



**TAMARA L. KLINE, MFT**  
**MARRIAGE AND FAMILY THERAPIST**  
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### **Notice Of Privacy Practices (HIPAA)**

The Health Insurance Portability and Accountability Act (“HIPAA”) requires that I maintain the privacy of your medical information and provide you this notice in writing of my privacy practices.

I value the confidentiality of your personal health information (“PHI”). Your health information includes records that I create and obtain when I provide care to you, including records of your symptoms, diagnosis, treatments, test results, and referral for further care, in addition to bills and payment information, and insurance claims that I maintain related to your care. This notice describes how physical and mental health information about you may be used and disclosed, your rights regarding this information, and how you may access this information. Please review it carefully.

Except for the following purposes, I will use and disclose your health information only with your written permission:

(1) I may use and disclose your physical and mental health information for your treatment and to provide you with treatment-related health care services. I will disclose your physical and mental health information when required to do so by international, federal, state or local law.

(2) It is my policy that all routine or recurring uses and disclosures of your personal health information (PHI) must be limited to the minimum amount of information needed to accomplish the purpose of the use or disclosure. You may revoke the written permission at any time by writing to my office.

It is my policy to require an authorization for any use or disclosure of psychotherapy notes, as defined in the HIPAA regulations, except for treatment, payment or health care operations as follows: Use by me for treatment; use or disclosure in defense of a legal action brought by the individual whose records are in issue; use or disclosures as required by law, or as authorized by law to enable health oversight agencies to oversee the originator of the psychotherapy notes.

You have the right to inspect and/or receive a copy of your mental health information and billing records, except in limited circumstances, and a right to receive to all disclosures of you PHI. All requests, questions or complaints shall be made to me directly at the above address. If you believe your privacy rights have been violated, you may file a complaint with me or with the Secretary of the Department of Health and Human Services: Department of Health and Human Services, Office of Civil Rights, South United Nations Plaza, Room 322, San Francisco, CA 94102. Phone: (415) 437-8329; fax: (TDD) 415-437-8311.

I acknowledge that I have received a copy of the HIPAA Notice of Privacy Practices of Tamara Kline, MFT, effective from the date written below:

Signature of patient \_\_\_\_\_

Date: \_\_\_\_\_