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Effective Date: August 11, 2026

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, HOW YOU CAN GET ACCESS TO THIS INFORMATION, AND YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION. PLEASE REVIEW IT CAREFULLY.

I. Our Commitment to Your Privacy

Shaka Mental Wellness is committed to protecting the privacy and confidentiality of your health information.

During the course of your care, Shaka Mental Wellness creates and maintains records regarding your health, psychiatric care, treatment, services, and payment for those services. This information may constitute protected health information ("PHI") under the Health Insurance Portability and Accountability Act ("HIPAA") and other applicable federal and state privacy laws.

Shaka Mental Wellness is required by law to:

- Maintain the privacy and security of your PHI.
- Provide you with this Notice describing our legal duties and privacy practices.
- Follow the terms of the Notice currently in effect.
- Notify you following a breach of your unsecured PHI when notification is required by law.

This Notice applies to records of care created or maintained by Shaka Mental Wellness.

Shaka Mental Wellness may change the terms of this Notice. Changes may apply to PHI already maintained by the practice as well as information received in the future. The current Notice will be available upon request, through the patient portal when available, in the office, and/or on the Shaka Mental Wellness website.

II. How We May Use and Disclose Your Health Information

HIPAA permits Shaka Mental Wellness to use or disclose PHI for certain purposes without obtaining a separate written authorization. Other uses or disclosures will generally require your written authorization.

If you provide written authorization, you may revoke that authorization in writing at any time, except to the extent that Shaka Mental Wellness has already acted in reliance upon it.

Treatment

We may use and disclose your PHI to provide, coordinate, and manage your health care.

For example, information may be shared with physicians, therapists, pharmacists, laboratories, hospitals, or other health care professionals involved in your treatment when permitted by law and appropriate for your care.

Payment

We may use and disclose PHI for payment-related activities, including billing you, submitting claims to health plans or other third-party payers, determining coverage or eligibility, obtaining payment for services, and performing other appropriate billing activities.

Health Care Operations

We may use and disclose PHI as necessary to operate Shaka Mental Wellness and maintain the quality of services provided.

Examples may include quality assessment and improvement activities, administrative activities, compliance activities, credentialing, auditing, business management, and other activities necessary to operate the practice.

Appointment Reminders and Health-Related Communications

We may use your PHI to contact you regarding appointments, scheduling, treatment-related information, treatment alternatives, or health-related services that may be relevant to your care.

Individuals Involved in Your Care or Payment for Your Care

When permitted by law and appropriate under the circumstances, we may disclose relevant PHI to a family member, close friend, caregiver, personal representative, or another person involved in your care or payment for your care.

Whenever appropriate, we will consider your preferences regarding these disclosures.

Business Associates

Shaka Mental Wellness may use outside individuals or companies to perform services on behalf of the practice, such as billing, electronic health record services, technology services, or other administrative functions.

When a business associate receives PHI on behalf of Shaka Mental Wellness, the business associate is required to appropriately safeguard the information as required by applicable law and contractual agreements.

Incidental Uses and Disclosures

An incidental use or disclosure of PHI may occur as a result of an otherwise permitted use or disclosure. Such incidental uses or disclosures are permitted when reasonable safeguards are in place and applicable minimum-necessary requirements are followed.

Research

Under limited circumstances permitted by law, PHI may be used or disclosed for research purposes. When authorization is required, Shaka Mental Wellness will obtain your written authorization before using or disclosing your PHI for research.

III. Situations in Which PHI May Be Disclosed Without Your Authorization

Shaka Mental Wellness may use or disclose PHI without your written authorization when permitted or required by law, including the following circumstances.

Required by Law

We may disclose PHI when required to do so by applicable federal, state, or local law.

Public Health Activities

We may disclose PHI for legally authorized public health activities, such as preventing or controlling disease, reporting certain conditions, reporting adverse reactions or product problems, or other activities permitted or required by law.

Abuse, Neglect, or Domestic Violence

We may disclose PHI to an appropriate governmental authority when the disclosure is required or authorized by law regarding suspected abuse, neglect, or domestic violence.

As a health care provider, Shaka Mental Wellness will comply with applicable mandatory reporting requirements.

Serious Threat to Health or Safety

We may use or disclose PHI when permitted by law and when necessary to prevent or lessen a serious and imminent threat to the health or safety of you or another person.

Information will be disclosed only to individuals or entities reasonably able to prevent or lessen the threat or as otherwise permitted by law.

Health Oversight Activities

We may disclose PHI to authorized health oversight agencies for activities such as audits, investigations, inspections, licensure or disciplinary proceedings, and other activities authorized by law.

Judicial and Administrative Proceedings

We may disclose PHI in response to certain court orders, administrative orders, subpoenas, discovery requests, or other lawful processes when the requirements for disclosure under applicable law have been satisfied.

Law Enforcement

We may disclose PHI to law enforcement officials when permitted or required by law, including in response to certain court orders, warrants, subpoenas, or other lawful processes and in other circumstances specifically authorized by law.

Coroners and Medical Examiners

We may disclose PHI to coroners or medical examiners when authorized by law, including for purposes such as identifying a deceased person or determining cause of death.

Workers' Compensation

We may disclose PHI as authorized by and to the extent necessary to comply with workers' compensation laws or similar programs.

