

# SwiftMindCare Licensed Clinical Social Worker, Inc.

*doing business as Swift Mind Care*

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## NOTICE OF PRIVACY PRACTICES

**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 CALIFORNIA LAW. IF YOU HAVE QUESTIONS ABOUT YOUR RIGHTS TO HEALTH CARE INFORMATION, PLEASE SEEK LEGAL COUNSEL FROM AN ATTORNEY LICENSED IN CALIFORNIA.**

**Effective date of this notice:** This notice took effect on [INSERT EFFECTIVE DATE — e.g., July 1, 2026].

Rachelle Pavao Goldenberg, LCSW, is the licensed clinical social worker and owner of Swift Mind Care. Throughout this notice, the words “I,” “me,” and “my” refer to Swift Mind Care and its provider. Swift Mind Care serves clients in California in person and by telehealth.

Under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), and under California law, you have certain rights regarding the use and disclosure of your protected health information (“PHI”). This notice explains those rights and how I protect your information.

### I. My Pledge Regarding Your Health Information

Health information about you and your care is personal, and I am committed to protecting it. I keep a record of the care and services you receive so that I can provide you with quality care and meet my legal obligations. This notice applies to all of the records of your care that my practice creates.

This notice explains the ways I may use and disclose health information about you. It also describes your rights and certain obligations I have regarding the use and disclosure of your health information.

I am required by law to:

- Keep PHI that identifies you private and secure;
- Give you this notice of my legal duties and privacy practices; and
- Follow the terms of the notice that is currently in effect.

I can change the terms of this notice, and any changes will apply to all of the information I have about you. A new notice will be available on request, in my office, and on my website.

### II. How I May Use and Disclose Health Information About You

The categories below describe the ways I use and disclose health information, with examples. Not every use or disclosure is listed, but every use or disclosure I am permitted to make falls within one of these categories.

**For treatment, payment, or health care operations.** Federal privacy rules allow a health care provider who has a direct treatment relationship with a client to use or disclose the client's PHI without written authorization in order to carry out treatment, payment, or health care operations. For example, if I consult with another licensed provider about your care, I may share otherwise-confidential PHI to assist with diagnosis and treatment. I may also use your PHI for operations purposes, such as appointment reminders and billing. (Note: California places special limits on the release of mental health and psychotherapy records to third parties — see Section VII.)

Disclosures for treatment purposes are generally not limited to the “minimum necessary” standard, because providers need complete information to deliver quality care. “Treatment” includes the coordination and management of care with a third party, consultations between providers, and referrals from one provider to another.

**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 in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute — but only after efforts have been made to tell you about the request or to obtain an order protecting the information.

### III. Certain Uses and Disclosures Require Your Authorization

**Psychotherapy notes.** I keep “psychotherapy notes” as that term is defined in 45 CFR § 164.501. Any use or disclosure of those notes requires your written authorization, unless the use or disclosure is:

- For my use in treating you;
- For training or supervising mental health practitioners;
- For my use in defending myself in legal proceedings you bring;
- For the U.S. Department of Health and Human Services (HHS) to investigate my compliance with HIPAA;
- Required by law, and limited to what the law requires;
- Required by law for certain health oversight activities related to the notes;
- Required by a coroner performing duties authorized by law; or
- Needed to help avert a serious threat to the health and safety of others.

**Marketing purposes.** I will not use or disclose your PHI for marketing without your prior written consent. For example, if I ask you for a review and plan to share it publicly to advertise my services, I will provide a release form and a HIPAA authorization. Because a review may contain PHI (such as your name, the date of service, or details about your treatment), I will request your signature regardless of the content of your review. Once you complete the authorization, I may use your review for advertising and marketing, even if it contains PHI. You

may withdraw consent at any time in writing, by email to the address I keep on file or by certified mail to my address. Once I receive your written withdrawal, I will remove your review from my website and other places I have posted it. I cannot guarantee that others who copied your review will also remove it. Please be aware of this risk before giving permission to post a review.

