a laboratory for medication monitoring
- Discussing your care with a pharmacist regarding your medications

Payment: I may use and disclose your PHI to bill and collect payment for services. For example:

- Submitting claims to your insurance company
- Verifying insurance coverage and benefits
- Collecting payment for services rendered
- Responding to insurance company requests for clinical information to support claims

Health Care Operations: I may use and disclose your PHI for my business operations. For example:

- Quality assurance and improvement activities
- Training students or other healthcare providers
- Business planning and management
- Customer service, including appointment reminders
- Resolving complaints

Disclosures for treatment purposes are not limited to the minimum necessary standard because therapists and other health care providers need access to the full record and/or full and complete information in order to provide quality care.

Telehealth-Specific Privacy Practices

Because all services are provided via secure telehealth video platform:

- Sessions are conducted using HIPAA-compliant video conferencing technology (SimplePractice Telehealth)
- Sessions are NOT recorded unless you provide explicit written consent
- You are responsible for ensuring you are in a private location during sessions where our conversation cannot be overheard
- You must be physically located in California during all sessions
- Technical failures or interruptions may require continuation via telephone

III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION

Psychotherapy Notes

I do keep "psychotherapy notes" as that term is defined in 45 CFR § 164.501. Any use or disclosure of such notes requires your written Authorization unless the use or disclosure is:

- For my use in treating you
- For my use in training or supervising mental health practitioners to help them improve their skills
- For my use in defending myself in legal proceedings instituted by you
- For use by the Secretary of HHS to investigate my compliance with HIPAA
- Required by law and the use or disclosure is limited to the requirements of such law
- Required by law for certain health oversight activities
- Required by a coroner performing duties authorized by law
- Required to help avert a serious threat to the health and safety of others

Marketing Purposes

I will not use or disclose your PHI for marketing purposes without your prior written authorization. For example, if I request a review or testimonial from you and plan to share it publicly online or elsewhere to advertise my services, I will provide you with a HIPAA authorization form.

The HIPAA authorization is required if your review contains PHI (such as your name, the date of service you received, the kind of treatment you are seeking, or other personal health details). Because you may not realize which information is considered PHI, I will send you a HIPAA authorization regardless of the content of your review.

Once you complete the HIPAA authorization, I will have the legal right to use your review for advertising and marketing purposes, even if it contains PHI. You may withdraw this consent at any time by submitting a written request via email to jfregosopmhn@gmail.com or via certified mail to my business address.

Once I have received your written withdrawal, I will remove your review from my website and from any other places where I have posted it. I cannot guarantee that others who may have copied your review will also remove it. This is a risk you should be aware of before giving permission to post your review.

Sale of PHI

I will not sell your PHI under any circumstances.

Most Uses and Disclosures of Highly Sensitive Information

Most uses and disclosures of psychotherapy notes (as defined by HIPAA), uses and disclosures of PHI for marketing purposes, and disclosures that constitute a sale of PHI require your authorization as described above. Additionally, California law provides additional protections for certain sensitive information, including mental health records.

IV. USES AND DISCLOSURES THAT 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:

When Legally Required

When disclosure is required by federal or California state law, and the use or disclosure complies with and is limited to the relevant requirements of such law.

Public Health Activities

For public health activities, including:

- Reporting suspected child abuse (persons under 18 years)
- Reporting suspected elder abuse (persons 65 years and older)
- Reporting suspected dependent adult abuse (persons 18-64 with disabilities)
- Preventing or reducing a serious threat to anyone's health or safety
- Reporting to public health authorities for disease prevention and control

California-Specific: Under California law, I am a mandated reporter and must report suspected abuse or neglect of children, elders, and dependent adults to the appropriate authorities.

Health Oversight Activities

For health oversight activities, including audits and investigations by:

- California Board of Registered Nursing
- Medical Board of California
- Department of Health Care Services
- Other regulatory agencies

Judicial and Administrative Proceedings

For judicial and administrative proceedings, including:

- Responding to a court or administrative order
- Responding to a subpoena, discovery request, or other lawful process

My preference is to obtain an Authorization from you before disclosing PHI in response to legal process, when allowed by law. I will make reasonable efforts to notify you of such requests or to obtain an order protecting your information.

