

Notice of Privacy Practices

Marie Chacon Family Therapy, APC | Effective date: October 4, 2026

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

This notice applies to therapy clients, emotional support animal (ESA) evaluation clients, and prospective clients who share information with me, such as through intake forms. I provide services online to clients in California, Oregon, Pennsylvania, and Utah. I follow applicable federal and state privacy laws, including any greater protections they provide.

Your rights

See or get a copy of your records. You may request an electronic or paper copy of your records. I will respond within the time your state's law requires, subject to legal exceptions, including special rules for mental health records. For California clients, a written request generally allows inspection within five working days and copies within 15 days. I may charge a reasonable fee permitted by law.

Ask for a correction. If you believe a record is wrong or incomplete, ask me to amend it. If I decline, I will explain why in writing. You may also submit a written statement of disagreement or addendum where state law allows.

Choose how I contact you. You may ask me to use a particular phone number, email, mailing address, or other reasonable method. I will honor reasonable requests.

Ask me to limit sharing. You may ask me to limit how I use or share your information. I am not required to agree to most requests. If you pay in full out of pocket and ask me not to share that service with your health plan for payment or operations, I will honor your request unless the law requires disclosure.

Ask about disclosures. You may request a list of certain disclosures of your health information that I have made, going back six years. If there are none, I will tell you. One list every 12 months is free; a reasonable fee may apply to additional requests.

Get this notice and designate a representative. You may request a paper copy at any time. A person legally authorized to act for you may exercise your rights after I verify that authority.

Be notified of a breach. I will notify you if a breach of your health information requires notice under the law.

File a complaint. You may contact me with any concern. You may also contact your state's licensing board or the U.S. Department of Health and Human Services Office for Civil Rights at 1-877-696-6775 or [hhs.gov/hipaa/filing-a-complaint](https://www.hhs.gov/hipaa/filing-a-complaint). I will not retaliate against you.

Your choices

You may tell me whether to share information with family, friends, or others involved in your care. If you cannot tell me, I may share information when I believe it is in your best interest or when the law permits disclosure to prevent a serious threat.

I need your written authorization for marketing, the sale of health information, and most sharing of separately kept psychotherapy notes. I do not sell your health information. You may revoke an authorization in writing, except for actions already taken in reliance on it.

How I use and share information

Therapy. For therapy clients, I use information from our sessions to plan and provide your care. For example, with your permission or when the law allows, I may coordinate with another clinician involved in your treatment.

ESA evaluations. For evaluation clients, I use the information you provide, and what I learn during your evaluation, to assess whether you meet criteria for an emotional support animal letter and to document my findings. An evaluation does not create an ongoing therapy relationship unless we agree to one.

Letters and verification. I share your letter or any information about your evaluation with a landlord, housing provider, or other third party only with your written authorization, or as the law requires. If a third party contacts me to verify a letter, I will confirm only what you have authorized.

Payment. I use information about services to bill and collect payment from you. For example, I use the service date and fee to prepare an invoice and process a payment.

Practice operations. I use information to manage the practice and improve services. For example, I review records for accuracy and completeness.

Other disclosures. Other disclosures may be permitted or required by law, subject to legal limits. Examples include reporting suspected abuse or neglect; preventing a serious threat to health or safety; public health reporting; health oversight; and court orders and other legal proceedings. I review legal requests before disclosing information.

How information is handled online

I collect and store information through electronic tools such as telehealth video, online forms or portals, and email. I use reasonable safeguards to protect it. Please avoid sending sensitive health details by regular email; contact me for an appropriate way to share them.

Extra protections for certain records

Separately kept psychotherapy notes and any substance use disorder treatment records I receive that are protected by 42 CFR Part 2 have additional legal protections. Part 2 records generally cannot be used against you in legal proceedings without your written consent or a qualifying court order and subpoena. State laws, including California law on outpatient psychotherapy information, may also limit some disclosures. I follow any additional protections that apply to your records.

My responsibilities

I am required by law to protect the privacy and security of your health information, give you this notice of my legal duties and privacy practices, notify you when a breach requires notice, and follow the terms of the notice in effect. I will not use or share information in other ways unless you authorize it in writing or the law permits or requires it. I may change this notice, and the revised terms will apply to all information I maintain, including information collected before the change. The current notice will be available on my website and upon request.

Privacy contact

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