

**Christine Tronge, LCSW (BBS #27832)**—Psychotherapist / Licensed Clinical Social Worker

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 <https://christine-tronge.clientsecure.me/>

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## **NOTICE OF PRIVACY PRACTICES**

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

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### **I. MY PLEDGE REGARDING HEALTH INFORMATION**

I understand that health information about you and your health care is personal. I am committed to protecting it. I create a record of the care and services you receive from me, which is necessary to provide you with quality care and comply with legal requirements.

This notice applies to all records of your care generated by this practice. It describes:

- How I may use and disclose your health information
- Your rights regarding that information
- My obligations under the law

I am required by law to:

- Maintain the privacy of your protected health information (PHI)
- Provide this notice of legal duties and privacy practices
- Follow the terms of this notice currently in effect
- Notify you if any changes are made to this notice

Changes will apply to all the information I have about you and will be available upon request, in my office, and on my website.

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### **II. HOW I MAY USE AND DISCLOSE YOUR HEALTH INFORMATION**

#### **For Treatment, Payment, and Health Care Operations**

Federal regulations allow providers to use and disclose PHI for treatment, payment, and operations without your written authorization. Examples include:

- Consultation with other health professionals regarding your care
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- Submitting claims to your insurance provider
- Administrative tasks like scheduling, billing, or auditing

Disclosures for treatment purposes are not subject to the “minimum necessary” rule, as full records may be required to provide proper care.

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## **Lawsuits and Disputes**

If you are involved in a legal matter, I may disclose PHI in response to a court or administrative order, or in response to a lawful subpoena or discovery request—provided efforts are made to inform you or obtain a protective order.

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## **III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION**

### **Psychotherapy Notes**

I maintain “psychotherapy notes” as defined in HIPAA (45 CFR § 164.501). Use or disclosure of these notes requires your Authorization, except in the following cases:

- For your treatment
- For clinician training and supervision
- In defense of legal proceedings initiated by you
- For compliance investigations by HHS
- When required by law
- For health oversight regarding the originator of the notes
- By a coroner for legal duties
- To avert serious threats to health or safety

### **Marketing and Sale of PHI**

I do not use your PHI for marketing purposes or sell your PHI in the regular course of business.

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## **IV. USES AND DISCLOSURES THAT DO NOT REQUIRE YOUR AUTHORIZATION**

I may use or disclose your PHI without authorization when permitted or required by law, including:

- State or federal mandates
- Public health (e.g., reporting child/elder abuse or threats to safety)
- Health oversight (e.g., audits, investigations)

- Legal/judicial proceedings (e.g., court orders)
  - Law enforcement (e.g., reporting a crime on premises)
  - Coroners/medical examiners (e.g., for legally required duties)
  - Research (e.g., treatment outcome studies)
  - Specialized government functions (e.g., military, national security)
  - Workers' compensation compliance
  - Appointment reminders or treatment alternatives
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## V. USES AND DISCLOSURES THAT REQUIRE AN OPPORTUNITY TO OBJECT

I may share your PHI with family members, friends, or others involved in your care or payment, **unless you object**. In emergencies, consent may be obtained afterward.

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## VI. YOUR RIGHTS REGARDING YOUR PHI

- **Request Restrictions** – You may ask me not to use or disclose certain information. I may deny the request if it affects your care.
  - **Out-of-Pocket Restrictions** – You may request nondisclosure to your health plan for services paid in full out-of-pocket.
  - **Confidential Communication** – You may request to be contacted by alternate methods or at alternate locations.
  - **Access to Records** – You may request a copy of your PHI (excluding psychotherapy notes). A reasonable fee may apply.
  - **Accounting of Disclosures** – You may request a list of certain disclosures made in the past six years.
  - **Request to Amend** – You may request corrections to your PHI. If denied, I will provide a written explanation.
  - **Request a Copy of This Notice** – Available in paper or electronic format at any time.
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## VII. MINORS AND PHI ACCESS (CALIFORNIA LAW)

In California, minors aged 12 or older may consent to their own mental health treatment under certain circumstances. If a minor consents to treatment, their PHI is generally confidential and may not be disclosed to parents/guardians without the minor's written consent, unless permitted or required by law.

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## VIII. RECORD RETENTION POLICY

I retain clinical records for a minimum of **seven (7) years**, in accordance with California law. In some circumstances, records may be retained longer.

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## IX. BREACH NOTIFICATION

In the event of a breach involving your unsecured PHI, you will be notified without unreasonable delay, as required by HIPAA and California privacy regulations.

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## X. COMPLAINTS


### NOTICE TO CLIENTS

The Board of Behavioral Sciences receives and responds to complaints regarding services provided within the scope of practice of clinical social workers. If you have a complaint and are unsure if your practitioner is licensed or registered, please contact the Board of Behavioral Sciences at 916-574-7830 for assistance or utilize the board's online license verification feature by visiting [www.bbs.ca.gov](http://www.bbs.ca.gov).

You may contact the board online at [www.bbs.ca.gov](http://www.bbs.ca.gov), or by calling (916) 574-7830.

Additionally, you may file complaints or concerns should you believe your privacy rights have been violated, in writing with the Secretary of Health and Human Services at:

 200 Independence Avenue, S.W., Washington, D.C. 20201

 (202) 619-0257

**I will not retaliate against you for filing a complaint.**


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## XI. TECHNOLOGY & BUSINESS ASSOCIATES

### UPHEAL.IO

Used for secure, AI-assisted documentation and transcription.

 <https://app.upheal.io/u/christine-tronge-xgvk>

 [support@upheal.io](mailto:support@upheal.io)

**HELLO ALMA** Used for insurance billing and administrative support.

 <https://secure.helloalma.com/providers/christine-tronge/>

 [info@helloalma.com](mailto:info@helloalma.com)

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**HEADWAY** Used for insurance billing and claim management.

 <https://headway.co>

 support@headway.co

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## XII. CLIENT PORTALS

You may access your insurance or session billing portals at:

- ◆ HelloAlma: <https://secure.helloalma.com/client-portal/login>
- ◆ Headway: <https://headway.co/log-in>
- ◆ Grow Therapy: <https://growththerapy.com/client-login>




 **A card must be on file whether or not you use insurance.**

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## XIII. SESSION TOOLS & DIGITAL PLATFORMS

To support your progress between sessions, I may offer the use of the following **HIPAA-compliant digital tools**:

### Therapeutic Tools

- **Reflective** – Guided journaling and secure reflection  
 <https://www.reflective.app/>
- **Adhere.ly** – Worksheets, surveys, and assignments  
 <https://www.adherely.com/>
- **Quenza** – Customized psychoeducation and exercises  
 <https://quenza.com/>

### Clinical Documentation & Messaging

- **Upheal** – AI-assisted note-taking  
 <https://www.upheal.io/privacy-and-compliance>
  - **Spruce** – HIPAA-compliant messaging  
 <https://sprucehealth.com/patients>
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#### **XIV. ELECTRONIC COMMUNICATION CONSENT**

By choosing to communicate via email or text, you acknowledge:

- Standard carrier rates may apply
- You may revoke consent at any time in writing
- These messages are not encrypted and may pose privacy risks
- I recommend deleting messages promptly to reduce potential exposure

Ongoing use of text or email constitutes continued consent.

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#### **XV. EFFECTIVE DATE**

This Notice went into effect on **September 20, 2013**.

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 **BY CHECKING THE BOX, YOU ACKNOWLEDGE THAT YOU HAVE READ, UNDERSTOOD, AND AGREE TO THE TERMS OF THIS NOTICE.**