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NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO ME.

MY LEGAL DUTY

I am required by applicable federal and state law to maintain the privacy of your health information. I am also required to give you this Notice about my privacy practices, my legal duties, and your rights concerning your health information. I must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect 10/22/12, and it will remain in effect until I replace it.

I reserve the right to change my privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. I reserve the right to make the changes in my privacy practices and the terms of my Notice effective for all health information that I maintain, including health information I created or received before I made the changes. Before I make a significant change in my privacy practices, I will change this Notice and make the new Notice available upon request.

You may request a copy of my Notice at any time. For more information about my privacy practices, or for additional copies of this Notice, please contact me using the information listed at the end of this Notice.

USES AND DISCLOSURES OF HEALTH INFORMATION

I use and disclose health information about you for treatment, payment and healthcare operations. For example:

TREATMENT: I may use or disclose your health information to a physician or other healthcare provider providing treatment to you.

PAYMENT: I may use and disclose your health information to obtain payment from insurance companies with whom you hold policies.

HEALTH CARE OPERATIONS: My practice may disclose your health information within my office to operate my business.

YOUR AUTHORIZATION: In addition to my use of your health information for treatment and payment, you may give me written authorization to share your health information with other healthcare professionals and/or agencies to facilitate consistent quality treatment.

REQUIRED BY LAW: I may use or disclose your health information when I am required to do so by law.

TO YOUR FAMILY AND FRIENDS: I must disclose your health information to you, as described in the individual rights section of this Notice. I may disclose your health information to

a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare.

OTHER USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION: Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision to revoke your authorization.

INDIVIDUAL RIGHTS:

You have certain rights under the federal privacy standards. These include:

- The right to request restrictions regarding the use and disclosure of your protected health information;
- The right to receive confidential communication concerning your medical condition and treatment;
- The right to inspect and copy your protected health information;
- The right to amend or submit corrections to your protected health information;
- The right to receive an accounting of how and to whom your protected health information has been disclosed; and
- The right to receive a printed copy of this Notice.

QUESTIONS AND COMPLAINTS: If you have questions or complaints about this privacy notice please contact Mr. John Goll, LMFT, at john@johngoll.com or through www.JohnGoll.com.

If you are concerned that I may have violated your privacy rights, or you disagree with a decision regarding sharing your personal health information or to have me communicate with you by alternative means or at alternative locations, you may contact me at the above location, or you may file a complaint with the U.S. Department of Health and Human Services. I support your right to privacy of your health information. I will not retaliate in any way if you choose to file a complaint either with me or with the U.S. Department of Health and Human Services.

EFFECTIVE DATE:

This Notice is effective 10/22/12.