Notice of Privacy Practices

Effective Date: 6/1/2025

This notice describes how health information about you may be used and disclosed and how you can access this information. Please review it carefully.

I. My Pledge Regarding Health Information

I understand that health information about you and your care is personal. I am committed to protecting your health information.

I create a record of the care and services you receive in order to provide quality care and comply with legal requirements. This notice applies to all records of your care generated by this mental health practice.

This Notice describes:

- How your health information may be used and disclosed
- Your rights regarding your health information
- My obligations regarding the use and protection of your information

I am required by law to:

- Ensure that protected health information (“PHI”) that identifies you is kept private
- Give you 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 information I maintain. The updated Notice 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 ways I may use and disclose health information. Not every possible use is listed, but all permitted uses fall within these categories.

Treatment, Payment, and Health Care Operations

Federal privacy regulations allow licensed health care providers with a direct treatment relationship to use or disclose PHI without written authorization for treatment, payment, and health care operations.

For example, I may consult with other licensed providers regarding your care to support diagnosis and treatment planning.

“Treatment” includes coordination and consultation between providers and referrals for care.

PHI may be shared for treatment purposes without limitation under the “minimum necessary” standard, as full access is often required for clinical care.

Lawsuits and Disputes

If you are involved in legal proceedings, I may disclose PHI in response to a court or administrative order.

I may also disclose PHI in response to a subpoena, discovery request, or other lawful process, provided reasonable efforts are made to notify you or obtain a protective order when appropriate.

III. Uses and Disclosures Requiring Your Authorization

Psychotherapy Notes

Psychotherapy notes are kept as defined by HIPAA (45 CFR § 164.501). These require your authorization for disclosure unless:

a. For my use in treating you
b. For training or supervision purposes
c. To defend myself in legal proceedings brought by you
d. For HIPAA compliance investigations by HHS
e. When required by law (limited to legal requirements)
f. For health oversight activities permitted by law
g. For coroners or medical examiners performing legal duties
h. To prevent or reduce a serious threat to health or safety

Marketing

I will not use or disclose your PHI for marketing purposes.

Sale of PHI

I will not sell your PHI.

IV. Uses and Disclosures That Do Not Require Authorization

I may use or disclose PHI without your authorization in the following circumstances:

- When required by federal or state law
- For public health activities, including reporting abuse or threats of harm
- For health oversight activities (audits, investigations)
- For judicial and administrative proceedings
- For law enforcement purposes (including crimes on premises)
- To coroners or medical examiners
- For research purposes under applicable regulations
- For specialized government functions (military, national security, correctional institutions)
- For workers' compensation compliance
- To provide appointment reminders and information about treatment alternatives or services I offer

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V. Uses and Disclosures Where You May Have the Opportunity to Object

I may disclose PHI to family members, friends, or others involved in your care or payment for care when appropriate, unless you object.

In emergency situations, disclosure may occur if clinically necessary.

VI. Your Rights Regarding Your PHI

Right to Request Restrictions

You may request restrictions on certain uses or disclosures. I am not required to agree if it affects care.

Right to Restrict Out-of-Pocket Services

You may request that PHI not be shared with health plans when you have paid in full for a service out of pocket.

Right to Request Confidential Communications

You may request how or where I contact you, and reasonable requests will be honored.

Right to Access Records

You may request copies of your records (excluding psychotherapy notes). Records will be provided within 30 days, and a reasonable cost-based fee may apply.

Right to an Accounting of Disclosures

You may request a list of disclosures made outside treatment, payment, or operations within the past six years. One request per year is free; additional requests may include a fee.

Right to Amend Records

You may request corrections or additions to your record. Requests may be denied with written explanation within 60 days.

Right to a Copy of This Notice

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