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Licensed Clinical Social Worker · California License #127867

NOTICE OF PRIVACY PRACTICES

Effective Date: August 15, 2026

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

I. My Pledge Regarding Your Health Information

I understand that information about your health and the care you receive is personal. I am committed to protecting the privacy and security of your health information.

I maintain records of the services you receive from me in order to provide appropriate care, document your treatment, and meet applicable legal and professional requirements.

This Notice of Privacy Practices explains how I may use and disclose your protected health information ("PHI"), your rights regarding your PHI, and my responsibilities regarding the privacy and security of your health information.

I am required by law to:

- Maintain the privacy and security of your PHI.
- Provide you with this Notice describing my legal duties and privacy practices regarding your PHI.
- Follow the terms of the Notice currently in effect.
- Notify you as required by law if a breach occurs involving your unsecured PHI.
- Provide you with information about how to exercise your privacy rights and file a complaint.

I may change the terms of this Notice as permitted by law. If I make a material change to my privacy practices, I will revise this Notice and make the revised Notice available as required by law.

II. How I May Use and Disclose Your Health Information

The following describes some of the ways I may use or disclose your PHI without your written authorization, as permitted or required by applicable law. Not every permitted use or disclosure is listed.

Treatment

I may use or disclose your PHI to provide, coordinate, or manage your mental health treatment.

For example, when permitted by law, I may communicate with another healthcare provider involved in your care for purposes of consultation, coordination, referral, or treatment.

Payment

Because my practice is private-pay, I generally do not submit claims to health insurance companies on your behalf.

I may nevertheless use or disclose your PHI as necessary for payment-related activities permitted by law.

If you request a superbill or other documentation to submit to your insurance company for possible out-of-network reimbursement, that documentation may contain health information about you. You are responsible for determining whether your insurance plan provides out-of-network benefits and for submitting any documentation to your insurer.

If you pay for a health care service completely out of pocket and in full, you may request that I not disclose information concerning that service to your health plan for purposes of payment or health care operations, except where disclosure is otherwise required by law.

Health Care Operations

I may use or disclose your PHI as necessary for certain health care operations permitted by law, including activities related to practice management, quality assessment, compliance, professional review, and administrative functions.

Because I operate a solo private practice, health care operations in my practice may be limited compared with those of a larger healthcare organization.

Appointment Reminders and Other Communications

I may use your PHI to contact you regarding appointments, scheduling, billing, treatment-related matters, or other matters related to your care.

I may contact you using the telephone number, email address, mailing address, or other contact information you provide to me.

Treatment Alternatives and Health-Related Services

I may use your PHI to provide information about treatment alternatives or other health-related services or benefits that may be of interest to you.

III. Other Uses and Disclosures Permitted or Required by Law

In addition to the circumstances described above, I may use or disclose your PHI without your written authorization when permitted or required by applicable federal or California law.

These circumstances may include:

- As Required by Law. I may disclose PHI when federal, state, or other applicable law requires me to do so.
- Public Health Activities. I may disclose PHI for certain public health activities permitted or required by law.
- Abuse and Neglect Reporting. I may disclose PHI when required by applicable law to report suspected child abuse or neglect, elder abuse or neglect, or dependent adult abuse or neglect.
- Health Oversight Activities. I may disclose PHI to appropriate government agencies for activities authorized by law, including audits, investigations, inspections, licensing activities, and other health oversight activities.
- Judicial and Administrative Proceedings. I may disclose PHI in response to a court or administrative order or other lawful legal process when permitted or required by applicable law.
- Law Enforcement. I may disclose PHI to law enforcement when permitted or required by applicable law, including in response to certain lawful requests or circumstances involving reporting crimes.

- Coroners and Medical Examiners. I may disclose PHI to coroners or medical examiners when necessary to carry out duties authorized by law.
- Research. I may disclose PHI for certain research purposes when permitted by applicable law and appropriate privacy protections are in place.
- Serious Threats to Health or Safety. I may use or disclose PHI when permitted or required by law to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.
- Workers' Compensation. I may disclose PHI as necessary to comply with workers' compensation laws.
- Specialized Government Functions. I may disclose PHI for certain specialized government functions when authorized by law.
- Disaster Relief. I may disclose PHI to organizations assisting in disaster-relief efforts when permitted by law.

Substance Use Disorder Records

Certain records relating to substance use disorder treatment may be subject to additional federal protections under 42 CFR Part 2.

To the extent I maintain records that are subject to Part 2, I will comply with the applicable Part 2 requirements. Such records generally may not be used or disclosed in a civil, criminal, administrative, or legislative proceeding against you unless you provide the required written consent or a court order and subpoena satisfy the applicable requirements.

Additional California Privacy Protections

California law provides additional protections for certain health information. These protections may apply to mental health information, psychotherapy-related information, HIV/AIDS information, reproductive health care, gender-affirming health care, substance use disorder information, and other specially protected information, depending on the circumstances.

I will comply with applicable federal and California requirements governing the use and disclosure of such information.

California law also places restrictions on certain disclosures of medical information, including additional protections applicable to psychotherapy and certain reproductive and gender-affirming health information.

