Notice of Privacy Practices

Our Commitment to Your Privacy

Your privacy is essential to the therapeutic process. You are entitled to the confidentiality of your medical and psychological information, and this practice is legally obligated to protect that information. We may use or disclose your protected health information (“PHI”) only as permitted by law, and we must follow the terms of this Notice as long as it remains in effect. If you have questions, please contact the practice’s Privacy Officer.

Who Must Follow This Notice

This Notice applies to clinicians, administrative staff, and business associates who require access to PHI in order to perform their work for this practice. These parties may share PHI with one another for treatment, payment, and health care operations, while limiting the disclosure to the minimum necessary.

How We Use and Disclose Health Information

We may use or disclose PHI without written authorization for treatment, payment, and health care operations. **Treatment:** Coordinating or managing your care, which may include sharing information with your other health providers when legally permitted. **Payment:** Using information as needed to obtain reimbursement or provide documentation for insurance purposes. **Health Care Operations:** Administrative and quality■improvement activities such as supervision, training, and internal review.

Uses and Disclosures Requiring Written Authorization

Any use or disclosure of your PHI not described in this Notice requires your written authorization. You may revoke an authorization in writing at any time, unless the practice has already relied on it.

Uses and Disclosures Allowed Without Authorization

Certain disclosures are required or permitted by law, including: • Mandatory reporting of child abuse or neglect • Reporting abuse, neglect, or exploitation of vulnerable adults • Health oversight activities such as licensing or audits • Responses to certain court orders • A credible threat of serious harm to yourself or others • Worker’s compensation requirements

Special Categories of Protected Information

The following categories generally require special written authorization: • Psychotherapy notes • HIV/AIDS■related information • Substance use disorder treatment information

Your Rights Regarding Your Health Information

You have the right to: • Request restrictions on certain uses or disclosures • Request confidential communications at alternative addresses or numbers • Inspect or obtain a copy of your records • Request an amendment to your records • Receive an accounting of certain disclosures • Obtain a paper copy of this Notice at any time

Our Responsibilities

We are required to: • Maintain the privacy and security of your PHI • Provide this Notice describing our legal duties • Notify you if a breach occurs • Follow the policies described in this Notice unless revised

Questions and Complaints

If you believe your privacy rights have been violated, you may file a written complaint with the practice’s Privacy Officer or with the U.S. Department of Health and Human Services. You will not be penalized for filing a complaint.