UNITY NEUROBEHAVIORAL HEALTH

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Notice of Privacy Practices and Good Faith Estimate Rights

Effective Date: January 01, 2025

Unity Neurobehavioral Health
Physical Office (by appointment only): 118 W. Lime Ave., Suite 101, Monrovia, CA 91016
Mailing Address: 440 N. Barranca Ave. #2541, Covina, CA 91723
Telephone: (626) 321-2889 | Fax: (626) 593-4199
Email: info@unityneuro.com | Website: www.unityneuro.com

Privacy Contact: Luis Efren Aguilar, Psy.D., Licensed Psychologist (CA PSY 34659)

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

Unity Neurobehavioral Health is a California professional psychology practice providing psychological and neuropsychological services. We are committed to protecting the privacy, confidentiality, and security of your protected health information (PHI) in accordance with HIPAA and applicable California privacy and medical-information laws, including the California Confidentiality of Medical Information Act (CMIA). When California law provides greater privacy protection than federal law, we follow the more protective requirement.

At a Glance

- You may obtain an electronic or paper copy of your health record, subject to limitations provided by law.
- You may ask us to correct information, communicate with you in a confidential way, or limit certain uses and disclosures.
- We may use and disclose PHI for treatment, payment, and health care operations, and in other situations permitted or required by law.
- Most uses of psychotherapy notes, marketing uses, and any sale of PHI require your written authorization.
- If we maintain substance use disorder records protected by 42 CFR Part 2, additional federal confidentiality protections apply.

- You may complain to us or to the U.S. Department of Health and Human Services Office for Civil Rights without retaliation.

1. Your Rights

When it comes to your health information, you have important rights. We will explain how to exercise these rights and will respond within the timeframes required by applicable law.

Get an electronic or paper copy of your health information. You may ask to inspect or receive a copy of your medical and billing records and other PHI we maintain about you. We generally will provide access or a copy within the timeframe required by law and may charge a reasonable, cost-based fee where permitted. Certain information, such as psychotherapy notes, may be excluded from the HIPAA right of access.

Ask us to correct your health information. You may ask us to amend information you believe is incorrect or incomplete. We may deny a request in circumstances permitted by law, but if we do, we will explain the reason in writing and describe any further rights you may have.

Request confidential communications. You may ask us to contact you in a specific way or at a specific location, such as by a particular phone number or mailing address. We will accommodate reasonable requests.

Ask us to limit what we use or share. You may ask us not to use or disclose certain information for treatment, payment, or health care operations. We are not always required to agree. If you pay in full out of pocket for a service, you may ask us not to disclose information about that service to your health plan for payment or health care operations, and we will honor the request unless disclosure is required by law.

Receive an accounting of certain disclosures. You may ask for a list of certain disclosures of your PHI made during the six years before your request. The accounting does not include every disclosure, such as most disclosures for treatment, payment, health care operations, or disclosures you specifically authorized.

Get a copy of this Notice. You may request a paper copy of this Notice at any time, even if you previously agreed to receive it electronically.

Choose someone to act for you. If a legally authorized personal representative, guardian, or other person has authority to act for you, we will verify that authority before allowing the person to exercise your privacy rights. Special rules may apply to minors and to certain sensitive services.

File a complaint without retaliation. You may complain if you believe your privacy rights have been violated. We will not retaliate against you for filing a complaint.

2. Your Choices and Authorizations

For certain information, you may tell us how you want information shared. We will follow your instructions when required by law and when we agree to a requested restriction.

- You may tell us whether and how to share relevant information with family members, close friends, or others involved in your care or payment for your care.
- If you are unable to express a preference, we may share information when permitted by law and when we believe disclosure is in your best interest or is needed to reduce a serious and imminent threat to health or safety.
- We will not use or disclose PHI for marketing, sell your PHI, or disclose most psychotherapy notes without your written authorization, except as permitted by law.
- We do not currently use PHI for fundraising. If that practice changes, any fundraising communication will include a clear way to opt out.
- If you give us written authorization for a use or disclosure, you may revoke that authorization in writing at any time, except to the extent we already relied on it.

3. How We May Use and Disclose Your Health Information

We may use and disclose PHI without additional written authorization in circumstances permitted or required by law. We apply applicable privacy safeguards and, when required, the minimum-necessary standard.

Treatment: We may use your information and share it with other health care professionals involved in your care, including for consultation, care coordination, referrals, and continuity of care.

Payment: We may use and disclose information to bill and receive payment from you, health plans, insurers, or other responsible parties, including to obtain authorization or determine coverage.

Health care operations: We may use and disclose information to operate the practice, improve quality, conduct compliance and administrative activities, manage records, train staff, and contact you about services or appointments.

Business associates and service providers: We may share PHI with vendors that perform functions for us, such as electronic health records, secure messaging, billing, or technology services, when permitted by law and subject to required privacy and security protections.

Public health and safety: We may disclose information for legally authorized public health activities, reporting of certain diseases or adverse events, or to prevent or reduce a serious threat to health or safety.

Abuse, neglect, and other mandated reporting: We may disclose information when required or permitted by law to report suspected abuse, neglect, domestic violence, or other circumstances subject to mandatory reporting obligations.

