CYNTHIA WESTON, MS, LMFT #42043 2660 Townsgate Rd. Suite 530 Westlake Village, CA 91361

Uses and Disclosures of Health Information. We will use and disclose your health information in order to treat or to assist other health care provides in treating you. We will also use and disclose your health information to obtain payment for our services or to allow insurance companies to process insurance claims for services rendered to you by us or other health care providers.

Uses and Disclosures Based on Your Authorization. Except as stated in more detail in the Notice of Privacy Practices, we will not use or disclose your health information with our your written authorization.

Uses and Disclosures Not Requiring Your Authorization. In the following circumstances, we may disclose your health information without your written authorization:

- 1) To family members or close friends who are involved in your
- 2) For purpose of public health and safety
- **3)** To government agencies for purpose of their audits, investigations and other oversight activities.
- 4) To government authorities to prevent child abuse or domestic violence
- 5) To the FDA to report product defects or incidents
- **6)** To law enforcement authorities to protect public safety or to assist in apprehending criminal offenders
- 7) When required by court orders, search warrants, subpoenas and otherwise required by the law.

Clients Rights. As our client you have the following rights:

Read By,	DATE
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