**Sale of PHI.** I will not sell your PHI.

#### **IV. Uses and Disclosures That Do Not Require Your Authorization**

Subject to limits in the law, I can use and disclose your PHI without your authorization for the reasons below. I must meet certain legal conditions before sharing your information for these purposes:

- **Appointment reminders and related services.** I may contact you to remind you of an appointment, or to tell you about treatment alternatives or other services and benefits I offer.
- **When required by law.** When state or federal law requires the disclosure, limited to what that law requires.
- **Public health and safety.** Including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone's health or safety. (See Section VII for California-specific reporting duties.)
- **Health oversight activities.** Including audits and investigations.
- **Judicial and administrative proceedings.** Including responding to a court order or subpoena. My preference is to obtain your authorization first when the court or officials allow it.
- **Law enforcement.** Including reporting a crime that occurs on my premises.
- **Coroners and medical examiners.** When they are performing duties authorized by law.
- **Research.** In limited circumstances allowed by law.
- **Specialized government functions.** Such as certain military, national security, or correctional-institution purposes.
- **Workers' compensation.** To comply with workers' compensation laws. My preference is to obtain your authorization first.
- **Organ and tissue donation.** In response to a donation request, where applicable.

#### **V. Certain Uses and Disclosures Require You to Have the Opportunity to Object**

**Disclosures to family, friends, or others.** You have the right to tell me whether I may share your PHI with a family member, friend, or other person involved in your care or in paying for your care, or in a disaster-relief situation. In an emergency, or if you are unable to express a choice, I may use professional judgment to share information that is directly relevant to that person's involvement in your care, when doing so is in your best interest.

## VI. Your Rights Regarding Your PHI

- **The right to request limits on uses and disclosures.** You may ask me not to use or disclose certain PHI for treatment, payment, or operations. I am not required to agree, and I may decline if I believe it would affect your care.
- **The right to request restrictions for items paid in full.** You may ask me to restrict disclosure of PHI to a health plan for payment or operations purposes if the PHI relates solely to an item or service you paid for out of pocket, in full.
- **The right to choose how I contact you.** You may ask me to contact you in a specific way (for example, by a particular phone or address). I will agree to all reasonable requests.
- **The right to see and get copies of your PHI.** Other than in limited circumstances, you have the right to an electronic or paper copy of your record. California timelines for access may be faster than the federal standard — see Section VII. I may charge a reasonable, cost-based fee allowed by law.
- **The right to a list of certain disclosures.** You may request a list of disclosures of your PHI for purposes other than treatment, payment, or operations. I will respond within 60 days. The list will cover disclosures in the last six years unless you ask for a shorter period. The first list each year is free; additional requests may carry a reasonable, cost-based fee.
- **The right to correct or update your PHI.** If you believe information in your record is wrong or incomplete, you may ask me to correct it or add to it. I may decline, but I will explain why in writing within 60 days.
- **The right to a paper or electronic copy of this notice.** You may request a paper copy of this notice at any time, even if you agreed to receive it by email.
- **The right to choose someone to act for you.** A person with medical power of attorney or a legal guardian can make choices about your health information.
- **The right to revoke an authorization.** You may revoke an authorization in writing at any time, except to the extent I have already acted on it.
- **The right to opt out of certain communications.** Including fundraising communications, where applicable.
- **The right to file a complaint.** You may file a complaint if you believe your privacy rights have been violated, by contacting me using the information at the top of this notice, or by contacting the HHS Office for Civil Rights at 200 Independence Avenue, S.W., Washington, D.C. 20201, (877) 696-6775, or [www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints). You may also contact the California Attorney General's Office. I will not retaliate against you for filing a complaint.