Health oversight and government functions: We may disclose information to health oversight agencies or for other government functions when authorized by law.

Workers' compensation: We may disclose information as authorized by and necessary to comply with workers' compensation or similar programs.

Law enforcement, judicial, and administrative proceedings: We may disclose information in response to a valid court or administrative order, subpoena, discovery request, law-enforcement request, or other lawful process, subject to applicable federal and California protections.

Coroners, medical examiners, funeral directors, and organ procurement: We may make disclosures when permitted or required by law for these purposes.

Research: We may use or disclose PHI for research only as permitted by applicable law, such as with your authorization or an appropriate waiver or other legal permission.

Required by law: We will disclose information when federal or state law requires us to do so, including to the U.S. Department of Health and Human Services when it seeks information to determine our compliance with federal privacy law.

4. Special Protections for Sensitive Information

Mental health and psychotherapy information. Psychological, mental health, and psychotherapy information may receive additional protection under federal and California law. We will obtain written authorization when required and will not disclose psychotherapy notes except as permitted by law.

Substance use disorder records protected by 42 CFR Part 2. To the extent we receive or maintain substance use disorder patient records that are subject to 42 CFR Part 2, those records have additional federal confidentiality protections. We will not use or disclose Part 2 records in civil, criminal, administrative, or legislative investigations or proceedings against you unless you provide written consent or the disclosure is supported by a court order and subpoena as required by law.

California law. California law may impose stricter requirements for certain medical, mental health, minor, and other sensitive information. Where California law is more protective than HIPAA, we will follow the more protective requirement.

5. Our Responsibilities

- We are required by law to maintain the privacy and security of your PHI and to follow the duties and privacy practices described in the current version of this Notice.
- We maintain administrative, physical, and technical safeguards appropriate to the nature of the information we handle, including access controls and security measures for electronic information.
- We will notify affected individuals as required by law if a breach occurs that may have compromised the privacy or security of PHI.
- We will not use or disclose your information other than as described in this Notice unless you authorize us in writing or another law permits or requires the use or disclosure.

6. Website and Digital Communications

Our public website may collect limited technical information used to operate and improve the site, such as browser, device, access, and traffic information. If you submit contact information through a website or other electronic channel, we use it to respond to your inquiry, facilitate scheduling, or provide requested services. Clinical records and secure patient communications are handled through practice systems and service providers subject to applicable privacy and

security requirements.

Please avoid sending highly sensitive clinical information through ordinary, unsecured email unless specifically instructed. For confidential clinical communication, use a secure method designated by the practice when available.

7. Changes to This Notice

We may change the terms of this Notice and make the revised Notice effective for all PHI we maintain, including information created or received before the change. The current Notice will be available upon request, at our office, and on our website.

8. Questions, Privacy Requests, and Complaints

For questions about this Notice, requests to exercise your privacy rights, or complaints about our privacy practices, contact:

Privacy Contact: Luis Efren Aguilar, Psy.D.
Unity Neurobehavioral Health
Mailing Address: 440 N. Barranca Ave. #2541, Covina, CA 91723
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You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. We will not retaliate against you for filing a complaint.

HHS Office for Civil Rights: https://www.hhs.gov/hipaa/filing-a-complaint/index.html |

HHS: 1-877-696-6775

Notice of Your Right to a Good Faith Estimate

For individuals who are uninsured or who are not using insurance to pay for care

You have the right to receive a "Good Faith Estimate" explaining how much your health care will cost.

Under federal law, health care providers generally must give individuals who do not have certain health coverage, or who are not using insurance to pay for the scheduled service, a Good Faith Estimate of expected charges before the service is provided.

- You have the right to receive a Good Faith Estimate for the total expected cost of health care items or services when you request one or when you schedule care.
- If you schedule an item or service 3 to 9 business days in advance, the provider generally must give you the Good Faith Estimate in writing within 1 business day after scheduling.
- If you schedule an item or service 10 or more business days in advance, the provider generally must give you the Good Faith Estimate in writing within 3 business days after scheduling.
- You may request a Good Faith Estimate before scheduling care. If you do, the provider generally must give it to you in writing within 3 business days after the request.
- Keep your Good Faith Estimate and compare it with your final bill.

  If your bill is substantially higher than the estimate

If a bill from a provider or facility is at least $400 more than the amount shown on the Good Faith Estimate from that provider or facility, you may be eligible to use the federal patient-provider dispute resolution process. The Good Faith Estimate is important documentation if you decide to dispute the bill.

More information

For information about your rights under the No Surprises Act, visit: https://www.cms.gov/nosurprises

No Surprises Help Desk: 1-800-985-3059

Requesting an estimate from Unity Neurobehavioral Health

If you are uninsured or plan not to use insurance for services and would like a Good Faith Estimate, please contact Unity Neurobehavioral Health using the telephone or email listed in this Notice. An estimate will be provided in accordance with applicable federal timing requirements.

Federal reference information: This Notice incorporates current HHS model Notice of Privacy Practices elements and the CMS model notice regarding Good Faith Estimates for uninsured or self-pay individuals.