

# Notice of Privacy Practices

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## Notice of Privacy Practices

**Effective Date:** March 1, 2025

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**THIS NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED, AND HOW YOU CAN ACCESS THIS INFORMATION.**

**PLEASE REVIEW IT CAREFULLY.**

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### I. My Pledge Regarding Your Health Information

I understand that health information about you and your care is personal. I am committed to protecting your privacy. I create a record of the care and services you receive at my practice, which is necessary for providing you with quality care and to comply with legal requirements.

This notice applies to all records of your care created or maintained by this practice. It explains how I may use and disclose your information and describes your rights regarding your health information.

#### **By law, I am required to:**

- Maintain the privacy of your Protected Health Information (PHI).
- Provide you with this Notice of my legal duties and privacy practices.
- Abide by the terms of the Notice currently in effect.

#### **Changes to This Notice:**

I reserve the right to change the terms of this Notice at any time. A revised Notice will be available upon request, at my office, and posted on my website.

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### II. How I May Use and Disclose Health Information About You

The following categories describe how I am permitted to use and disclose your health information without your written authorization:

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

- **Treatment:** I may use and disclose your PHI to provide, coordinate, or manage your mental health care. This may include consultations with other healthcare providers.

- **Payment:** I may use and disclose your PHI to obtain payment for services provided to you.
- **Healthcare Operations:** I may use and disclose your PHI to support daily business activities related to health care operations.

> *Note:* Disclosures for treatment purposes are not subject to the "minimum necessary" standard because full information is essential for effective care.

### Lawsuits and Disputes

If you are involved in a lawsuit or legal proceeding, I may disclose health information in response to a court order, subpoena, or lawful process, following required procedures to protect your privacy.

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## III. Certain Uses and Disclosures Require Your Authorization

Some uses and disclosures of PHI require your prior written authorization, including:

- **Psychotherapy Notes:**  
Use or disclosure of psychotherapy notes requires your authorization except under certain circumstances (e.g., treatment, training, legal defense).
  - **Marketing Purposes:**  
I will not use your PHI for marketing without your written permission.
  - **Sale of PHI:**  
I will not sell your PHI in the course of business.
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## IV. Certain Uses and Disclosures Do Not Require Your Authorization

In specific situations, I am allowed or required to use and disclose your PHI without your authorization, including:

- When required by law.
  - To report suspected child, elder, or dependent adult abuse.
  - To avert a serious threat to health or safety.
  - For health oversight activities such as audits or investigations.
  - For judicial and administrative proceedings (court orders, subpoenas).
  - To law enforcement (for example, crimes on premises).
  - To coroners or medical examiners for lawful duties.
  - For research purposes (under certain guidelines).
  - For specialized government functions (e.g., military, national security).
  - For workers' compensation claims.
  - For appointment reminders or information about treatment alternatives or health-related services.
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## V. Certain Disclosures Require You to Have the Opportunity to Object

- **Disclosure to Family, Friends, or Others Involved in Your Care:**  
I may disclose your PHI to individuals involved in your care or payment for your care unless you object. In emergencies, disclosure may occur retroactively.

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## VI. Your Rights Regarding Your Health Information

You have the following rights concerning your PHI:

- **Right to Request Limits:**  
You may request restrictions on certain uses and disclosures. I am not required to agree but will consider your request.
- **Right to Request Restrictions on Disclosures Paid Out-of-Pocket:**  
You can request that information about services paid fully out-of-pocket not be disclosed to your health plan.
- **Right to Confidential Communications:**  
You may request that I communicate with you in a specific way or at a specific location. Reasonable requests will be accommodated.
- **Right to Access and Copy:**  
You may request a copy (paper or electronic) of your PHI, excluding psychotherapy notes, within 30 days of your request. Reasonable fees may apply.
- **Right to an Accounting of Disclosures:**  
You may request a list of disclosures of your PHI made in the past six years (excluding disclosures for treatment, payment, or health care operations).
- **Right to Amend:**  
If you believe information is incorrect or incomplete, you can request an amendment. I may deny the request, but you will be informed of the reason.
- **Right to a Paper or Electronic Copy of This Notice:**  
You have the right to obtain this Notice in paper or electronic form at any time, even if you have previously agreed to receive it electronically.

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## Acknowledgment of Receipt

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have rights regarding the use and disclosure of your protected health information.

By signing below, you acknowledge that you have received a copy of this **Notice of Privacy Practices**.

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