

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. YOU MAY HAVE ADDITIONAL RIGHTS UNDER STATE AND LOCAL LAW. PLEASE SEEK LEGAL COUNSEL FROM AN ATTORNEY LICENSED IN YOUR STATE IF YOU HAVE QUESTIONS REGARDING YOUR RIGHTS TO HEALTH CARE INFORMATION.

EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on 1/1/26

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

Under the Health Insurance Portability and Accountability Act of 1996 hereafter HIPAA you have certain rights regarding the use and disclosure of your protected health information hereafter PHI.

I. OUR PLEDGE REGARDING HEALTH INFORMATION

We understand that health information about you and your health care is personal. We are committed to protecting health information about you. We create a record of the care and services you receive from us. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all records of your care generated by this mental health care practice. This notice explains the ways in which we may use and disclose health information about you. It also describes your rights regarding the health information we keep about you and certain obligations we have regarding the use and disclosure of your health information.

We are required by law to

Make sure that PHI that identifies you is kept private

Give you this notice of our legal duties and privacy practices with respect to health information

Follow the terms of the notice that is currently in effect

We may change the terms of this Notice and such changes will apply to all the information we have about you. The new Notice will be available upon request in our office and on our website.

II. HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose health information. For each category we explain what is meant and provide examples. Not every use or disclosure in a category is listed. However all permitted uses and disclosures fall within one of the categories.

For treatment payment or health care operations

Federal privacy regulations allow health care providers who have a direct treatment relationship with a patient or client to use or disclose the patient or client's PHI without written authorization to carry out treatment payment or health care operations. We may also disclose your PHI for the treatment activities of another health care provider without your written authorization. For example if a clinician consults with another licensed health care provider about your condition we may use and disclose your PHI to assist in diagnosis and treatment. We may also use your PHI for operations purposes including appointment reminders billing invoices and other documentation.

Disclosures for treatment purposes are not limited to the minimum necessary standard because health care providers require access to complete information to provide quality care. Treatment includes coordination and management of care consultations and referrals between health care providers.

Lawsuits and disputes

If you are involved in a lawsuit we may disclose health information in response to a court or administrative order. We may also disclose health information about you or your minor children in response to a subpoena discovery request or other lawful process but only if efforts have been made to notify you or to obtain an order protecting the requested information.

III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION

Psychotherapy notes

We do keep psychotherapy notes as defined in 45 CFR § 164.501. Any use or disclosure of psychotherapy notes requires your Authorization unless the use or disclosure is

For our use in treating you

For our use in training or supervising mental health practitioners to improve their skills

For our use in defending ourselves in legal proceedings initiated by you

For use by the Secretary of the Department of Health and Human Services to investigate HIPAA compliance

Required by law and limited to the requirements of such law

Required for certain health oversight activities pertaining to the originator of the notes

Required by a coroner performing duties authorized by law

Required to help avert a serious threat to health or safety

Marketing purposes

We will not use or disclose your PHI for marketing purposes without your prior written consent. If we request a review and plan to share it publicly for advertising purposes we will provide a release form and HIPAA authorization. Authorization is required if the review contains PHI such as your name dates of service or treatment details. You may withdraw consent at any time by submitting a written request via the email address we have on file or via certified mail. Upon receipt we will remove the review from our website and other locations where we have posted it. We cannot guarantee removal by third parties who may have copied the review.

Sale of PHI

We will not sell your PHI.

IV. USES AND DISCLOSURES THAT DO NOT REQUIRE YOUR AUTHORIZATION

Subject to legal limitations we may use and disclose your PHI without Authorization for the following purposes and only after meeting required legal conditions.

Appointment reminders and health related benefits or services

We may contact you to remind you of appointments or inform you of treatment alternatives or health related services we offer.

When disclosure is required by state or federal law and complies with applicable requirements

For public health activities including reporting suspected abuse or preventing or reducing a serious threat to health or safety

For health oversight activities including audits and investigations

For judicial and administrative proceedings including court orders or subpoenas though we prefer to obtain Authorization when permitted

For law enforcement purposes including reporting crimes occurring on our premises

To coroners or medical examiners performing duties authorized by law

For research purposes including studies comparing different treatment approaches

For specialized government functions including military missions intelligence activities or correctional institution safety

For workers' compensation purposes in compliance with applicable laws

For organ and tissue donation requests

V. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT

Disclosures to family friends or others

You have the right to tell us whether we may share your PHI with individuals involved in your care or payment for care or in disaster relief situations. Consent may be obtained retroactively in emergencies or if you are unconscious.

VI. YOUR RIGHTS REGARDING YOUR PHI

The right to request limits on uses and disclosures

You may request limits on how we use or disclose your PHI for treatment payment or operations. We are not required to agree and may decline if it affects your care.

The right to request restrictions for out of pocket expenses paid in full

You may request that PHI related to services paid in full out of pocket not be disclosed to health plans.

The right to choose how we send PHI to you

You may request contact by specific methods or at specific locations and we will honor reasonable requests.

The right to see and get copies of your PHI

You may request an electronic or paper copy of your medical record except in limited circumstances. We will provide access within 30 days of a written request and may charge a reasonable cost based fee.

The right to receive an accounting of disclosures

You may request a list of disclosures made for purposes other than treatment payment or operations. We will respond within 60 days. One list per year is provided at no charge.

The right to correct or update your PHI

You may request corrections or additions to your PHI. If we deny the request we will explain why in writing within 60 days.

The right to receive a paper or electronic copy of this Notice

You may request a paper or email copy of this Notice at any time.

The right to choose someone to act for you

If you have granted medical power of attorney or have a legal guardian that person may exercise your rights.

The right to revoke an Authorization

The right to opt out of communications and fundraising from our organization

The right to file a complaint

You may file a complaint with us or with the HHS Office for Civil Rights at 200 Independence Avenue S.W. Washington D.C. 20201 by calling 877 696 6775 or visiting www.hhs.gov/ocr/privacy/hipaa/complaints. We will not retaliate against you for filing a complaint.

VII. CHANGES TO THIS NOTICE

We may change the terms of this Notice and the changes will apply to all PHI we maintain. The revised Notice will be available upon request in our office and on our website.

If you would like, I can also

Simplify the language for client friendly readability

Convert this into a fillable PDF or intake packet version

Review it for consistency with HIPAA templates commonly used by therapists