

Amy L. LUZAR, LLC

Amy L. Luzar, MSSA, LISW-S

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NOTICE OF PRIVACY PRACTICES

Effective September 17, 2026

Your Information. Your Rights. My Responsibilities.

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

YOUR RIGHTS

Get a copy of your record. You may ask to see or receive an electronic or paper copy of health information I maintain about you. I will provide a copy or summary within the time required by law and may charge a reasonable, cost-based fee.

Ask me to correct your record. If you believe information in your record is incorrect or incomplete, you may ask me to correct it. I may deny the request in certain circumstances, but I will explain the reason in writing.

Request confidential communications. You may ask me to contact you in a particular way or at a particular location. I will accommodate reasonable requests.

Ask me to limit what I use or disclose. You may ask me not to use or disclose certain health information for treatment, payment, or health care operations. I am not always required to agree. If you pay in full out of pocket and ask me not to disclose that service to your health plan for payment or operations, I will honor the request unless disclosure is required by law.

Receive a list of certain disclosures. You may request an accounting of certain disclosures of your health information during the six years before your request. Certain disclosures, including some for treatment, payment, and health care operations, are excluded.

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

Choose someone to act for you. A legally authorized personal representative may exercise your privacy rights as permitted by law.

File a complaint. If you believe your privacy rights have been violated, you may contact me or file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights. I will not retaliate against you for filing a complaint.

YOUR CHOICES

For certain health information, you may tell me your preferences about what I disclose, including whether I may share information with family members, friends, or others involved in your care or payment for your care.

Written authorization is generally required for marketing, the sale of your health information, and most uses or disclosures of psychotherapy notes as defined by HIPAA. You may revoke an authorization in writing, except to the extent I have already acted in reliance on it.

HOW I MAY USE AND DISCLOSE YOUR INFORMATION

Treatment

I may use your health information to provide and coordinate treatment and, when permitted by law, communicate with other health care professionals involved in your care.

Payment

I may use or disclose health information as necessary to obtain payment for services, including submitting information to your health insurance company when applicable.

Health Care Operations

I may use health information to operate my practice, maintain appropriate records, conduct necessary business activities, improve services, and comply with professional and legal requirements.

When Required or Permitted by Law

I may use or disclose health information without your authorization when permitted or required by law. Depending on the circumstances, this may include:

- reporting suspected abuse or neglect when required by law;
- addressing a serious threat to health or safety;
- public health or health oversight activities;
- certain lawful court orders, subpoenas, or legal proceedings;
- workers' compensation or similar laws;
- certain lawful law-enforcement or government requests; and
- other disclosures required or specifically permitted by federal or Ohio law.

Whenever possible and appropriate, I will discuss required disclosures with you.

SPECIAL PROTECTION FOR MENTAL HEALTH INFORMATION

Mental health records and communications may receive additional protection under Ohio law and professional confidentiality requirements. I will not disclose confidential information simply because someone requests it. In general, confidential information is disclosed with your authorization unless disclosure is permitted or required by law or another recognized exception applies.

The rules governing subpoenas, court proceedings, privilege, mandatory reporting, safety concerns, and other legal exceptions can be complex. I will follow applicable federal and Ohio law when responding to such requests.

PSYCHOTHERAPY NOTES

HIPAA provides special protection for psychotherapy notes, which have a specific legal definition and are different from the clinical record ordinarily maintained for treatment, billing, and health care operations. If I maintain psychotherapy notes as defined by HIPAA, most uses or disclosures of those notes require your written authorization unless an exception under the law applies.

SUBSTANCE USE DISORDER INFORMATION

Certain substance use disorder records may receive additional confidentiality protections under federal law, including 42 CFR Part 2. To the extent I create or maintain Part 2 records, those records will not be used or disclosed in civil, criminal, administrative, or legislative investigations or proceedings against you unless permitted by applicable federal law, including when supported by your written consent or the required court process.

ELECTRONIC COMMUNICATION AND TELEHEALTH

When electronic communication or telehealth is used, reasonable safeguards are used to protect the privacy and security of your health information. Electronic communication carries some inherent privacy and security risks. Additional information is contained in my Electronic Service Delivery Informed Consent.

MY RESPONSIBILITIES

- Maintain the privacy and security of your protected health information.
- Follow the privacy practices described in the Notice currently in effect and provide you with a copy.
- Notify you if a breach occurs that may have compromised the privacy or security of your information, as required by law.
- Comply with applicable federal and Ohio confidentiality requirements.
- Not use or disclose your information in a manner not described in this notice unless you authorize it in writing or the use or disclosure is otherwise permitted or required by law.

CHANGES TO THIS NOTICE

I may change the terms of this Notice. Changes may apply to health information I already have as well as information I receive in the future. A revised notice will be available upon request, in my office, and on my website.

QUESTIONS OR COMPLAINTS

For questions, to exercise a privacy right, or to make a complaint, contact:

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You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, 200 Independence Avenue, S.W., Washington, D.C. 20201, or by calling 1-877-696-6775. You will not be retaliated against for filing a complaint.