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NOTICE OF PRIVACY PRACTICES

Healthcare providers like myself are required by federal law to give you a notice about the privacy practices of your health information. This notice thus describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully and also see this link for more information:

<https://www.hhs.gov/hipaa/for-professionals/privacy/laws-regulations/index.html>

When you sign this form below, it will represent your understanding and agreement to this document.

I. MY PLEDGE REGARDING HEALTH INFORMATION: I understand that health information about you and your health care is personal. I am committed to protecting your Protected Health Information (PHI), health information about you. I create a record of the care and services you receive from me. I need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by this mental health care practice. This notice will tell you about the ways in which I may use and disclose health information about you. I also describe your rights to the health information I keep about you, and describe certain obligations I have regarding the use and disclosure of your health information. I am required by law to:

- Make sure that Protected Health Information (“PHI”) that identifies you is kept private.
- Give you this notice of my legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect and notify you if there is a breach of your PHI.
- I can change the terms of this notice, and such changes will apply to all information I have about you. The new notice will be available upon request.

II. TERMS TO FACILITATE THE USE AND DISCLOSURE PROCESS:

- PHI refers to information about yourself in your medical health record that could identify you (e.g., name, presenting concerns, treatment dates).
- Use refers to activities within my office/group (e.g., sharing and using information that identifies you).
- Disclosure refers to activities outside of my office/group (e.g., releasing or sharing information about you to other parties).
- Authorization refers to your written consent and permission to disclose your health information.
- Treatment refers to when I provide or manage your healthcare (e.g., consult with other professionals to better serve your needs).
- Payment refers to when I may use your PHI to obtain payment for your healthcare services.
- Health Care Operations refer to activities that relate to operating my practice.

III. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI:

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

1. The Right to Get a Paper or Electronic Copy of this Notice. You have the right to get a paper copy or get a copy of this notice by e-mail. Even if you have agreed to receive this notice via e-mail, you also have the right to request a paper copy of it.
2. The Right to Correct or Update Your PHI. If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that I correct the existing information or add the missing information. I may say “no” to your request, but I will discuss this with you.
3. The Right to Request Confidential Communications: You can ask me to contact you in a specific way or to send mail to a different address.
4. The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask me not to use or disclose certain PHI for treatment, payment, or health care operations purposes. I am not required to agree to your request, and I may say “no” if I believe it would affect your health care (e.g., emergency care) and will discuss this with you. If you also pay for a service or health care item out-of-pocket in full, you can ask me to not share that information for the purpose of payment or our operations with your health insurer. I will say “yes” unless a law requires me to share that information.
5. The Right to Get a List of the Disclosures I Have Made. You have the right to request a list of instances in which I have disclosed your PHI for purposes other

than treatment, payment, or health care operations, or for which you provided me with an authorization.

6. The Right to See and Get Copies of Your PHI. Other than “psychotherapy notes,” you have the right to get an electronic or paper copy of your medical record and other information that I have about you. I will provide a copy of the record or a summary of it, if you agree to receive a summary.
7. The Right to Choose someone to Act for You: If someone has authority to act as your personal representative, such as if someone has your medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. I will confirm that this person has this authority and can act for you before we take any action.
8. The Right to File a Complaint: If you believe your privacy rights have been violated at any time, please talk with me about it. You may also file a complaint with the Secretary of the Department of Health and Human Services (www.hhs.gov/ocr/privacy/hipaa/complaints). All complaints must be submitted in writing. You will not be penalized or discriminated against for filing a complaint.

IV. YOU HAVE THE FOLLOWING CHOICES WITH RESPECT TO YOUR PHI:

For certain PHI, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

1. In these cases, you have both the right and choice to tell me to:
 - Share information with your family, close friends, or others involved in your care or payment for your care
 - Share information in a disaster relief situation
 - Include your information in a hospital directory

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

2. I must obtain your written authorization for any use or disclosure of your PHI that is not for treatment, payment or health care operations or otherwise permitted or required by the Privacy Rule. In these cases I can never share your information unless you give me written permission:

