

Dr. Seima Diaz, Ed.D, LMFT
Licensed Marriage Family Therapist #MFC89056

www.drseimadiaz.com

Tel: (714) 803-5144

info@drseimadiaz.com

NOTICE OF PRIVACY PRACTICES (NPP)

Effective Date: August 2025

This Notice of Privacy Practices (NPP) 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.

Your Rights

You have the right to:

- Get a copy of your treatment records, consistent with state and federal law. In some cases, I may provide you with a treatment summary instead of raw records if I believe full access would be clinically inappropriate or could cause harm.
- Ask for corrections to your record.
- Request confidential communications.
- Ask us to limit what we share.
- Get a list of those with whom we've shared information.
- Get a copy of this privacy notice.
- Choose someone to act for you (such as a guardian or healthcare power of attorney).
- File a complaint if you feel your privacy rights have been violated.

Your Choices

For certain health information, 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 as required by law.

In these cases, you have both the right and choice to tell us to:

- Share information with family, close friends, or others involved in your care.
- Share information for disaster relief.

Our Uses and Disclosures

We typically use or share your health information in the following ways:

- Treatment: To provide, coordinate, or manage your therapy and related services.
- Payment: To bill and obtain payment from you or your insurance company.
- Healthcare Operations: For practice management, quality improvement, and administrative purposes.

We may also share information when required by law, including:

- To prevent a serious threat to health or safety.
- When required for public health and safety (abuse reporting, health oversight, etc.).
- For legal or law enforcement purposes.
- To comply with court orders or subpoenas (within legal limits of confidentiality for therapy).

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information (PHI).
- We will let you know promptly if a breach occurs that may have compromised your information.
- We must follow the duties and privacy practices described in this notice.
- We will not use or share your information other than as described here unless you give written permission. You may change your permission at any time.

Complaints

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

U.S. Department of Health & Human Services, Office for Civil Rights

Phone: (877) 696-6775

Website: www.hhs.gov/ocr/privacy/hippa/complaints

You may also file a complaint directly with me, your therapist. Filing a complaint will not change the care you receive.

Contact Information

Dr. Seima Diaz, LMFT

714.803.5144

info@drseimadiaz.com