Essential Government Functions

PHI may be disclosed when legally authorized for certain governmental functions, including military activities, national security and intelligence activities, protective services, correctional institutions, and other functions permitted by law.

IV. Psychotherapy Notes

Psychotherapy notes receive additional protection under HIPAA.

"Psychotherapy notes" have a specific meaning under HIPAA and generally refer to notes recorded by a mental health professional documenting or analyzing the contents of a counseling conversation during a private, group, joint, or family counseling session that are maintained separately from the rest of the medical record.

Psychotherapy notes do **not** generally include information contained in the regular medical record, such as medication prescribing and monitoring, diagnosis, treatment plans, symptoms, functional status, prognosis, session times, test results, or summaries of treatment.

When Shaka Mental Wellness maintains information that qualifies as psychotherapy notes under HIPAA, a separate authorization will generally be required before those notes are used or disclosed, except when use or disclosure is otherwise specifically permitted or required by law.

V. Substance Use Disorder Records

Certain substance use disorder ("SUD") treatment records may receive additional confidentiality protections under federal law, including 42 CFR Part 2.

When Shaka Mental Wellness receives, maintains, uses, or discloses records that are protected by 42 CFR Part 2, those records will be handled in accordance with applicable federal requirements.

Additional authorization, consent, or legal process may be required for certain uses or disclosures of Part 2-protected records. These records may also be subject to additional limitations regarding their use or disclosure in civil, criminal, administrative, or legislative proceedings.

Where HIPAA, 42 CFR Part 2, Arizona law, or another applicable law provides greater privacy protection, Shaka Mental Wellness will comply with the applicable legal requirements.

VI. Your Rights Regarding Your Protected Health Information

You have certain rights regarding PHI maintained by Shaka Mental Wellness.

Right to Inspect and Obtain Copies

You generally have the right to inspect and obtain an electronic or paper copy of PHI maintained about you in a designated record set, subject to certain exceptions permitted by law.

Psychotherapy notes, as specifically defined under HIPAA, are generally excluded from this right of access.

Shaka Mental Wellness will respond to requests for access within the timeframe required by applicable law. A reasonable, cost-based fee may be charged when permitted by law.

Right to Request an Amendment

If you believe PHI maintained by Shaka Mental Wellness is incorrect or incomplete, you may request that the information be amended.

Shaka Mental Wellness may deny an amendment request under circumstances permitted by law. If a request is denied, you will be provided information regarding the denial and any rights you may have to submit a statement of disagreement.

Right to an Accounting of Disclosures

You have the right to request an accounting of certain disclosures of your PHI made by Shaka Mental Wellness.

The accounting does not include every disclosure. Certain disclosures, including many disclosures made for treatment, payment, and health care operations, may be excluded as permitted by law.

Shaka Mental Wellness will respond to your request in accordance with applicable federal and state requirements.

Right to Request Restrictions

You have the right to request restrictions on certain uses or disclosures of your PHI for treatment, payment, or health care operations.

Shaka Mental Wellness is generally not required to agree to a requested restriction unless otherwise required by law.

Special Right When You Pay Out of Pocket in Full

If you pay out of pocket in full for a specific health care item or service and request that PHI relating solely to that item or service not be disclosed to your health plan for purposes of payment or health care operations, Shaka Mental Wellness will honor the request when required by law.

Right to Request Confidential Communications

You have the right to request that Shaka Mental Wellness communicate with you about your health information in a particular way or at a particular location.

For example, you may request that we contact you through a particular phone number or other reasonable method.

Shaka Mental Wellness will accommodate reasonable requests as required by law.

Right to Receive Notice of a Breach

You have the right to receive notification following a breach of your unsecured PHI when notification is required under applicable law.

Right to a Paper or Electronic Copy of This Notice

You may request a paper copy of this Notice at any time, even if you previously agreed to receive the Notice electronically.

An electronic copy may also be made available through the patient portal and/or Shaka Mental Wellness website.

VII. Complaints and Privacy Concerns

If you believe your privacy rights have been violated, have questions regarding this Notice, or wish to exercise one of your privacy rights, you may contact:

Privacy Officer: Alexis Lopez, DNP, PMHNP-BC Shaka Mental Wellness 6630 East Carondelet Drive Tucson, AZ 85710 Phone: 520-602-5293 Email: alexis@shakamentalwellness.com

You may also file a complaint with the **Secretary of the U.S. Department of Health and Human Services, Office for Civil Rights**, as permitted by law.

Shaka Mental Wellness will not retaliate against you or penalize you for filing a privacy

complaint or exercising your rights.

VIII. Changes to This Notice

Shaka Mental Wellness reserves the right to change this Notice and its privacy practices as permitted by law.

Any revised Notice may apply to PHI already maintained by Shaka Mental Wellness as well as PHI received or created in the future.

The current Notice will be made available upon request and through the practice's designated methods for providing the Notice.

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

By signing or acknowledging below, I acknowledge that I have been provided with or given access to Shaka Mental Wellness's Notice of Privacy Practices.

My signature acknowledges **receipt of the Notice** and does not mean that I am waiving any privacy rights or agreeing to uses or disclosures beyond those permitted by applicable law.

Client Signature	Date
Provider Signature	Date