Notice of Privacy Practices

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THIS NOTICE DESCRIBES HOW HEALTH INFORMATION 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 health care is personal. I am committed to protecting your protected health information ("PHI").

I create and maintain records of the care and services you receive from this practice. These records are necessary to provide quality care and to comply with legal and regulatory requirements. This Notice applies to all PHI created or maintained by this practice.

I am required by law to:

- Maintain the privacy of your PHI
- Provide you with this Notice of my legal duties and privacy practices
- Follow the terms of this Notice currently in effect

I reserve the right to change this Notice. Any changes will apply to all PHI I maintain, and an updated Notice will be available upon request, in the office, and through the practice website or client portal.

II. How I May Use and Disclose Health Information

For Treatment, Payment, and Health Care Operations

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

Examples include:

- Providing, coordinating, or managing your mental health care
- Consulting with other licensed health care providers regarding your care
- Referring you to another provider when appropriate

Disclosures for treatment purposes are **not limited to the minimum necessary standard**, as full access to information may be required to provide quality care.

Legal Proceedings and Disputes

If you are involved in a legal proceeding, I may disclose PHI in response to a court or administrative order. I may also respond to subpoenas or lawful requests, provided that appropriate legal steps have been taken to protect your information.

III. Uses and Disclosures Requiring Your Written Authorization

Psychotherapy Notes

I maintain psychotherapy notes as defined under HIPAA (45 CFR §164.501). These notes are kept separate from your medical record.

Use or disclosure of psychotherapy notes requires your written authorization **except** in the following circumstances:

- For my use in treating you
- For training or supervision of mental health professionals
- To defend myself in legal proceedings initiated by you
- For oversight by the Secretary of Health and Human Services
- As required by law for oversight, coroners, or to prevent serious threats to health or safety

Marketing and Sale of PHI

I do not use or disclose your PHI for marketing purposes, nor do I sell PHI in the course of my practice.

IV. Uses and Disclosures That Do Not Require Authorization

Subject to legal limitations, I may use or disclose your PHI without authorization for:

- Compliance with state or federal law
- Public health and safety activities (e.g., mandated abuse reporting)
- Health oversight activities such as audits or investigations
- Judicial or administrative proceedings
- Law enforcement purposes when required by law
- Coroners or medical examiners
- Research activities (with appropriate safeguards)
- Specialized government functions (e.g., military or correctional settings)
- Workers' compensation claims

Appointment Reminders & Practice Communications

I may use or disclose PHI to contact you regarding appointment reminders or information related to services offered by this practice. Secure communication through the **SimplePractice client portal** is the preferred method for transmitting confidential information.

V. Disclosures Requiring Opportunity to Object

I may share PHI with family members, friends, or others involved in your care or payment for services **unless you object**. In emergency situations, consent may be obtained retroactively when appropriate.

VI. Your Rights Regarding Protected Health Information

You have the right to:

- **Request restrictions** on how your PHI is used or disclosed (requests may be denied if they affect care)
- **Request restrictions** on disclosures to health plans when services are paid out-of-pocket in full
- **Request confidential communications** (e.g., preferred contact method or address)
- **Inspect and obtain copies** of your medical record (excluding psychotherapy notes) within 30 days

- **Receive an accounting of disclosures** made in the past six years (fees may apply for multiple requests)
- **Request amendments** to your PHI if you believe information is incorrect or incomplete
- **Obtain a paper or electronic copy** of this Notice at any time

Requests must be made in writing. I will respond within the timeframes required by law.

Effective Date

This Notice of Privacy Practices is effective **May 7, 2020**, and remains in effect until replaced.

Acknowledgment of Receipt

By clicking the checkbox below, you acknowledge that you have received, read, and understood this Notice of Privacy Practices.