Law Enforcement Purposes

For law enforcement purposes, including:

- Reporting crimes occurring on my premises or during telehealth sessions
- Reporting crimes in emergency situations
- Complying with court orders, warrants, subpoenas, or similar legal process

Serious Threats to Health or Safety

To avert a serious threat to health or safety, I may disclose PHI if I believe in good faith that disclosure:

- Is necessary to prevent or lessen a serious and imminent threat to your health or safety or the health or safety of another person or the public
- Is necessary for law enforcement authorities to identify or apprehend an individual

California-Specific: Under California Civil Code § 43.92 (Tarasoff duty), I have a duty to warn and protect when a patient communicates a serious threat of physical violence against a reasonably identifiable victim.

Coroners, Medical Examiners, and Funeral Directors

To coroners, medical examiners, and funeral directors as authorized by law to carry out their duties.

Research Purposes

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, when the research has been approved by an institutional review board or privacy board and appropriate safeguards are in place.

Specialized Government Functions

For specialized government functions, including:

- Military and veterans' activities
- National security and intelligence activities
- Protective services for the President and others
- Correctional institutions (if you are an inmate)
- Workers' compensation purposes (although my preference is to obtain Authorization when possible)

Organ and Tissue Donation

For organ and tissue donation requests, if you are an organ donor.

Business Associates

I may disclose your PHI to my business associates who perform services on my behalf (such as billing companies, cloud storage providers, or electronic health record vendors). I require these business associates to appropriately safeguard your information through written agreements.

V. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT

Disclosures to Family, Friends, or Others Involved in Your Care

You have the right and choice to tell me that I may share your PHI with a family member, friend, or other person whom you indicate is involved in your care or the payment for your health care.

If you are present and able to make decisions, I will:

- Give you the opportunity to object to such disclosures before making them
- Only make the disclosure if you do not object

In emergency situations, or if you are incapacitated, I may share information if I determine, using my professional judgment, that the disclosure is in your best interest. In these situations, I will only disclose information directly relevant to the person's involvement in your care.

Disaster Relief Situations

I may disclose your PHI to disaster relief organizations (such as the Red Cross) to notify family members or others about your location, general condition, or death in a disaster, unless you have objected to such disclosures in advance.

VI. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI

The Right to Request Limits on Uses and Disclosures

You have the right to ask me not to use or disclose certain PHI for treatment, payment, or health care operations purposes. I am not required to agree to your request, and I may decline if I believe it would affect your health care. If I do agree, I will comply with your request unless the information is needed to provide emergency treatment.

The Right to Request Restrictions for Out-of-Pocket Expenses Paid in Full

You have the right to request restrictions on the disclosure of your PHI to health plans for payment or health care operations purposes if:

- The PHI pertains solely to a health care item or service that you have paid for out-of-pocket in full, AND
- The disclosure is not otherwise required by law

I must agree to your request in these circumstances.

The Right to Request Confidential Communications

You have the right to ask me to contact you in a specific way (for example, home or office phone, or by email rather than phone) or to send mail to a different address. I will agree to all reasonable requests. You do not need to explain the reason for your request.

The Right to Inspect and Copy Your PHI

You have the right to inspect and obtain a copy of your PHI contained in your medical and billing records and in any other records that I maintain and use to make decisions about your care.

To inspect and copy your PHI:

- Submit a written request to me via email at jfregosopmhn@gmail.com or by mail
- I will respond to your request within 15 days (or 30 days if the records are stored off-site)
- I will provide you with a copy of your record or, if you agree, a summary of it
- I may charge a reasonable, cost-based fee for copying, postage (if you request mailing), and preparing any summary you request

I may deny your request to inspect and copy in certain limited circumstances. If you are denied access, you may request a review of the denial.

The Right to Amend Your PHI

If you believe that there is a mistake in your PHI or that important information is missing, you have the right to request that I correct or add to the existing information.

To request an amendment:

- Submit a written request to me via email at jfregosopmhn@gmail.com or by mail
- Provide a reason supporting your request
- I will respond within 60 days of receiving your request

I may deny your request if:

- The information was not created by me (unless the person who created it is no longer available)
- The information is not part of the records I keep
- The information is not permitted to be inspected or copied
- The information is accurate and complete

If I deny your request, you have the right to submit a written statement disagreeing with the denial. I may prepare a rebuttal and will provide you with a copy.

The Right to an Accounting of Disclosures

You have the right to request a list (accounting) of instances in which I have disclosed your PHI for purposes other than treatment, payment, health care operations, and certain other exceptions.

To request an accounting:

- Submit a written request to me via email at jfregosopmhn@gmail.com or by mail
- Specify the time period for the accounting (no longer than 6 years from the date of your request, and not before April 14, 2003)
- I will respond within 60 days of receiving your request

The first accounting you request within a 12-month period will be provided free of charge. For additional requests within the same 12-month period, I may charge a reasonable, cost-based fee and will notify you in advance.

