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NOTICE OF PRIVACY PRACTICES

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.

What is “Medical Information”?

The term “medical information” is synonymous with the terms “personal health information” and “protected health information” for purposes of this Notice. It essentially means any individually identifiable health information (either directly or indirectly identifiable), whether oral or recorded in any form or medium, that is created or received by a health care provider (me), health plan, or others and relates to the past, present, or future physical or mental health or condition of an individual (you); the provision of health care to you; or the past, present, or future payment for the provision of health care to you.

I am a mental health care provider. More specifically, I am a Licensed Clinical Psychologist and Registered Dietitian registered by the State of California through the Board of Psychology and the Commission on Dietetic Registration. I create and maintain treatment records that contain individually identifiable health information about you. These records are generally referred to as medical or mental health records, and this notice concerns the privacy and confidentiality of those records and the information contained therein.

Uses and Disclosures Without Your Authorization – For Treatment, Payment, or Health Care Operations

Federal privacy regulations allow health care providers who have a direct treatment relationship with a patient to use or disclose protected health information without written authorization for treatment, payment, and health care operations.

Examples include consultation with other health care providers, coordination of care, referrals, practice management activities, professional consultation, quality improvement, and billing or reimbursement activities when applicable.

Disclosures for treatment purposes are not subject to the minimum necessary standard because providers require full information to provide quality care.

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I, or someone acting with my authority, may also contact you to provide appointment reminders or information about treatment alternatives or other health-related services that may be of interest to you.

Other Uses and Disclosures Without Your Authorization

I may be required or permitted to disclose your protected health information without your written authorization in circumstances such as:

- Court orders
- Subpoenas or lawful discovery
- Administrative or regulatory investigations
- Health oversight activities
- Law enforcement requests permitted by law
- Reporting of suspected child abuse or neglect
- Reporting of elder or dependent adult abuse
- When you present a serious danger to yourself or others
- To prevent a serious and imminent threat
- To a coroner in the event of death
- When required by federal or state law

If requested by the U.S. Secretary of Health and Human Services, I must disclose information to determine compliance with privacy regulations.

Uses or disclosures made without authorization will generally be limited to the minimum necessary to accomplish the intended purpose.

Additional Protections for Reproductive Health Information (Federal Rule)

Federal law provides additional privacy protections for certain reproductive health information.

I will not use or disclose protected health information for the purpose of:

- Conducting a criminal, civil, or administrative investigation or proceeding related to lawful reproductive health care
- Imposing liability for lawful reproductive health care
- Identifying a person for such investigations or proceedings

If I receive a request for reproductive health information for law enforcement, judicial, health oversight, or similar purposes, I am required to obtain a written attestation confirming that the information will not be used for a prohibited purpose before any disclosure is made, unless disclosure is otherwise required by law.

Additional Protections for Substance Use Disorder Information (Federal Confidentiality Requirements)

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Records that include information related to the diagnosis, treatment, or referral for treatment of a substance use disorder may be subject to additional federal confidentiality protections.

To the extent applicable:

- Such information may not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you without your written authorization or a court order as permitted by federal law
- I will apply heightened confidentiality protections to substance use disorder information consistent with federal requirements
- Certain uses or disclosures of this information may require your specific written authorization even when other health information could otherwise be disclosed under HIPAA

Uses and Disclosures With Your Authorization

Other uses and disclosures not described above will be made only with your written authorization. You may revoke your authorization at any time in writing, except to the extent that action has already been taken in reliance on the authorization.

Your Rights Regarding Protected Health Information

You have the right to request restrictions on certain uses and disclosures. I am not required to agree, but if I do agree, I will honor the restriction.

You have the right to request confidential communications by alternative means or locations.

You have the right to inspect and obtain a copy of your protected health information, subject to certain limitations. This right does not apply to psychotherapy notes.

You have the right to request amendments to your record.

You have the right to receive an accounting of certain disclosures made in the previous six years.

You have the right to obtain a paper copy of this Notice upon request.

Right to Restrict Disclosure to a Health Plan

If you pay for a service or health care item in full out of pocket, you have the right to request that I not disclose information about that service to a health plan for payment or health care operations. I am required to honor this request unless disclosure is otherwise required by law.

Requests to exercise these rights should be made in writing.

My Duties

Supatra Tovar, PsyD, RD

I am required by law to maintain the privacy and confidentiality of your protected health information and to abide by the terms of this Notice.

I reserve the right to change the terms of this Notice and to make the revised notice effective for all information I maintain. Revised notices will be available upon request and posted in my office.

Breach Notification

I am required by law to notify you if there is a breach of your unsecured protected health information that compromises the privacy or security of your information.

Patient records are maintained securely and released only as permitted by law or authorized by you.

I am the Privacy Officer for this practice and responsible for ensuring compliance with privacy policies.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with me or with:

U.S. Department of Health and Human Services
Office for Civil Rights
<https://www.hhs.gov/ocr/privacy/hipaa/complaints/>

You will not be retaliated against for filing a complaint.

Effective Date

This notice first became effective on July 28, 2020 and was updated on February 16, 2026 to reflect current federal privacy requirements.

Acknowledgment of Receipt

Under HIPAA, you have certain rights regarding the use and disclosure of your protected health information. By checking the box below, you acknowledge that you have received a copy of this Notice of Privacy Practices.

By checking the box, I acknowledge that I have received, read, and understand this Notice.