Core Wellness Living and Family Therapy Inc.
Notice of Privacy Practices

This notice describes how Core Wellness Living and Family Therapy Inc. may use and disclose your health information. It also explains how you can get access to this information. Please review it carefully.

Privacy Practices in Summary:

Patient Rights. *You have the right to:*

Get a copy of your paper or electronic medical record.	Correct your paper or electronic medical record.
File a complaint if you believe your privacy rights have been violated.	Ask us to limit the information we share about you.
Get a list of those with whom we've shared your information.	Get a copy of this Notice of Privacy Practices.
Request that we use only confidential communication methods with you.	Choose someone to act on your behalf.

Patient Rights *You have choices about how we use your information:*

If we tell your family or friends about your conditions.	If we provide disaster relief services.
If we sell your information.	If we market our services.

Our Uses and Disclosures of Your Information. *We may use your information when we conduct these activities:*

Help with public health and safety issues.	Bill you or a third party for our services.
Comply with the law.	Conduct research.
Respond to lawsuits and legal actions.	Address law enforcement or other government requests.
Treat you	Perform privacy reviews and audits.

Privacy Practices in Detail:

Detailed Patient Rights. *You have certain rights. This section explains some of your rights and some of our related responsibilities.*

You may: Obtain an electronic or paper copy of your medical record.	You may ask us to see or obtain an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this. Under most circumstances, we will provide you with a copy or a summary of your health information following your request. You may also request we send your medical record or other information to another person or entity. We may charge a reasonable, cost-based fee. Please note, you don't have the right to access information that does not directly relate to you. This may include, but is not limited to, business planning records, quality assessment records, or management records used for business decisions generally rather than to make decisions about you as an individual.
You may: Ask us to correct the information in your medical record.	You may ask us to correct health information in your record that you believe is incorrect or incomplete. Ask us how to do this. If we deny your request, we will provide you a written explanation for that denial within 60 days.
You may: Request confidential communications from us.	You may ask us to contact you in a specific way (e.g., cell phone only), or to send mail to a different address (e.g., a friend's home). We will comply with all reasonable requests.
You may: Ask us to limit what information we use or share.	You may ask us to refrain from using or sharing certain health information for your treatment, in our operations, or to obtain payment for our services. We are not required to comply with your request, and we may decline your request if we reasonably believe that it would affect your care. If we do accept your request, then we must comply with all agreed restrictions, except for purposes of treating you in a medical emergency. If you pay for our services or a healthcare item in full out-of-pocket, you may ask that we not share that information for the purpose of securing payment or sharing our healthcare operations with your health insurer. We will agree to this request unless a law requires otherwise.
You may: Request a copy of this Notice of Privacy Practices.	You may request a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

You may: Request a list of those with whom we have shared information about you.	You may request a list (called an accounting) of the times that we have shared your health information for the six years prior to the date of your request. The accounting will include the recipient and the reason your information was shared. We will include all disclosures except for those relating to treatment, payment, healthcare operations, and certain other disclosures (e.g., those you asked us to make). We will provide you with one accounting per year at no cost, but we will charge a reasonable, cost-based fee if you request another within 12 months.
You may: Choose someone to act on your behalf.	If you have given someone your medical power of attorney, or if someone is your legal guardian, that person may exercise your rights and make choices about your health information. We will verify that this person has this authority and can act for you before we take any action.
You may: File a complaint if you feel your privacy rights are violated.	You may complain to our Privacy Officer if you believe we violated your rights. You may also file a complaint by sending a letter to: U.S. Dept. of Health and Human Services Office for Civil Rights 200 Independence Avenue, S.W. Washington, D.C. 20201 You may also call (877) 696-6675 or visit www.hhs.gov. We will not retaliate against you for filing a complaint.
You may: Ask us to correct the information in your medical record.	You may ask us to correct health information in your record that you believe is incorrect or incomplete. Ask us how to do this. If we deny your request, we will provide you a written explanation for that denial within 60 days.
You may: Ask us how we treat records relating to substance use, reproductive health, and for use in any civil, criminal, administrative, or legislative proceeding.	Your records relating to substance use disorders and reproductive health are subject to heightened privacy standards. In order for us to disclose those records we require your express consent on a form separate from our standard information disclosure form. Before we may disclose any of your records for use in a civil, criminal, administrative, or legislative proceeding, you must first consent to the disclosure on an information disclosure form separate and apart from other disclosure forms.

Detailed Patient Choices. *You have some choices about how we use and disclose your information. If you have a clear preference for how we share your information in the situations described below, please discuss that with us so we may respect your wishes.*

In these situations, you have a right and a choice to instruct us as to how you'd like us to:

Share information with your family or others involved in your care.
Share information as we respond to a disaster relief situation.

If you cannot tell us your preference (e.g., if you are incapacitated), we may share your information as we believe is in your best interest. We may share your information when it is necessary to lessen a serious and imminent threat to health or safety. You may also designate someone to tell us your preference on your behalf.
In other situations, however, we will never share your information unless you provide us with your written permission:
When we seek to use your information for our marketing purposes.
When we seek to sell your information.
When we seek to share any patient notes, sensitive information as defined under applicable California law, or HIV-related information from your record.

Detailed Uses and Disclosures by our Practice. *The most common ways we use or share your health information include when we*:

Treat you.	We can use your health information and share it with other professionals who are treating you. This may include the sharing of information to covered entities that are not part of your direct treatment team.
Operate our practice.	We can use and share your health information to run our practice, improve your care, and contact you.
Bill for our services.	We can use and share your health information to bill and obtain payment from health plans or other entities.

The less common ways we use or share your health information include when we:

Report suspected abuse, neglect, or domestic violence.	Report adverse medication reactions.
Assist with public health and safety issues.	Prevent or reduce a serious threat to anyone's health or safety.
Conduct research.	Prevent disease.
Support government functions such as military, national security, and presidential protective services.	Contribute to the public good or assist with public health and research.
Respond to workers' compensation claims.	Support health oversight agencies' activities as authorized by law.
Comply with state or federal laws.	Respond to law enforcement requests.
Assist with product recalls.	Respond to lawsuits and legal actions.
Respond to court or administrative agency orders or subpoenas.	Demonstrate to HHS we are compliant with federal privacy laws.

*We must comply with several conditions in the law before we can share your information for these purposes. For more information, see:

hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers.

Detailed Practice Responsibilities.
The law requires us to maintain the privacy and security of your protected health information. This includes maintaining reasonable and appropriate administrative, technical, and physical safeguards to protect the unauthorized use or disclosure of your protected information. We will alert you promptly if a

breach occurs that may have compromised the privacy or security of your information. Additionally, we will mitigate, to the extent practicable, any harmful effect we learn was caused by a breach of privacy. We must comply with the duties and privacy practices described in this notice, and we must offer you a copy of this document. We will not use or share your information, other than as described here, without your express written permission. If you authorize the use or disclosure of your information, you may revoke that authorization in writing at any time. *For more information, visit HHS' website at hhs.gov/hipaa/for-individuals/notice-privacy-practices.*

Security & Bot Protection

We use Google reCAPTCHA to prevent spam and abuse. As the website owner, we are the Data Controller for this security data (such as IP addresses), which is processed by our technical service providers and **Google** strictly for security purposes. This data is not used for advertising. For details, see the Google Cloud Data Processing Addendum.

About This Notice:

This notice is adopted as of March 2026.
Our Chief Privacy Officer is Jaimi Taylor, LMFT
You can contact our Chief Privacy Officer to file a complaint if you feel your rights have been violated or to ask further questions about your privacy rights.
We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request.