The Right to a Paper or Electronic Copy of This Notice

You have the right to receive a paper copy of this Notice upon request, even if you have agreed to receive it electronically. You may obtain a copy by:

- Requesting one via email at jfregosopmhn@gmail.com
- Downloading it from my website at fregosopsych.com
- Requesting one during a session

The Right 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 regarding your health information
- Make choices about your health information

I will verify the authority of such person before disclosing your PHI or allowing them to make decisions on your behalf.

The Right to Be Notified of a Breach

You have the right to be notified if there is a breach of your unsecured PHI. I will notify you without unreasonable delay and in no case later than 60 days after discovery of the breach.

The Right to File a Complaint

If you believe your privacy rights have been violated, you have the right to file a complaint:

With me:

- Email: jfregosopmhn@gmail.com
- Phone: (323) 510-1058
- Mail: [Business address once established]

With the federal government:

- U.S. Department of Health and Human Services
- Office for Civil Rights
- 200 Independence Avenue, S.W.
- Washington, D.C. 20201
- Phone: (877) 696-6775
- Website: www.hhs.gov/ocr/privacy/hipaa/complaints

With California state authorities:

- California Department of Public Health
- Office of HIPAA Implementation
- MS 1000, P.O. Box 997377
- Sacramento, CA 95899-7377
- Phone: (916) 440-7130

I will not retaliate against you in any way for filing a complaint.

VII. ADDITIONAL CALIFORNIA PRIVACY RIGHTS

California Consumer Privacy Act (CCPA)

In addition to your HIPAA rights, California residents have additional privacy rights under the California Consumer Privacy Act (CCPA) and the California Privacy Rights Act (CPRA). However, PHI covered by HIPAA is generally exempt from CCPA.

California Confidentiality of Medical Information Act (CMIA)

The California Confidentiality of Medical Information Act (CMIA) provides additional protections for medical information, including mental health records. Under CMIA:

- I must obtain your written authorization before disclosing medical information for purposes other than those permitted by law
- You have the right to receive notice of any unauthorized acquisition of your medical information
- Mental health records receive special protections and may not be disclosed without specific authorization in most circumstances

Mental Health Records Protections

California law provides enhanced privacy protections for mental health records. Mental health information may not be disclosed without your authorization except:

- When necessary for your treatment by other healthcare providers
- When required by law (such as mandated abuse reporting)
- When necessary to prevent serious harm to you or others
- When responding to valid legal process (court orders, subpoenas with proper notice)

Minor Consent

California law allows minors age 12 and older to consent to mental health treatment in certain circumstances without parental involvement. When a minor consents to treatment independently, the minor's mental health records are confidential and may not be released to parents or guardians without the minor's consent, except in limited circumstances.

Note: My practice serves adults ages 18 and older. I do not provide services to minors.

VIII. CHANGES TO THIS NOTICE

I reserve the right to change the terms of this Notice at any time. Any changes will apply to all PHI that I maintain, including information created or received before the changes were made.

If I make material changes to this Notice, I will:

- Post the revised Notice on my website at fregosopsych.com
- Make the revised Notice available at your next visit or upon request
- Note the effective date on the first page of the Notice

You may obtain a current copy of this Notice at any time by:

- Visiting fregosopsych.com
- Requesting one via email at jfregosopmhn@gmail.com

- Requesting one during a session
-

IX. CONTACT INFORMATION

If you have questions about this Notice or wish to exercise any of your rights described above, please contact:

Jose Fregoso, PMHNP-BC Fregoso Psych Email: jfregosopmhn@gmail.com Phone: (323) 510-1058 Website: fregosopsych.com

X. ACKNOWLEDGMENT OF RECEIPT

By signing the Informed Consent for Psychotherapy form, you acknowledge that you have received this Notice of Privacy Practices and have had the opportunity to review it and ask questions.

Effective Date: February 1, 2026

This notice complies with:

- Health Insurance Portability and Accountability Act (HIPAA) of 1996
 - HITECH Act of 2009
 - California Confidentiality of Medical Information Act (CMIA)
 - California Civil Code § 56 et seq.
 - California Business and Professions Code § 2290.5
 - Other applicable federal and California state privacy laws
-

This Notice of Privacy Practices is designed to comply with HIPAA and California state law. However, laws change and interpretations vary. This notice should not be construed as legal advice. If you have specific legal questions about your privacy rights, please consult with an attorney licensed in California.