- Marketing purposes: Marketing is any communication about a product or service that encourages recipients to purchase or use the product or service. I must obtain an authorization to use or disclose your PHI for marketing, except for face-to-face marketing communications between myself and you, and for my provision of promotional gifts of nominal value.
 - Sale of your information: I will not sell your PHI in the regular course of our work and treatment.
 - Most sharing of psychotherapy notes: I do not use Psychotherapy Notes at this time (notes other than notes for your official medical record). However, if I were to do so, I must obtain your authorization to use or disclose these other than in some instances (e.g., for my own training, to defend myself in legal proceedings ever brought by you, for HHS to investigate or determine my compliance with the Privacy Rules, to avert a serious and imminent threat to public health or safety, and more).
3. In the case of fundraising: I may contact you for fundraising efforts, but you can tell me not to contact you again. **If I have your substance use disorder patient records, subject to 42 CFR part 2, I will give you clear and obvious notice in advance and a choice about whether to receive fundraising communications that use your Part 2 information.**

V. MY USE AND DISCLOSURES:

I will do my best to rely on my professional ethics and judgment in deciding which of these disclosures to make. I will also make reasonable effort to disclose only the minimum necessary information in cases other than: cases of disclosure to or a request by another health care provider for treatment, disclosure to an individual who is the subject of the information, use or disclosure made pursuant to an authorization, disclosure to HHS for complaint investigation, compliance review or enforcement, use or disclosure that is required by law, or use or disclosure required for compliance with the HIPAA Transactions Rule or other HIPAA Administrative Simplification Rules.

I typically use or share your PHI in the following ways:

1. For Treatment, Payment, or Health Care Operations: Federal privacy rules allow health care providers/entities (including myself and others) who have a direct treatment relationship with client to use or disclose the client's PHI without the client's written authorization to carry out the health care provider/entity's own treatment, payment (e.g., session fees, insurance reimbursement) or health care operations (e.g., arranging audits, specified insurance functions). For example, I may disclose your protected health information for the treatment activities of any health care provider to help them coordinate your care, for bill and payment

collection of the treatment provided, or to consult with my attorney to obtain advice about complying with applicable laws. While this is the case, I prefer to obtain authorization from you prior to doing so and will inform you of this in most cases. However, please note that as discussed above, this is not required of me.

2. **To Run My Practice:** I can use and share your PHI to run my practice, improve your care, and contact you when necessary. *Example: I use PHI about you to manage your treatment and services.*
3. **Bill for Your Services:** I can use and share your PHI to bill and get payment from health plans or other entities. *Example: I give information about you to your health insurance plan so it will pay for your services.*
4. **Uses and Disclosures with Opportunity to Agree or Object:** Informal permission may be obtained by asking you directly, or by circumstances that clearly give you the opportunity to agree, acquiesce, or object. For example, if you were ever incapacitated in any emergency situation, I may disclose information about you to emergency personnel or your family members to facilitate your care. I will act according to the best of my professional judgment in these cases and only disclose if the disclosure is determined to be in the best interests of you.

I am also allowed or required to share your information in other ways, usually in ways that contribute to the public good, such as public health and research such as those listed below. I have to meet many conditions in the law before I can share your information for these purposes. Additionally, in all cases, including those listed below, if I have **substance use disorder patient records** about you, subject to 42 CFR part 2, I cannot use or share information in those records in civil, criminal, administrative, or legislative investigations or proceedings against you without (1) your consent or (2) a court order and a subpoena.

1. **Public Interest and Benefit Activities:** The HIPAA Privacy Rule permits use and disclosure of protected health information for 12 national priority purposes without your authorization in order to recognize the important uses made of health information outside of the healthcare context. These include:
 - a. *When Required by Law.* I may use and disclose your PHI without your authorization as required by law (including by statute, regulation, or court orders).
 - b. *For Public Health Activities.* I may disclose your PHI for the purpose of public health such as to public health authorities authorized by law to collect information to prevent/control disease, injury, or disability, public health/other government authorities authorized to receive reports of child abuse and neglect, entities subject to FDA regulation regarding FDA

regulated products or activities, individuals who may have contracted or been exposed to a communicable disease when notification is authorized by law, and employers, regarding employees, when requested by employers, for information concerning a work-related illness/injury, because such information is needed by the employer to comply with the Occupational Safety and Health Administration (OSHA), the Mine Safety and Health Administration (MSHA), or similar state law.

