

# DR. JACOB & ASSOCIATES INC.

## NOTICE OF HEALTH INFORMATION PRIVACY PRACTICES

Last Updated/Effective Date: January 13, 2026

This Notice of Health Information Privacy Practices or "Notice" describes how Dr. Jacob & Associates Inc. may use and disclose your health information and how you can access this information. In this Notice, we use terms like "we," "us" or "our" or "Dr. Jacob & Associates Inc." to refer to Dr. Jacob & Associates Inc., and its affiliates. Please review this Notice carefully.

### **Psychotherapy Notes**

Psychotherapy notes are created by mental health professionals to document or analyze conversations during private, group, joint, or family counseling sessions. Psychotherapy notes are kept separate from medical records. These notes exclude medication prescriptions, session times, treatment modalities, clinical test results, and summaries of diagnosis, treatment plans, symptoms, prognosis, or progress.

Due to their sensitive nature and limited utility for most healthcare operations, psychotherapy notes require patient authorization for disclosure, including for treatment by another provider. Patients or their representatives may be denied access to these notes under the Privacy Rule.

If Psychotherapy Notes are created for your treatment, we need your written authorization to use or disclose them, unless: (1) the creator needs them for treatment, (2) they are used in supervised mental health training, or (3) they are used in defending a proceeding you bring. Psychotherapy Notes are recorded by mental health professionals to document or analyze conversations during private, group, joint, or family counseling sessions and are kept separate from medical records. They exclude medication details, session times, treatment modalities, test results, and summaries of diagnosis, treatment plans, symptoms, prognosis, or progress. If your provider believes providing copies could be harmful, they may deny your request.

### **Substance Use Disorder (SUD) Medical Records**

Dr. Jacob & Associates Inc.'s SUD treatment records cannot be used for investigation or prosecution without written consent or a court order. Records used in audits or evaluations also require patient consent or a court order to be disclosed. Separate consent is required for using or sharing SUD counseling notes.

Dr. Jacob & Associates Inc. may use a single SUD records authorization for future treatment, payment, and operations. Records disclosed to HIPAA-covered entities may be redisclosed per HIPAA rules. De-identified SUD records may be shared with public health authorities. SUD records and testimony are protected in legal proceedings without consent or a court order. Unauthorized disclosures will be reported per applicable laws.

SUD patients have rights under the HIPAA Privacy Rule, including requesting restrictions on disclosures to health plans for services paid in full, obtaining a disclosure accounting for the past three years, and opting out of fundraising communications. Clinicians may use discretion when granting access to SUD records.

### **Health Information Exchange (HIE)**

Dr. Jacob & Associates Inc. participates in a non-profit, non-governmental HIE to securely share health information and improve care coordination. Opting in via the Patient Services Agreement allows providers to access shared information, such as medical history, medications, allergies, and hospital records, to ensure timely and appropriate

care. Only providers involved in the patient's care, medical examiners, public health authorities, and certain other entities may access this information for approved purposes.

Behavioral health information, including substance abuse treatment records, is shared on the HIE with special confidentiality protections under federal law. Protected SUD records are kept separate from other health information and can only be accessed in emergencies or with signed patient consent.

#### **How and Why, We Protect Your Privacy**

We understand that information about you and your health is personal. By "health information," we mean protected health information as defined under federal law (the Health Insurance Portability and Accountability Act, or HIPAA, and its implementing regulations). Not only is it our legal obligation, but it is our business imperative to ensure the confidentiality of your health information. We continuously seek to safeguard your health information through administrative, physical, and technical means, and otherwise abide by applicable federal and state laws.

#### **How We Collect and Maintain Your Health Information**

The health information that we collect or maintain may include:

- Your name, age, date of birth, insurance policy information, email address, username, password, and other registration information.
- Health information that you provide us, which may include information or records relating to your medical or health history, health status and laboratory testing results, diagnostic images, and other health-related information.
- Health information about you prepared or obtained by the Healthcare Professionals(s) who provide clinical services through our electronic health record, such as medical and therapy records, treatment and examination notes, and other health-related information.
- Billing information that you provide us, such as credit card information, or that we receive from a health plan, employer or other provider of healthcare benefits on your behalf.

#### **How We Use and Disclose Health Information**

We use and disclose your health information for the normal business activities that the law sees as falling in the categories of treatment, payment, and healthcare operations. Generally, we do not need your permission for these disclosures under applicable laws. Below we provide examples of those activities, although not every use or disclosure falling within each category is listed:

1. Treatment – We keep a record of the health information you provide us. This record may include your test results, diagnoses, medications, your response to medications or other therapies, and information we learn about your medical condition through therapy or psychiatry services. We may disclose this information so that other doctors, nurses, and entities such as laboratories can meet your healthcare needs.
2. Payment – We document the services and supplies you receive when we are providing care to you so that you, your insurance company, or another third party can pay us. We may tell your health plan about upcoming treatment or services that require prior approval by your health plan.
3. Health Care Operations – Health information is used to improve the services we provide, to train staff, for business management, quality assessment and improvement, and for customer service. For example, we may use your health information to review our treatment and services and to evaluate the performance of our staff in caring for you.