IV. Uses and Disclosures That Require Your Authorization

Certain uses and disclosures of your PHI require your written authorization.

Except where otherwise permitted or required by law, I will obtain your written authorization before using or disclosing your PHI for purposes that require authorization.

You may revoke an authorization in writing at any time, except to the extent that I have already relied upon the authorization.

Psychotherapy Notes

Psychotherapy notes are a specific category of notes that are separately maintained from the rest of a client's medical record and document or analyze the contents of a counseling session.

If I maintain psychotherapy notes as defined by HIPAA, uses and disclosures of those notes generally require your written authorization, except where otherwise permitted or required by law.

Psychotherapy notes are distinct from the clinical information contained in your treatment record. Information maintained as part of your ordinary clinical record, including diagnoses, treatment plans, symptoms, progress notes, and other treatment documentation, is not considered psychotherapy notes solely because it relates to psychotherapy.

Marketing
I will not use or disclose your PHI for marketing purposes when an authorization is required by law.

Sale of PHI
I will not sell your PHI in a manner that requires your authorization under applicable law without obtaining the required authorization.

V. Disclosures to Family Members, Friends, or Other People Involved in Your Care

With your permission, or when otherwise permitted by law, I may disclose relevant PHI to a family member, friend, or another person whom you identify as being involved in your care or payment for your care.

In certain circumstances, including emergencies, I may disclose relevant information when permitted by law if you are unable to agree or object and the disclosure is determined to be in your best interest or necessary to provide or coordinate care.

You may ask me not to disclose information to a particular person. I will consider your request consistent with applicable law and clinical circumstances.

VI. Your Rights Regarding Your Health Information

You have the following rights regarding your PHI, subject to certain limitations and exceptions under applicable law.

1. Right to Request Restrictions

You have the right to request restrictions on certain uses and disclosures of your PHI for treatment, payment, or health care operations.

I am not required to agree to every requested restriction.

However, if you pay for a health care service completely out of pocket and in full, you may request that I not disclose information concerning that service to your health plan for payment or health care operations purposes, unless disclosure is otherwise required by law.

2. Right to Request Confidential Communications

You have the right to request that I communicate with you about your health information in a particular way or at a particular location.

For example, you may request that I contact you only by telephone, email, through the secure client portal, or at a particular mailing address.

I will accommodate reasonable requests as required by applicable law.

3. Right to Access Your Health Information

You generally have the right to inspect and obtain a copy of your PHI contained in your designated record set, subject to certain exceptions provided by law.

Certain information, including separately maintained psychotherapy notes when applicable, may be subject to different access rules.

Requests for access should be made in writing. I will respond to requests within the time period required by applicable law. Reasonable, legally permitted fees may apply for copies or other services associated with fulfilling a request.

4. Right to Request an Amendment

You have the right to request an amendment to PHI that you believe is incorrect or incomplete.

I may deny your request in certain circumstances permitted by law. If I deny your request, I will provide you with a written explanation and information regarding your rights under applicable law.

5. Right to an Accounting of Disclosures

You generally have the right to request an accounting of certain disclosures of your PHI made by me, subject to exceptions provided by law.

The accounting generally does not include disclosures made for treatment, payment, or health care operations, or certain other disclosures excluded by law.

I will respond to requests within the time period required by applicable law.

6. Right to Receive a Copy of This Notice

You have the right to receive a paper copy of this Notice at any time. You may also request an electronic copy.

VII. Your Rights Regarding Confidentiality and Privacy

Your health information is protected by federal and California law.

The confidentiality of psychotherapy records is subject to certain legal exceptions. These may include disclosures required or permitted by law, such as certain mandated reports, certain legal proceedings, and disclosures necessary to address serious threats to health or safety.

Additional information about the confidentiality of psychotherapy and the circumstances in which confidentiality may be limited is provided in your Informed Consent for Psychotherapy.

Nothing in this Notice is intended to limit any privacy rights you may have under applicable federal or California law.

VIII. My Responsibilities

I am required by law to:

- Maintain the privacy and security of your PHI.
- Provide you with this Notice describing my legal duties and privacy practices.
- Notify you as required by law if a breach occurs involving your unsecured PHI.

- Follow the terms of the Notice currently in effect.
- Provide you with information about how to exercise your privacy rights and file a complaint.

I reserve the right to change my privacy practices and this Notice as permitted by law. Any revised Notice will be effective as permitted by applicable law and will be made available as required by law.

IX. Questions or Complaints About Your Privacy Rights

If you have questions about this Notice or believe your privacy rights have been violated, please contact me:

Cameron Young, LCSW

California License #127867

Phone: (626) 244-7071

Email: contact@cameronyounglcsw.com

Mailing Address: 17480 Colima Rd #1084, Rowland Heights, CA 91748

You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights.

U.S. Department of Health and Human Services

Office for Civil Rights

You may contact the Office for Civil Rights at 1-800-368-1019 or through its online complaint process (HHS Office for Civil Rights Complaint Portal).

You will not be retaliated against or penalized for filing a privacy complaint. HIPAA specifically requires the NPP to explain the complaint process and state that there will be no retaliation for filing a complaint.

X. Effective Date of This Notice

This Notice of Privacy Practices is effective August 15, 2026.