- c. *For Victims of Abuse, Neglect or Domestic Violence.* I may disclose your PHI to appropriate government authorities regarding victims of abuse, neglect, or domestic violence.
- d. *For Health Oversight Activities.* I may disclose your PHI to health oversight agencies (as defined in the Rule) for purposes of legally authorized health oversight activities, such as audits and investigations necessary for oversight of the health care system and government benefit programs.
- e. *For Judicial and Administrative Proceedings.* I may disclose your PHI in a judicial or administrative proceeding if the request for the information is through an order from a court or administrative tribunal. I may also have to do so in response to a subpoena or other lawful process if certain assurances regarding notice to the individual or a protective order are provided.
- f. *For Law Enforcement Purposes.* I may disclose your PHI to law enforcement officials for law enforcement purposes under various circumstances (e.g., to identify or locate a suspect or missing person, in response to a law enforcement official's request for information about a victim or suspected victim of a crime, to alert law enforcement of a person's death, if I suspect that criminal activity caused the death and more).
- g. *For Decedents.* I may disclose your PHI to funeral directors as needed, and to coroners or medical examiners to identify a deceased person, determine the cause of death, and perform other functions authorized by law.
- h. *For Cadaveric Organ, Eye, or Tissue Donation.* I may disclose your PHI to facilitate the donation and transplantation of cadaveric organs, eyes, and tissue.
- i. *For Research.* I may disclose your PHI for certain research purposes (e.g., having representations from the researcher that the use or disclosure of the PHI is solely to prepare a research protocol or for similar purpose preparatory to research, that the researcher will not remove any PHI from

my practice, and that protected health information for which access is sought is necessary for the research).

- j. *For Serious Threat to Health or Safety.* I may disclose your PHI if I believe it is necessary to prevent or lessen a serious and imminent threat to a person or the public, when such disclosure is made to someone they believe can prevent or lessen the threat (including the target of the threat). I may also disclose to law enforcement if the information is needed to identify or apprehend an escapee or violent criminal.
 - k. *For Essential Government Functions.* I may disclose your PHI for certain essential government functions (e.g., assuring proper execution of a military mission, conducting intelligence and national security activities that are authorized by law, providing protective services to the President).
 - l. *For Workers' Compensation.* I may disclose your PHI as authorized by, and to comply with, workers' compensation laws and other similar programs providing benefits for work-related injuries or illnesses. If you file a worker's compensation claim, I may disclose to your employer your medical information created as a result of employment-related health care services provided to you with the specific prior written consent and expense of your employer, while I prefer to obtain an authorization from you prior to doing so. The requested information that will be disclosed will only be what is relevant to your claim and describes your functional limitations.
2. Limited Data Set: A limited data set is PHI from which certain specific information about you, your family members, and employers have been removed. This may be used and disclosed for research, health care operations, and public health purposes, after promising specific safeguards for the PHI in the data set and with your agreement.

***More Restrictive Laws:** The uses and disclosures described in this Notice are limited by other applicable laws that may impose greater restrictions than HIPAA. When another applicable law, including **42 CFR Part 2 or the California Confidentiality of Medical Information Act (CMIA, Cal. Civ. Code § 56 et seq.)**, provides more stringent protections for your health information, **I will follow the more restrictive law.** Under California law, certain categories of information – including substance use disorder records, mental and behavioral health information, sexual and reproductive health information, and gender-affirming care information – are classified as “sensitive services” and may require your express written authorization before disclosure.

***Potential for Redislosure:** Protected health information that we disclose as permitted by this Notice or the HIPAA Privacy Rule may be subject to redisclosure by the recipient and may no longer be protected by federal privacy laws.

VI. ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By checking the box below, you are acknowledging that you have received a copy of HIPAA Notice of Privacy Practices.

*****This notice is effective as of February 16, 2026. This notice was revised to incorporate updated requirements for substance use disorder (SUD) treatment records under 42 CFR Part 2 and the California Confidentiality of Medical Information Act (CMIA).**

BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.