

NOTICE OF PRIVACY PRACTICES

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

I. MY PLEDGE REGARDING HEALTH INFORMATION Health information about you and your health care is personal. I am committed to protecting your protected health information (PHI). I create a record of the care and services you receive in order to provide you with quality care and to comply with legal requirements. This Notice applies to all records of your care generated by this mental health practice.

This Notice describes how I may use and disclose your PHI, your rights regarding that information, and my legal obligations related to its use and disclosure. I am required by law to:

- Ensure that PHI that identifies you is kept private
- Provide you with this Notice of my legal duties and privacy practices
- Follow the terms of the Notice currently in effect

I reserve the right to change the terms of this Notice. Any changes will apply to all PHI I maintain about you. A revised Notice will be available upon request and on my website.

II. HOW I MAY USE AND DISCLOSE HEALTH INFORMATION The following categories describe different ways I may use and disclose your PHI. Not every use or disclosure in a category is listed; however, all permitted uses and disclosures will fall within one of these categories.

Treatment, Payment, and Health Care Operations Federal privacy regulations allow health care providers with a direct treatment relationship to use or disclose PHI without written authorization for treatment, payment, or health care operations. I may also disclose PHI to other health care providers for their treatment activities.

For example, I may consult with another licensed health care provider about your care, coordinate services, make referrals, or submit information to your insurance company for payment.

Minimum Necessary Standard Disclosures of protected health information for treatment purposes are not subject to the minimum necessary standard, as health care providers may require access to full and complete information to provide appropriate treatment and continuity of care.

Lawsuits and Legal Proceedings If you are involved in a lawsuit or legal proceeding, I may disclose your protected health information in response to a court or administrative order. I may also disclose information in response to a subpoena, discovery request, or other lawful process if appropriate efforts have been made to notify you of the request or to obtain an order protecting the information requested.

In matters involving minors, I may disclose a child's protected health information as required or permitted by law, including in response to legal process or court orders.

III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION

Psychotherapy Notes I do keep psychotherapy notes as defined by 45 CFR § 164.501. Any use or disclosure of psychotherapy notes requires your written authorization unless the disclosure is:

- For my use in treating you
- For training or supervision of mental health practitioners
- For my defense in legal proceedings brought by you
- Required by the Secretary of Health and Human Services
- Required by law

- Required for certain health oversight activities
- Required by a coroner performing legally authorized duties
- Necessary to prevent a serious and imminent threat to health or safety

Psychotherapy notes are maintained separately from your general medical record. Progress notes, treatment plans, diagnoses, and billing records are part of the designated record set.

Marketing I do not use or disclose your PHI for marketing purposes.

Sale of PHI I do not sell your PHI.

IV. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION Subject to applicable legal limitations, I may use or disclose PHI without your authorization for the following purposes:

- When required by state or federal law
- For public health activities, including reporting suspected abuse or neglect or preventing serious threats to health or safety
- For health oversight activities such as audits or investigations
- For judicial or administrative proceedings
- For law enforcement purposes
- To coroners or medical examiners
- For research, when permitted by law
- For specialized government functions
- For workers' compensation purposes

Appointment Reminders and Health-Related Services I may use or disclose PHI to contact you regarding appointments or to inform you of treatment alternatives or other health-related services I offer.

V. USES AND DISCLOSURES WITH OPPORTUNITY TO OBJECT I may disclose PHI to family members, friends, or others involved in your care or payment for your care unless you object.

In emergency situations, or when you are not available or able to object, I may share relevant protected health information if, in my professional judgment, doing so is in your best interest. Consent may be obtained retroactively once the emergency has resolved, consistent with applicable law.

VI. YOUR RIGHTS REGARDING YOUR PHI You have the following rights with respect to your PHI:

- Right to Request Restrictions: You may request limits on how your PHI is used or disclosed. I am not required to agree to all requests.
- Right to Restrict Disclosure for Services Paid in Full: You may request that PHI related to services you paid for out-of-pocket in full not be disclosed to health plans.
- Right to Request Confidential Communications: You may request that I communicate with you in a specific way or at a specific location.
- Right to Access Records: You may request a copy of your medical record, excluding psychotherapy notes. Requests will be addressed within 30 days and a reasonable fee may apply.
- Right to Request Amendments: You may request corrections or updates to your PHI. I may deny the request and will provide a written explanation.
- Right to an Accounting of Disclosures: You may request a list of disclosures made outside of treatment, payment, or health care operations.
- Right to a Copy of This Notice: You may request a paper or electronic copy of this Notice at any time.

VII. BREACH OF PROTECTED HEALTH INFORMATION If there is a breach of your unsecured PHI, you will be notified in accordance with applicable federal and state laws.

VIII. COMPLAINTS AND NON-RETALIATION If you believe your privacy rights have been violated, you may file a complaint with me using the contact information above or with the U.S. Department of Health and Human Services. You will not be retaliated against for filing a complaint.

ACKNOWLEDGMENT OF RECEIPT

This Notice of Privacy Practices is provided for your information. You will be asked to acknowledge receipt of this Notice as part of the intake or onboarding process. You are encouraged to save or print a copy for your records.