JIMENA SALCEDO
LMFT #132556

NOTICE OF PRIVACY PRACTICES (HIPAA)

Effective Date: 12/01/2025

Provider: Jimena Salcedo, LMFT

Practice Name: Jimena Salcedo

Email: jimena@jimenasalcedo.com

Mailing Address: PO Box 1061, Oakley, CA 94561-1061

Service Type: Telehealth Psychotherapy (California Only)

YOUR PRIVACY MATTERS

This Notice of Privacy Practices (NPP) describes how your protected health information (PHI) may be used and disclosed, and how you can access your information. This Notice applies to all services provided via telehealth to individuals located in California.

1. MY LEGAL RESPONSIBILITIES

As a Licensed Marriage and Family Therapist (LMFT) in California, I am required by law to:

- Maintain the privacy and security of your protected health information.
- Provide you with this Notice explaining my privacy practices.
- Follow the terms of this Notice unless it is revised.
- Notify you if a breach of unsecured PHI occurs.

2. HOW I USE AND DISCLOSE YOUR INFORMATION

I may use or disclose PHI in the following ways:

A. Treatment

I may use information about you to provide therapy services, coordinate care, or consult with other treating providers with your written authorization.

B. Payment

I may use your information to:

- Bill you directly,

- Process payments,

- Provide documentation for insurance reimbursement if you request a superbill.

I do not bill insurance directly unless explicitly stated.

C. Healthcare Operations

I may use your information for practice operations such as quality improvement, documentation, training, and ensuring services are clinically appropriate.

D. Telehealth Technologies

Your PHI may be stored in or transmitted through HIPAA-compliant platforms used for video sessions, scheduling, billing, and recordkeeping. No telehealth sessions are recorded.

3. DISCLOSURES WITHOUT YOUR AUTHORIZATION

I may disclose PHI without your permission in the following circumstances:

A. Danger to Self or Others

If there is a serious threat to your safety or the safety of others.

B. Suspected Abuse or Neglect

I am a mandated reporter in California. I must report:

- Child abuse,

- Elder abuse,

- Dependent adult abuse.

C. Legal Requirements

I may disclose PHI when required by court order or other legal mandate.

D. Health Oversight Activities

The California Board of Behavioral Sciences (BBS) or other oversight agencies may request records as part of an investigation or audit.

4. DISCLOSURES REQUIRING YOUR AUTHORIZATION

I will obtain written authorization before sharing PHI for purposes including:

- Communication with other healthcare providers,
- Communication with family members,
- Employment or school-related letters that include health information,
- Release of records to third parties.

You may revoke authorization at any time in writing.

5. YOUR RIGHTS UNDER HIPAA AND CALIFORNIA LAW

A. Right to Access Your Records

You may request to inspect or receive a copy of your therapy records. California law requires that I provide access within 5–15 business days.

B. Right to Request an Amendment

If you believe your records contain incorrect information, you may request an amendment.

C. Right to Confidential Communications

You may request specific methods of contact (e.g., email only, specific phone number).

D. Right to Request Restrictions

You may ask me to limit what information is shared. I am not required to agree, but I will consider all reasonable requests.

E. Right to an Accounting of Disclosures

You may request a list of disclosures made without your authorization.

F. Right to a Paper or Electronic Copy

You may receive this Notice in either paper or digital form upon request.

6. TELEHEALTH-SPECIFIC PRIVACY PRACTICES

- Sessions occur using HIPAA-compliant telehealth platforms.
- You must be physically located in California at the time of service.
- You agree to participate in sessions from a private, secure environment.
- Email and text communication are used for scheduling and administrative matters only, not clinical discussions.

7. COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with:

Jimena Salcedo
Email: jimena@jimenasalcedo.com
Mailing Address: PO Box 1061, Oakley, CA 94561-1061

or with the U.S. Department of Health & Human Services (HHS),
Office for Civil Rights (OCR).

You will not be penalized for filing a complaint.

8. CHANGES TO THIS NOTICE

I may update this Notice at any time. Revisions will be posted on my website with the updated effective date.

If you have any questions regarding this Notice or your privacy rights, please contact me at the information provided above.