THE NURTURED SPACE COLLECTIVE

# Notice of Privacy Practices

Monique Dean, LCSW | California License #101302

**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.**

**Effective date: 1/1/2026**

This notice applies to the practice of Monique Dean, LCSW, doing business as The Nurtured Space Collective, a telehealth psychotherapy practice serving clients in the State of California.

## About this notice

I am required by law to maintain the privacy of your protected health information, to give you this notice explaining my privacy practices, and to follow the terms of the notice currently in effect. I am also required to notify you if a breach of your unsecured protected health information occurs.

Protected health information, or PHI, means information about you that can reasonably identify you and relates to your past, present, or future mental or physical health, the care I provide, or payment for that care.

**Federal and California law both apply here.** Where California law gives you greater protection than HIPAA does, California law governs. The Confidentiality of Medical Information Act (California Civil Code section 56 and following) generally requires your written authorization before I release your information, with a narrower set of exceptions than federal law allows.

## How I may use and disclose your information

### With your written authorization

For most uses and disclosures, I will ask for your signed authorization first. This is broader than what federal law requires, and it reflects California law. You may revoke an authorization in writing at any time, except to the extent I have already acted in reliance on it.

Your written authorization is always required before I may:

- Disclose psychotherapy notes, except in the narrow circumstances described below
- Use or disclose your information for marketing purposes
- Release any  protected health information
- Release your information to a family member, partner, employer, school, or anyone else not involved in your care

### Treatment, payment, and health care operations

With your consent, I may use your information to provide and coordinate your care, to obtain payment, and to run the practice.

- Treatment: consulting with another provider involved in your care, or coordinating a referral

- Payment: submitting a superbill, verifying benefits, or arranging billing and collection
- Operations: quality review, professional consultation, supervision, training, and administrative functions

Because this is a private-pay practice, I do not submit claims to insurers directly. If you request a superbill to seek out-of-network reimbursement, it will contain a diagnosis code and dates of service, and submitting it to your insurer discloses that information to them. We will discuss this before you submit one.

### Psychotherapy notes

Psychotherapy notes are notes I may record about the contents of a session, kept separately from the rest of your record. They receive greater protection than other information. I will not disclose them without your specific written authorization, except where the law requires or permits it without authorization, such as a court order, a mandated report, or a health oversight investigation.

## Disclosures I may make without your authorization

California and federal law require or permit me to disclose information without your authorization in specific situations. In each of these, I disclose only what is necessary.

### When I am required to report

**Child abuse or neglect.** Under the California Child Abuse and Neglect Reporting Act (Penal Code section 11164 and following), I must report to the appropriate authorities when I have a reasonable suspicion that a child has been the victim of abuse or neglect.

**Elder or dependent adult abuse.** Under Welfare and Institutions Code section 15630, I must report known or suspected abuse, neglect, abandonment, isolation, or financial exploitation of an elder or dependent adult.

**Serious threat to another person.** Under California Civil Code section 43.92, if you communicate a serious threat of physical violence against a reasonably identifiable victim, I am required to make reasonable efforts to warn that person and to notify law enforcement.

**Danger to yourself.** If I believe you are at imminent risk of serious harm to yourself and unable to keep yourself safe, I may disclose information as necessary to obtain help and protect your safety.

### Legal proceedings

I may disclose information in response to a court order. If I receive a subpoena that is not accompanied by a court order or your authorization, I will assert your privilege on your behalf and will not release information unless the privilege is waived, a court orders release, or you authorize it.

### Other permitted disclosures

- Health oversight: to a licensing board or government agency investigating a complaint or conducting an audit
- Public health: to authorities authorized to receive reports of disease, injury, or disability
- Workers compensation: as authorized by California workers compensation law
- Coroners and medical examiners: as required by law
- Business associates: to vendors who perform services for the practice, such as my electronic health record and telehealth platform, each of whom is contractually bound to protect your information

## Your rights

### Right to see and receive a copy of your record

You may inspect and obtain a copy of your record, including an electronic copy if it is maintained electronically. I will respond within the time required by law, and I may charge a reasonable, cost-based fee. In limited circumstances, I may deny access, and where the law provides for it, you may have that denial reviewed. I may also provide a summary of psychotherapy notes rather than the notes themselves, or discuss the material with you directly, where doing so is more clinically appropriate.

### Right to request an amendment

If you believe something in your record is incorrect or incomplete, you may ask me in writing to amend it. If I deny your request, I will explain why in writing, and you may submit a statement of disagreement that becomes part of your record.

### Right to an accounting of disclosures

You may request a list of certain disclosures I have made of your information in the six years before your request. Disclosures for treatment, payment, and operations, and those you authorized, are not included.

### Right to request restrictions

You may ask me to limit how I use or disclose your information. I am not required to agree to every request. However, if you pay for a service in full and out of pocket, I must honor your request not to disclose information about that service to a health plan, unless the law requires otherwise.

### Right to confidential communications

You may ask me to contact you in a specific way or at a specific location, for example by a particular phone number, or by mail rather than email. I will accommodate reasonable requests and will not ask you to explain why.

### Right to be notified of a breach

If your unsecured protected health information is breached, I will notify you as required by HIPAA and by California law, including California Civil Code sections 1798.29 and 1798.82.

### Right to a paper copy of this notice

You may request a paper copy of this notice at any time, even if you agreed to receive it electronically. A current copy is also posted on my website.

### Right to revoke your authorization

You may revoke a written authorization at any time by notifying me in writing. The revocation will not apply to information I have already released in reliance on it.

## Minors and their records

Under California Family Code section 6924 and Health and Safety Code section 124260, a minor twelve years of age or older may consent to outpatient mental health treatment in certain circumstances. Where a minor lawfully consents to their own treatment, the minor generally controls the release of information about that

treatment, and a parent or guardian does not have an automatic right of access. Where a parent or guardian consents to treatment, they generally have the right to access the record, subject to my judgment about whether access would be detrimental to the treatment relationship. I discuss confidentiality expectations with minors and their families at the start of treatment.

## Telehealth

This practice is conducted by secure video. I use a platform that is HIPAA compliant and covered by a business associate agreement. No electronic transmission is entirely without risk, and I ask that you take part in sessions from a private location where you will not be overheard. Email, text messaging, and website contact forms are not secure channels, and I ask that you not use them for clinical content.

## Changes to this notice

I may change the terms of this notice at any time, and any change will apply to information I already hold as well as information I receive in the future. The current version will always be available on my website and on request.

## Questions and complaints

If you have questions about this notice, or if you believe your privacy rights have been violated, please contact me first. I would rather hear about it directly and put it right.

**Monique Dean, LCSW**
The Nurtured Space Collective
**4193 Flat Rock Dr Suite 200, Riverside, CA 92505**

Info@Healwithmonique.com | 562-955-9630

You may also file a complaint with:

**U.S. Department of Health and Human Services, Office for Civil Rights**
200 Independence Avenue SW, Washington, DC 20201 | 1-800-368-1019 | hhs.gov/ocr/complaints

**California Board of Behavioral Sciences**
1625 North Market Blvd., Suite S-200, Sacramento, CA 95834 | 916-574-7830 | bbs.ca.gov

**You will not be retaliated against or penalized in any way for filing a complaint.**

## Acknowledgment of receipt

I have received a copy of the Notice of Privacy Practices for The Nurtured Space Collective and have had the opportunity to ask questions about it.

Client name (printed): _____

Client signature: _____ Date: _____

If signing for a minor, relationship to client: _____

Good faith effort to obtain acknowledgment was made but not obtained. Reason: _____