

Notice of Privacy Practices

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NOTICE OF PRIVACY PRACTICES

Under the Health Insurance Portability and Accountability Act of 1996 (hereafter, "HIPAA"), you have certain rights regarding the use and disclosure of your protected health information (hereafter, "PHI"). This notice describes how your health information may be used and disclosed, and how you can get access to this information. Please review it carefully. You may have additional rights under state and local law. Please seek legal counsel from an attorney licensed in your state if you have questions regarding your rights to health care information.

EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on November 1, 2025.

I. MY PLEDGE REGARDING HEALTH INFORMATION

I understand that health information about you and your health care is personal. I am committed to protecting 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 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.

II. HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

The following categories describe different ways that I use and disclose health information. For each category of uses or disclosures, I will explain what I mean and provide some examples. Not every use or disclosure in a category will be listed. However, all of the ways I am permitted to use and disclose information will fall within one of the categories.

1. **Treatment Payment or Health Care Operations.** Federal privacy rules (regulations) allow health care providers who have a direct treatment relationship with the patient/client to use or disclose the patient/client's PHI without the patient's written authorization, to carry out the health care provider's own treatment, payment, or health care operations. I may also disclose your PHI for the treatment activities of any health care provider. This too can be done without your written authorization. For example, if a clinician were to consult with another licensed health care provider about your condition, we would be permitted to use and disclose your PHI, which is otherwise confidential, in order to assist the clinician in the diagnosis and treatment of your mental health condition. I may also use your PHI for operations purposes, including sending you appointment reminders, billing invoices, and other documentation.

Disclosures for treatment purposes are not limited to the minimum necessary standard. Therapists and other health care providers need access to the full record and/or complete information in order to provide quality care. The word "treatment" includes, among other things, the coordination and management of health care providers with a third party, consultations between health care providers, and referrals of a patient for health care from one health care provider to another.

2. **Lawsuits and Disputes.** If you are involved in a lawsuit, I may disclose health information in response to a court or administrative order. I may also disclose health information about you or your minor child(ren) in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to notify you about the request or to obtain an order protecting the requested information.

III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION

1. **Psychotherapy Notes.** I do keep "psychotherapy notes" as that term is defined in 45 CFR § 164.501, and any use or disclosure of such notes requires your Authorization unless the use or disclosure is:
 - a. For my use in treating you.
 - b. For my use in training or supervising mental health practitioners to help them improve their skills in individual, joint, family, or group counseling or therapy.
 - c. For my use in defending myself in legal proceedings instituted by you.
 - d. For use by the Secretary of Health and Human Services (HHS) to investigate my compliance with HIPAA.
 - e. Required by law, and the use or disclosure is limited to the requirements of such law.
 - f. Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes.
 - g. Required by a coroner who is performing duties authorized by law.
 - h. Required to help avert a serious threat to the health and safety of others.
2. **Marketing Purposes.** I will not use or disclose your PHI for marketing purposes.
3. **Sale of PHI.** I will not sell your PHI.

IV. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION

Subject to certain limitations in the law, I can use and disclose your PHI without your Authorization for the following reasons:

1. **Legal Requirements.** When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.

2. **Public Health Activities.** For public health activities, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone's health or safety.
3. **Health Oversight.** For health oversight activities, including audits and investigations.
4. **Judicial and Administrative Proceedings.** For judicial and administrative proceedings, including responding to a court or administrative order, although my preference is to obtain an Authorization from you before doing so.
5. **Law Enforcement.** For law enforcement purposes, including reporting crimes occurring on my premises.
6. **Coroners and Medical Examiners.** To coroners or medical examiners, when such individuals are performing duties authorized by law.
7. **Research.** For research purposes, including studying and comparing the mental health of patients who received one form of therapy versus those who received another form of therapy for the same condition.
8. **Specialized Government Functions.** Specialized government functions, including ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counter-intelligence operations; or helping to ensure the safety of those working within or housed in correctional institutions.
9. **Workers' Compensation.** For workers' compensation purposes. Although my preference is to obtain an Authorization from you, I may provide your PHI in order to comply with workers' compensation laws.
10. **Appointment Reminders and Health-Related Benefits.** Appointment reminders and health-related benefits or services. I may use and disclose your PHI to contact you to remind you that you have an appointment with me. I may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that I offer.

V. CERTAIN USES AND DISCLOSURES REQUIRE YOU HAVE THE OPPORTUNITY TO OBJECT

1. **Disclosures to family, friends, or others.** I may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. I may also share your information in a disaster relief situation. The opportunity to consent may be obtained retroactively in emergency situations to mitigate a serious and immediate threat to health and safety or if you are unconscious.

VI. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI

1. **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.
2. **The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full.** You have the right to request restrictions on disclosures of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full.
3. **The Right to Choose How I Send PHI to You.** You have the right to ask me to contact you in a specific way (for example, phone or email) or to send mail to a different address, and I will agree to all reasonable requests.
4. **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 you with a copy of your record, or a summary of it, if you agree to receive a summary, within 30 days of receiving your written request. I may charge a reasonable, cost-based fee for doing so.
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. I will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list I will give you will include disclosures made in the last six years unless you request a shorter time. I will provide the list to you at no charge, but if you make more than one request in the same year, I will charge you a reasonable cost-based fee for each additional request.
6. **The Right to Revoke an Authorization.** You may revoke any authorization you previously gave for the use or disclosure of your PHI at any time by submitting a written request. A revocation becomes effective once it is received by the person or entity authorized to make the disclosure. Note that revocation applies only to future uses or disclosures of your PHI. It does not cancel or undo any disclosures that were made while the authorization was valid.
7. **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 tell you why in writing within 60 days of receiving your request.
8. **The Right to Get a Paper or Electronic Copy of this Notice.** You have the right to get a paper copy of this Notice, and you have the right to get a copy of this notice by email. Even if you initially agreed to receive this Notice via email, you always have the right to request a paper copy.
9. **The Right to File a Complaint.** You can file a complaint with me if you feel I have violated your right to privacy and the security of your health data. You also have the right to file a complaint with the U.S. Department of Health, Health and Human Services (HHS) Office for Civil Rights. You will not face any retaliation for filing a complaint. Instructions for submitting a complaint to HHS are available on the HHS website. You can also call them for more information.

HHS Website: <https://www.hhs.gov/hipaa/filing-a-complaint>

HHS Number: (877) 696-6775

VII. CHANGES TO NOTICE OF PRIVACY PRACTICES

I reserve the right to change the terms of this document and my privacy practices at any time. Changes will apply to all PHI I maintain about you. If this document is updated, I will notify you of any significant changes. You may request a copy of the revised document at any time, and it will also be available in my office and on my website. Unless you are notified of changes, I am required to abide by the terms of the current Notice.