

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS CAREFULLY.

YOUR RIGHTS AND OUR OBLIGATIONS

Your health record contains personal information about you and your health. Information that identifies you and relates to your past, present, or future physical or mental health or condition, and the health care services you receive, is referred to as Protected Health Information ("PHI").

This Notice of Privacy Practices describes how we may use and disclose your PHI in accordance with applicable law, including the Health Insurance Portability and Accountability Act ("HIPAA"), the HIPAA Privacy and Security Rules, and applicable state law. It also describes your rights regarding how you may access and control your PHI.

We are required by law to: maintain the privacy of your PHI; provide you with notice of our legal duties and privacy practices; and abide by the terms of this Notice. We reserve the right to change the terms of this Notice at any time. Any revised Notice will apply to all PHI we maintain at that time. Updated versions will be posted on our website and made available at your next appointment upon request.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

For Treatment

Your PHI may be used and disclosed by those involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes collaboration with other members of your care team, such as your therapist, primary care provider, or specialists. PHI will be disclosed to outside consultants only with your written authorization.

For Payment

We may use and disclose your PHI as necessary to process payment for services provided to you. This practice operates on a self-pay basis. Upon request, we will provide you with a superbill that you may submit to your insurance carrier for potential out-of-network reimbursement. We are not responsible for filing claims on your behalf or guaranteeing reimbursement. In the event of a disputed charge or chargeback, we reserve the right to disclose the minimum PHI necessary to respond to and resolve the dispute, including to our payment processor or relevant financial institution. If collection processes become necessary, only the minimum PHI required for that purpose will be disclosed.

For Health Care Operations

We may use or disclose your PHI as needed to support our business activities, including quality assessment, employee review, licensing, and other operational activities. PHI may be shared with business associates under written contracts that require them to safeguard the privacy of your information. PHI will be disclosed for training or teaching purposes only with your written authorization.

As Required by Law

We must disclose your PHI to you upon your request. We must also make disclosures to the Secretary of the Department of Health and Human Services when required to investigate or determine our compliance with the HIPAA Privacy Rule.

Disclosures Without Your Authorization

Applicable law and ethical standards permit us to disclose your PHI without your authorization only in limited circumstances, including:

- **Child Abuse or Neglect:** We may disclose PHI to a state or local agency authorized by law to receive reports of child abuse or neglect.

- **Judicial and Administrative Proceedings:** We may disclose PHI pursuant to a subpoena (with your written consent), court order, administrative order, or similar legal process.
- **Deceased Patients:** We may disclose PHI regarding deceased patients as required by state law, or to a family member or friend involved in your care or payment for care prior to death, based on prior consent. PHI of persons deceased for more than fifty (50) years is not protected under HIPAA.
- **Medical Emergencies:** We may use or disclose your PHI in a medical emergency to medical personnel in order to prevent serious harm. You will be provided a copy of this Notice as soon as reasonably practicable after the emergency is resolved.
- **Family Involvement in Care:** We may disclose information to close family members or friends directly involved in your treatment based on your consent, or as necessary to prevent serious harm.
- **Health Oversight:** We may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections.
- **Law Enforcement:** We may disclose PHI to a law enforcement official as required by law, in compliance with a court order or subpoena (with your written consent), or in connection with a crime, missing person, or emergency situation.
- **Specialized Government Functions:** We may disclose PHI to authorized military command authorities, national security and intelligence officials, or the Department of State for medical suitability determinations, based on written consent, mandatory disclosure laws, or the need to prevent serious harm.
- **Public Health:** We may use or disclose your PHI for mandatory public health activities to a public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability.
- **Research:** PHI may be disclosed for research only after a special approval process or with your written authorization.

Disclosures Requiring Your Written Authorization

Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked at any time except to the extent that we have already acted in reliance upon it. The following require your written authorization:

- (i) Most uses and disclosures of psychotherapy notes, which are maintained separately from the rest of your medical record;
- (ii) Most uses and disclosures of PHI for marketing purposes, including subsidized treatment communications;
- (iii) Disclosures that constitute a sale of PHI; and
- (iv) Any other uses and disclosures not described in this Notice.

Minors and Substance Use Disorder Records

If you are a minor, or if your care involves the diagnosis or treatment of a substance use disorder, additional state and federal confidentiality protections may apply beyond those described in this Notice, including requirements under 42 CFR Part 2 and Arizona law governing access to minors' behavioral health records. Please contact our office for more information about how these protections may apply to your care.

YOUR RIGHTS REGARDING YOUR PHI

Right to Inspect and Copy

You have the right to inspect and copy PHI maintained in your designated record set, which includes mental health, medical, and billing records used to make decisions about your care. This right may be restricted only in exceptional circumstances. For example, where there is compelling evidence that access would cause serious harm, or where the information is contained in separately maintained psychotherapy notes. We may charge a reasonable, cost-based fee for copies. You may also request that copies be provided to another person or in electronic format.

Right to Amend

If you believe your PHI is incorrect or incomplete, you may request an amendment. We are not required to agree to the amendment. If we deny your request, you have the right to file a statement of disagreement. We may prepare a rebuttal and will provide you with a copy. Please contact our office with any questions.

Right to an Accounting of Disclosures

You have the right to request an accounting of certain disclosures we have made of your PHI. We may charge a reasonable fee if you request more than one accounting within any 12-month period.

Right to Request Restrictions

Although this practice operates on a self-pay basis, you retain the right to request restrictions on how your PHI is used or disclosed for treatment, payment, or health care operations. We are not required to agree to your request, except in cases where you request that we not disclose your PHI to any health plan for payment or operations purposes and you have paid for the service out of pocket in full. In that case, we are required by law to honor that request.

Right to Request Confidential Communications

You have the right to request that we communicate with you about health matters through a specific method or using specific contact information. We will accommodate reasonable requests. We may require information regarding how payment will be handled or specification of an alternative contact method. We will not ask you to explain why you are making the request.

Right to Notification of a Breach

If there is a breach of your unsecured PHI, we may be required to notify you of the breach, including what occurred and what steps you can take to protect yourself.

Right to a Copy of This Notice

You have the right to a copy of this Notice at any time. A current version is available on our website and will be provided to you upon request.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with our office by contacting us at 480-787-9384 or joellenbutlerpsynp@gmail.com. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services, Office for Civil Rights, at 200 Independence Avenue, S.W., Washington, D.C. 20201, by calling 1-800-368-1019, or online at www.hhs.gov/ocr/privacy/hipaa/complaints. You will not be penalized or retaliated against for filing a complaint.

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