

LOVE COUNSELING, RAENISHA LOVE, LCSW

NOTICE OF PRIVACY PRACTICES

Effective Date: October 17, 2026

THIS NOTICE DESCRIBES HOW MEDICAL AND MENTAL HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I. MY COMMITMENT TO YOUR PRIVACY

I, Raenisha Love, LCSW # 29155, am dedicated to maintaining the privacy of your Protected Health Information (PHI). In conducting my clinical practice, I will create and maintain records regarding you and the treatment or services I provide to you. I am required by federal and California state law to maintain the confidentiality of your health information, to provide you with this clear notice of my legal duties and privacy practices, and to strictly abide by the terms of the notice currently in effect.

II. HOW I MAY USE AND DISCLOSE YOUR HEALTH INFORMATION WITHOUT YOUR AUTHORIZATION

The following categories outline the circumstances under which I may use or disclose your PHI without your explicit written consent:

1. **Treatment:** I may use your PHI to provide, coordinate, or manage your mental health care. For example, I may disclose information to another clinician, psychiatrist, or physician involved in your medical care to ensure your treatment plan is aligned.
2. **Payment:** I may use and disclose your PHI so that the services you receive may be billed and collected from you, an insurance company, or a third-party payer. For example, sending a "Superbill" or submitting a claim form to your health plan requires sharing diagnostic codes and session dates.
3. **Health Care Operations:** I may use and disclose your PHI for the functional operations of my private practice. This includes internal quality assessments,

reviewing treatment outcomes, scheduling reminders, or administrative software evaluations.

4. **Required By Law:** I will disclose your PHI when strictly required to do so by federal, state, or local laws.
5. **Lawsuits and Disputes:** If you are involved in a lawsuit or a legal dispute, I may disclose your PHI in response to a valid court or administrative order, or a lawfully issued subpoena where the psychotherapist-patient privilege has been waived or legally overcome.

III. SPECIAL LAW MANDATED EXCEPTIONS (CALIFORNIA & FEDERAL LAWS)

California state law and federal safety regulations place explicit boundaries on therapist-client confidentiality. I am legally or ethically required to disclose your PHI without your authorization in these critical situations:

- **Child Abuse Reporting:** If I have a reasonable suspicion that a child has been a victim of physical abuse, sexual abuse, or severe neglect, California law mandates that I file an immediate report with Child Protective Services or local law enforcement.
- **Elder and Dependent Adult Abuse Reporting:** If I observe or have knowledge of an incident that reasonably appears to be physical abuse, financial abuse, abandonment, isolation, or severe neglect of an elder (65 or older) or a dependent adult, I must file a report with Adult Protective Services.
- **Serious Threat to Health or Safety (Tarasoff Duty):** If you communicate a serious threat of physical violence against a reasonably identifiable victim, or if I determine you present an imminent danger to yourself or others, I am permitted or required to take protective measures. This may include notifying the potential victim, contacting law enforcement, or seeking psychiatric hospitalization.
- **Substance Use Disorder Records (42 CFR Part 2 - 2026 Update Alignment):** If I receive, create, or maintain records regarding federally assisted Substance Use Disorder treatment, I handle those records in strict compliance with federal Part 2 protections. Even if this practice does not operate as a dedicated Part 2 program, should I receive Part 2 records from an outside facility, they will not be re-disclosed for treatment, payment, or healthcare operations unless explicitly allowed under 42 CFR Part 2 or authorized by your written consent.

IV. USES AND DISCLOSURES REQUIRING YOUR EXPLICIT WRITTEN AUTHORIZATION

Your explicit, written authorization is required for any use or disclosure of your PHI that falls outside the standard categories listed above. You may revoke this authorization at any time in writing.

- **Psychotherapy Notes:** Notes taken during our sessions that are kept separate from the rest of your medical record receive heightened protection under HIPAA. I will never disclose my personal psychotherapy notes without your explicit written authorization, except for specific litigation or training purposes allowed by law.
- **Marketing & Sale of PHI:** I will never sell your PHI or use your health information for marketing purposes.

V. YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

You hold the following rights regarding the mental health records and PHI I maintain about you:

1. **Right to Inspect and Copy:** You have the right to inspect and obtain copies of your clinical and billing records. Under California Health and Safety Code, I must provide access to inspect records within 5 business days of a written request, or provide copies within 15 business days. I may charge a reasonable, cost-based copying fee. I may deny access if I determine, based on substantial evidence, that access is reasonably likely to cause significant adverse clinical impacts to you.
2. **Right to Request Restrictions:** You have the right to request a restriction on how I use or disclose your PHI for treatment, payment, or operations. I am not required to agree to your request, *except* if you request that I do not disclose PHI to your health insurance company for purposes of payment or operations, and you have paid for the services entirely out-of-pocket.
3. **Right to Confidential Communications:** You have the right to request that I communicate with you about your treatment in a specific way or at a specific location. For example, you may request that I only call your mobile phone or send emails to a specific personal address.
4. **Right to Amend:** If you believe information in your record is incorrect or incomplete, you may ask me to amend the record in writing. I may deny your request if the record is accurate or was not created by me.

5. **Right to an Accounting of Disclosures:** You have the right to request a list of certain non-routine disclosures I have made of your PHI for purposes other than treatment, payment, or healthcare operations.
6. **Right to a Paper Copy:** You have the right to a paper copy of this notice at any time upon request, even if you previously agreed to receive it electronically.

VI. COMPLAINTS AND PRIVACY BREACH NOTIFICATION

- **Breach Notification:** In the highly unlikely event of an unauthorized breach that compromises the privacy, confidentiality, or security of your unencrypted PHI, I will notify you promptly as required by law.
- **Filing a Complaint:** If you believe your privacy rights have been violated, you may file a formal complaint directly with me (the Privacy Officer of this practice) or with the Secretary of the **U.S. Department of Health and Human Services Office for Civil Rights**.
- **No Retaliation:** You will not be penalized, retaliated against, or treated differently for filing a complaint.

VII. PRACTICE CONTACT INFORMATION

For any questions, requests to exercise your rights, or to submit a formal inquiry, please contact:

Privacy Officer Name/Title: Raenisha Love

Practice Address: 3711 Long Beach Blvd, Suite 4057 4th Floor #1086, Long Beach, CA 90807

Phone Number: (562) 444-5179

Email Address: raenishalovelcsw@gmail.com