## VII. Additional Protections Under California Law

California law gives you privacy protections that go beyond HIPAA. Where state and federal law differ, I follow the rule that gives your information greater protection. The California

Confidentiality of Medical Information Act (Civil Code § 56 et seq.) is California’s medical privacy law, and it applies to my practice in addition to HIPAA.

### **A. Mental Health and Psychotherapy Records**

California gives special protection to mental health and psychotherapy records (Civil Code § 56.104 and the Lanterman-Petris-Short Act, Welfare & Institutions Code § 5328 et seq.). In most cases, I cannot release records relating to your outpatient mental health treatment to a third party without your specific written authorization, and California sets out a particular process I must follow before any such release. These protections are in addition to the federal psychotherapy-notes rules described in Section III.

### **B. Your Right to Access Your Records (California Timelines)**

Under California Health & Safety Code § 123100 et seq., you have the right to inspect and obtain copies of your records, and California timelines can be shorter than the federal 30-day standard. I will allow you to inspect your records during business hours within five (5) business days of receiving your written request, and I will provide copies within fifteen (15) days. I may charge a reasonable, cost-based fee allowed by law. In limited situations, if I believe that releasing certain information could be harmful to you, California law allows me to provide a treatment summary or to withhold specific records, and I will explain your options.

### **C. Minors**

California law allows certain minors to consent to their own mental health treatment (for example, Family Code § 6924 and Health & Safety Code § 124260). When a minor has legally consented to their own care, California law limits what I can share with a parent or guardian without the minor’s agreement. I follow these rules carefully and will talk with families about what can and cannot be shared.

### **D. HIV and Other Sensitive Health Information**

California gives extra protection to certain sensitive information, including HIV test results (Health & Safety Code § 120975 et seq.). I will not disclose this kind of information except as specifically allowed by law or with your written authorization.

### **E. Reproductive and Gender-Affirming Care (“Sensitive Services”)**

California law — including Assembly Bill 352 and related laws that amend the Confidentiality of Medical Information Act — gives heightened protection to information about sensitive services, which include gender-affirming care, abortion and abortion-related services, and contraception. I take steps to keep this information secure. I will not disclose it, cooperate with out-of-state requests, or share it across state lines for the purpose of investigating or penalizing someone for seeking, providing, or supporting care that is lawful in California, except as permitted or required by California law. This protection applies regardless of when the information was created.

### **F. Duty to Protect (Threats of Violence)**

As a licensed psychotherapist, I have a legal duty under California law (Civil Code § 43.92 and related case law, often called the “Tarasoff” duty) to take protective action if you communicate a serious threat of physical violence against a reasonably identifiable person. In that situation, the

law allows or requires me to warn the intended victim and to notify law enforcement. I will disclose only the information needed to address the threat.

### **G. Mandated Reporting**

California law requires me to make reports in certain situations, even without your authorization. These include a reasonable suspicion of child abuse or neglect (Child Abuse and Neglect Reporting Act, Penal Code § 11164 et seq.) and abuse or neglect of an elder or dependent adult (Welfare & Institutions Code § 15630 et seq.). When the law requires a report, I disclose only the information necessary to comply.

### **H. Telehealth**

I provide some services by telehealth to clients located in California. I use methods intended to protect the privacy and security of your information during telehealth sessions, consistent with HIPAA and California law.

## **VIII. Changes to This Notice**

I can change the terms of this notice, and any changes will apply to all of the information I have about you. The new notice will be available on request, in my office, and on my website.

## Acknowledgement of Receipt of Notice of Privacy Practices

By signing below, I acknowledge that I have received and had the opportunity to review the Notice of Privacy Practices for SwiftMindCare Licensed Clinical Social Worker, Inc. (Swift Mind Care).

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Client name (please print)

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Client signature

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Date

### **If signed by a parent, guardian, or personal representative:**

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Name and relationship to client

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Signature

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Date

*For office use only*

If the client declines or is unable to sign, describe the good-faith effort made to obtain acknowledgement and the reason it was not obtained:

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Staff notes / staff initials and date