

HIPAA NOTICE OF PRIVACY PRACTICES
EFFECTIVE NOVEMBER 1, 2026

This HIPAA Notice of Privacy Practices describes how health information about you may be used and disclosed, as well as how you can get access to this information. Please review all sections of this notice carefully, ask any questions you may have, and sign the form below. Please bring the signed form to our first session, mail it to Dr. Gulbe Walsh, P.O. Box 732, Ben Lomond, CA 95005 or email it to Susan@WillowpondWellness.com

I. My Commitment to Your Privacy
I, Susan J. Gulbe Walsh, Ph.D. at Willowpond Wellness Psychological Services, am committed to protecting the privacy of your health information. This Notice of Privacy Practices describes how I may use and disclose your protected health information (PHI) and your rights regarding that information. I am required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to provide you with this notice and to follow its terms.

II. How I May Use and Disclose Your Health Information
For Treatment: I may use or disclose your PHI to provide, coordinate, or manage your mental health treatment. For example, if I refer you to a psychiatrist for a medication evaluation, I may share relevant clinical information with that provider to facilitate your care. With the exception of emergency care or when I am mandated by law, I will make every effort to obtain your permission to share this information.

For Payment: While Willowpond Wellness Psychological Services does not currently bill insurance companies, I may use or disclose your PHI to obtain reimbursement for services I provide. For example, I may submit your diagnosis and treatment dates to your insurance company under certain circumstances and/or a collection agency for payment of session fees.

For Health Care Operations: I may use or disclose your PHI for practice operations (with identifying information removed when possible) such as quality improvement, professional consultation, training, and compliance activities.

III. Uses and Disclosures Requiring Your Written Authorization
Most uses and disclosures of your PHI, other than for treatment, payment, and health care operations, require your written authorization. In particular:

1. Psychotherapy Notes: My personal session notes (psychotherapy notes), if I keep them, are maintained separately from your clinical record and receive heightened protection under HIPAA. I will not disclose psychotherapy notes without your specific written authorization, except in limited circumstances permitted by law (e.g., for my own use in treatment, to defend myself in legal proceedings, for HHS oversight, or as required by law).

2. Marketing and Sale of PHI: I will never use your information for marketing purposes or sell your PHI.

You may revoke any authorization in writing at any time, except to the extent that I have already acted legally in reliance on it.

IV. Uses and Disclosures Not Requiring Authorization
I may use or disclose your PHI without your authorization in the following circumstances:

1. As Required by Law: When federal, state, or local law mandates disclosure.
2. Abuse or Neglect Reporting: If I have reasonable cause to believe a child, elderly person, or dependent adult is being abused or neglected, I am required by law to report to the appropriate authorities.
3. Serious Threat to Health or Safety: If I believe you pose an imminent danger to yourself or others, I may disclose relevant information to appropriate persons to prevent harm (consistent with duty to warn/protect laws in California).
4. Judicial and Administrative Proceedings: In response to a valid court order. I will resist subpoenas that are not accompanied by a court order or your authorization, consistent with applicable law.
5. Law Enforcement: In limited circumstances required by law, such as reporting certain types of wounds or injuries.
6. Health Oversight: To a health oversight agency for activities authorized by law, such as audits, investigations, or licensure proceedings.
7. Coroners, Funeral Directors, Organ Donation: As required by law.
8. Workers' Compensation: To comply with workers' compensation laws.

V. Your Rights Regarding Your Health Information
1. Right to Access: You have the right to inspect (within 5 business days of written request) and obtain a copy (within 15 business days of written request) of your clinical record. I may charge a reasonable fee for copying. Requests must be made in writing. In limited circumstances, I may deny access (e.g., if I determine that access would be harmful to you); you have the right to have that denial reviewed.
2. Right to Request Amendments: You have the right to request that I amend your clinical record. I may deny the request if I did not create the record, if the information is accurate and complete, or if the information is not part of the record you are permitted to inspect. Requests must be made in writing with a supporting reason.
3. Right to an Accounting of Disclosures: You may request a list of disclosures I have made of your PHI, other than for treatment, payment, health care operations, and certain other exceptions. Requests must be made in writing.

4. Right to Request Restrictions: You may request restrictions on certain uses and disclosures of your PHI. I am not required to agree to a restriction unless you pay for a service entirely out of pocket and request that I not disclose that information to your health plan.
5. Right to Confidential Communications: You may request that I communicate with you by alternative means or at alternative locations (for example, only at a specific phone number or by mail to a specific address).
6. Right to a Paper Copy: You may request a paper copy of this notice at any time.

VI. Changes to This Notice
I reserve the right to change the terms of this Notice and to make the new provisions effective for all PHI I maintain. If I make a material change, I will make the revised Notice available to you at your next session, as well as post it in my office and on my website.

VII. Complaints
If you believe your privacy rights have been violated, you may file a complaint with me directly or with the Secretary of the U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint. Contact for complaints is as follows:

Susan J. Gulbe Walsh, Ph.D.
Privacy Officer at Willowpond Wellness Psychological Services
P.O. Box 732
Ben Lomond, CA 95005
1-831-252-0267
Susan@WillowpondWellness.com

U.S. Department of Health and Human Services
Office for Civil Rights
200 Independence Avenue, S.W.
Washington, D.C. 20201
1-877-696-6775
www.hhs.gov/ocr/privacy/hipaa/complaints

By signing below, I certify that I have read and understand this agreement with the opportunity to have questions answered to my satisfaction.

Patient/Client Signature	Date	Printed Name

I certify that I have explained the nature of this agreement to the patient/client and have answered all questions. I believe the patient/client understands this notice and what I have explained.

Susan J. Gulbe Walsh, Ph.D. Signature	Date	Printed Name