



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 10/08/2025.

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. MY COMMITMENT TO YOUR PRIVACY

Your privacy is deeply important to me. I understand that information about your health and care is personal, and I am committed to protecting it. I create and maintain records of the care and services you receive to provide you with quality support and to comply with legal requirements.

This notice explains how I may use and share your health information, the rights you have regarding that information, and my responsibilities to safeguard it.

I am required by law to:

- Ensure that your protected health information (PHI) is kept private.
- Provide you with this notice outlining my legal duties and privacy practices.
- Follow the terms of this notice while it is in effect.

If this notice changes, the updated version will apply to all records I maintain. Any revisions will be available upon request, in my office, and on my website.

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

The following categories describe the ways I may use or disclose your health information. Not every example will be listed, but all permitted uses fall within these categories.

I. For Treatment, Payment, or Health Care Operations

- Federal privacy regulations allow health care providers to use or disclose your personal health information without written authorization to carry out treatment, payment, or operational activities.
- For example, I may consult with another licensed provider about your care to support diagnosis or treatment. Such disclosures are permitted so that clinicians can provide the best possible care. "Treatment" may include coordination with other professionals, consultations, or referrals.
- Disclosures made for treatment purposes are not limited to the "minimum necessary" rule because full information may be required to ensure quality care.

II. Lawsuits and Disputes

- If you are involved in a legal proceeding, I may disclose health information in response to a court or administrative order.
- I may also respond to a subpoena or lawful request from another party, but only after efforts have been made to notify you or to obtain a protective order.

III. USES AND DISCLOSURES THAT REQUIRE YOUR AUTHORIZATION

Certain situations require your explicit written permission before information is shared.

1. Psychotherapy Notes

I maintain psychotherapy notes as defined in 45 CFR §164.501. These notes will not be used or disclosed without your written authorization, except in the following cases:

- For my use in providing your treatment.
- For training or supervision of mental health professionals.
- To defend myself in legal proceedings initiated by you.
- For use by the Secretary of Health and Human Services (HHS) to review compliance with HIPAA.
- When required by law, limited to what the law specifies.
- For certain oversight activities regarding the originator of the notes.
- When required by a coroner acting within their legal duties.
- To help prevent or lessen a serious threat to health or safety.

2. Marketing Purposes

I do not use or disclose your PHI for marketing.

3. Sale of PHI

I do not sell your PHI as part of my business operations.

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

Certain uses and disclosures are allowed or required by law without your written consent, including:

- When disclosure is required by state or federal law and limited to those requirements.
- For public health activities, such as reporting suspected abuse or preventing serious threats to health or safety.
- For health oversight activities, including audits or investigations.
- For judicial or administrative proceedings, such as responding to a court order.
- For law enforcement purposes, including reporting crimes occurring on my premises.
- To coroners or medical examiners performing their lawful duties.
- For research purposes, such as comparing treatment outcomes, when approved by ethical oversight.
- For specialized government functions, including national security, protection of officials, or correctional institution safety.
- For workers' compensation claims, when required to comply with applicable laws.
- For appointment reminders or information about health-related services or benefits I provide.

V. USES AND DISCLOSURES THAT REQUIRE AN OPPORTUNITY TO OBJECT

- I may share limited information with family members, friends, or others involved in your care or payment for your care unless you object. You may choose to limit or revoke this permission at any time. In emergencies, consent may be obtained after the fact.

VI. YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

You have several rights concerning your PHI. These include:

- The Right to Request Limits on Uses and Disclosures of Your PHI. You may ask that certain information not be used or shared for treatment, payment, or operations. While I'm not required to agree, I will consider all reasonable requests.
- The Right to Restrict Health Plan Disclosures. If you have paid for a service in full out-of-pocket, you can request that information not be shared with your insurance for that service.
- The Right to Choose How I Contact You. You have the right to ask me to contact you through specific methods (for example, home or office phone) or to send e-mail to a different address, and I will agree to all reasonable requests.
- The Right to Access Your Records. You may request a paper or electronic copy of your health record, excluding psychotherapy notes. I will provide it within 30 days of your written request and may charge a reasonable fee for copying or mailing.
- The Right to Accounting of Disclosures. You can ask for a list of disclosures made within the last six years (excluding treatment, payment, and operational uses). The first list each year is free; subsequent requests may incur a fee. I will respond to your request for an accounting of disclosures within 60 days of receiving your request.
- The Right to Correct or Update Your PHI. If you believe information is inaccurate or incomplete, you can request a correction. I may deny requests in some cases, but I'll explain my reasoning in writing within 60 days of receiving your request.
- The Right to a Copy of this Notice. You may request a paper or electronic copy of this notice at any time, even if you agreed to receive it by email.
- The Right to Choose A Representative. If you have a medical power of attorney or legal guardian, that person may act on your behalf regarding your PHI.

- The Right to Revoke an Authorization. You may withdraw your permission for sharing information at any time, except for actions already taken in reliance on it.
- The Right to opt out of Communications and Fundraising. You can ask not to receive communications unrelated to your care.
- The Right to File a Complaint. If you believe your privacy rights have been violated, you may contact me directly or file a complaint with the U.S. Department of Health and Human Services: *Office for Civil Rights, 200 Independence Avenue, S.W., Washington, D.C. 2020, Phone: (877) 696-6775, Website: www.hhs.gov/ocr/privacy/hipaa/complaints*

I will never retaliate against you for filing a complaint.

VII. CHANGES TO THIS NOTICE

I may update the terms of this notice as needed. Any updates will apply to all information I maintain and will be made available upon request, in my office, and on my website.