

NOTICE OF PRIVACY PRACTICES

This notice explains how your health information may be used and disclosed, and how you can access it. Please review it carefully. You may have additional rights under state and local law. Consult a licensed attorney in your state for guidance.

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

My Pledge Regarding Health Information: Your health information is personal, and I am committed to protecting it. I maintain records of the care you receive to provide quality care and meet legal requirements. This notice applies to all records created by this practice and describes how I use and disclose your information, your rights, and my legal obligations. By law, I must:

- Keep your identifiable health information private.
- Provide this notice outlining my legal duties and privacy practices.
- Follow the terms of this notice.
- I may revise this notice and apply changes to all current and future health information. Updated versions will be available upon request, in-office, and on my website.

How I May Use And Disclose Health Information: I may use or disclose your health information without written authorization in response to a court order, subpoena, or other legal request when required or permitted by law; to provide care (including consultations with other providers); or for administrative functions (e.g., appointment reminders, billing).

Certain Uses And Disclosures Require Your Authorization: I will not sell your health information, and written consent would be required before it could be used for marketing, (e.g., testimonials). You may withdraw consent at any time in writing. Once removed, I cannot control third-party use of previously shared content. I maintain assessment notes, which require your written permission for disclosure except when:

- Used in your treatment or provider supervision
- Required by law or legal defense
- Requested by the HHS for HIPAA compliance
- Necessary to prevent serious harm

Uses And Disclosures That Do Not Require Authorization: I may disclose health information without authorization under the following conditions:

- Appointment reminders or health-related services
- Legal obligations
- Public health reporting (e.g., abuse or safety threats)
- Oversight, audits, or investigations
- Court orders or subpoenas

- Law enforcement (e.g., on-site crimes)
- Coroners or medical examiners
- Approved research studies
- National security or military functions
- Workers' compensation claims
- Organ and tissue donation

Certain Uses And Disclosures Require You To Have The Opportunity To Object: You may allow or restrict sharing of your health information with family, friends, or others involved in your care. In emergencies or if you are unconscious, I may share relevant information retroactively if necessary.

Your Rights Regarding Your Health Information: You have the right –

- To ask me not to use or disclose certain health information for treatment, payment, or health care operations purposes. I am not required to agree to your request, and I may say “no” if I believe it would affect your health care.
- To request restrictions on the disclosure of your health information to health plans for payment or health care operations purposes if the information pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full.
- To ask me to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and I will agree to all reasonable requests.
- To get an electronic or paper copy of your medical record and other information that I have about you. I will provide you with a copy of your record, or if you agree, a summary of it, within 30 days of receiving your written request. I may charge a reasonable cost based fee for doing so.
- To request a list of instances in which I have disclosed your health information for purposes other than treatment, payment, or health care operations. I will respond to your request for an accounting of disclosures within 60 days of receiving the request covering disclosures made in the previous six years (unless you request a shorter time) at no charge to you.
- To request that I correct or include important information should you believe that there is a mistake or important information is missing from your health information. I may say “no” to your request, but I will tell you why in writing within 60 days of receiving your request.
- To get a paper- and email-copy of this Notice.
- To allow another person to make choices about your health information (e.g., made medical power of attorney or if someone is your legal guardian).
- To revoke authorization.
- To opt out of communications and fundraising from our organization.
- To file a complaint if you feel I have violated your rights by contacting me using the information on page one or with the HHS Office for Civil Rights (877-696-6775; www.hhs.gov/ocr/privacy/hipaa/complaints; 200 Independence Avenue, S.W., Washington D.C. 20201). I will not retaliate against you for filing a complaint.

Changes To This Notice: The effective date of this notice is 05/12/2025. I may update this notice. Changes will apply to all current and past health information. New versions will be available upon request, in my office, and on my website.