4. **Marketing** – By agreeing to our Privacy Policy, you authorize us to contact you with newsletters, educational materials, marketing, promotional materials, and other information we believe may be helpful to you.

We may also use and disclose your health information to:

- Comply with federal, state, or local laws that require disclosure.
- Assist in public health activities, such as tracking diseases or medical devices.
- Inform authorities to protect victims of abuse or neglect.
- Comply with federal and state health oversight activities, such as fraud investigations.
- Respond to law enforcement officers or court orders, subpoenas or other processes.
- Inform coroners, medical examiners and funeral directors of information necessary for them to fulfill their duties.
- Facilitate organ and tissue donation or procurement.
- Conduct research following internal review protocols to ensure the balancing of privacy and research needs.
- Avert a serious threat to health or safety.
- Assist in specialized government functions, such as national security, intelligence, and protective services.
- Inform military and veteran authorities if you are an armed forces member (active or reserve).
- Inform a correctional institution if you are an inmate.
- Inform workers' compensation carriers or your employer if you are injured at work.
- Recommend treatment alternatives.
- Tell you about health-related products and services.
- Communicate within our organization for treatment, payment, or healthcare operations.
- Communicate with other providers, health plans, or their related entities for their treatment or payment activities, or health care operations activities relating to quality assessment and improvement, care coordination, and the qualifications and training of healthcare professionals.
- Disclose health information to funeral directors, medical examiners, or coroners as required for their duties. After 50 years post-death, health information may be used or disclosed without restrictions.
- Provide information to other third parties with whom we do business, such as a record storage provider. However, you should know that in these situations, we require third parties to sign a legal Business Associate Agreement (BAA) in order to attest that they will safeguard your information.
- We may also use or disclose your personal or health information for operational purposes. For example, we may communicate with individuals involved in your care or payment for that care, such as family or guardians, and send appointment reminders.

All other uses and disclosures, not previously described, may only be done with your written authorization. You may revoke your authorization at any time; however, this will not affect prior uses and disclosures. In some cases, state law may require that we apply additional protections to some of your health information.

#### **Our Healthcare Professionals' Responsibilities**

We are required by law to:

- Maintain the privacy of your health information.
- Provide this Notice of our duties and privacy practices.
- Abide by the terms of the Notice currently in effect.
- Tell you if there has been a breach compromising your health information.

We reserve the right to change our privacy practices and make the new practices effective for all the information we maintain. Revised notices will be posted on [www.foresightmentalhealth.com](http://www.foresightmentalhealth.com).

#### **Your Federal Rights**

**The law entitles you to:**

- Inspect and copy certain portions of your health information. We may deny your request under limited circumstances. You may request that we provide your health records to you in an electronic format.
- Request amendment of your health information if you feel the health information is incorrect or incomplete. However, under certain circumstances we may deny your request.
- Receive an accounting of certain disclosures of your health information made for the prior six (6) years, although this excludes certain disclosures for treatment, payment, and health care operations. (Fees may apply to this request.)
- Request that we restrict how we use or disclose your health information. However, we are not required to agree with your requests, unless you request that we restrict information provided to a payor, the disclosure would be for the payor's payment or healthcare operations, and you have paid for the health care services completely out of pocket.
- Request that we contact you at a specific telephone number or address.
- Obtain a paper copy of this notice even if you receive it electronically.

We may ask that you make a request in writing.

#### **How to File a Complaint**

If you believe that your privacy has been violated, you may file a complaint with us or with the US Department of Health and Human Services. We will not retaliate or penalize you for filing a complaint with us or the Secretary.

**To file a complaint with us or receive more information contact:**

Phone: (626) 963-4467  
Email: [nadia@drsaidjacob.com](mailto:nadia@drsaidjacob.com)  
Address: 415 W. Route 66 Ste 202, Glendora, CA 91740

**To file a complaint with the Secretary of Health and Human Services:**

Phone: (800) 537-7697  
File an online complaint: <https://ocrportal.hhs.gov/ocr/smartscreen/main.isf>  
Address: 200 Independence AVE, S.E., Washington, DC 20201

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**Client / Parent or Legal Guardian Signature**

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**Parent or Legal Guardian Name**

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**Relationship to Client**

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**Date**