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NOTICE OF PRIVACY PRACTICES

Effective Date: August 15, 2026

YOUR INFORMATION. YOUR RIGHTS. MY RESPONSIBILITIES.

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

This Notice of Privacy Practices describes how I may use and disclose your protected health information ("PHI"), your rights regarding your health information, and my legal responsibilities concerning the privacy of your information.

I. MY COMMITMENT TO YOUR PRIVACY

I understand that information about you and your health is personal and sensitive. I am committed to protecting the privacy and security of your health information.

I maintain records regarding the care and services you receive from me. These records allow me to provide you with quality care and are required for certain legal, professional, and administrative purposes.

I am required by law to:

- Maintain the privacy and security of your protected health information.
- Provide you with this Notice describing my legal duties and privacy practices.
- Follow the terms of the Notice currently in effect.
- Notify you as required by law if a breach occurs that compromises the privacy or security of your protected health information.
- Comply with applicable federal and New York State laws governing the confidentiality and disclosure of your health information.

I may change the terms of this Notice. If I make a material change to my privacy practices, I will update this Notice. The current version will be available upon request and, if applicable, on my website.

II. HOW I MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

I may use or disclose your PHI without your written authorization when permitted or required by law. The following describes the most common circumstances in which your health information may be used or disclosed.

1. **Treatment.** I may use or disclose your PHI to provide, coordinate, or manage your health care.For example, I may consult with another health care professional involved in your care or refer you to another provider when necessary for your treatment. **Uses and disclosures of PHI for treatment purposes are not subject to the HIPAA minimum necessary standard.** This allows health care providers involved in your care to access information reasonably necessary to provide, coordinate, or manage your treatment.
2. **Payment.** I may use or disclose your PHI to obtain payment for services I provide to you or to assist another health care provider with payment for services. For example, this may include providing information to your health insurance plan when necessary to obtain payment for covered services.
3. **Health Care Operations.** I may use or disclose your PHI for health care operations, such as quality assessment, practice management, compliance activities, auditing, and other activities necessary to operate my practice. Appointment Reminders and Health-Related Communications. I may use your PHI to contact you regarding appointments, scheduling, billing, treatment-related matters, or other health-related services and benefits. You may request that I contact you in a particular way or at a particular location. I will make reasonable efforts to accommodate reasonable requests.
4. **Individuals Involved in Your Care.** Unless you object, I may disclose relevant health information to a family member, close personal friend, or another person you identify as being involved in your care or payment for your care. In an emergency or when otherwise permitted by law, I may disclose information when necessary to provide appropriate care.
5. **Required by Law.** I may use or disclose your PHI when required to do so by federal, state, or local law.
6. **Public Health Activities.** I may disclose your PHI for certain public health activities permitted or required by law, including reporting certain diseases, injuries, or conditions and reporting suspected child abuse or neglect when required by law.
7. **Serious Threats to Health or Safety.** I may disclose your PHI when necessary to prevent or lessen a serious and imminent threat to the health or safety of you or another person, when permitted by law.
8. **Judicial and Administrative Proceedings.** I may disclose your PHI in response to a court or administrative order when permitted or required by law. I may also disclose your PHI in response to a subpoena, discovery request, or other lawful process when the applicable legal requirements have been satisfied, including any required notice to you or protective order. I will disclose only the information permitted or required by applicable law.
9. **Law Enforcement.** I may disclose PHI to law enforcement officials when permitted or required by applicable law. Health Oversight Activities. I may disclose your PHI to governmental agencies for activities authorized by law, including audits, investigations, inspections, licensing activities, and other oversight activities.
10. **Coroners and Medical Examiners.** I may disclose PHI to a coroner or medical examiner when authorized or required by law.
11. **Workers' Compensation.** I may disclose your PHI as necessary to comply with workers' compensation laws.

12. **Research.** I may use or disclose your PHI for research purposes when permitted by applicable federal and state law and when appropriate safeguards are in place.

III. USES AND DISCLOSURES THAT REQUIRE YOUR WRITTEN AUTHORIZATION

Certain uses and disclosures of your PHI require your written authorization.

1. **Psychotherapy Notes.** I do keep "psychotherapy notes" as that term is defined in 45 C.F.R. § 164.501. Psychotherapy notes are notes recorded by a mental health professional documenting or analyzing the contents of a private counseling session and are maintained separately from the rest of the medical record. Except as permitted by law, I will obtain your written authorization before using or disclosing psychotherapy notes. Authorization is generally not required when the use or disclosure is:
    a. For my use in treating you.
    b. For my use in training or supervising mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy.
    c. For my use in defending myself in a legal action or other proceeding brought by you.
    d. For use by the Secretary of the U.S. Department of Health and Human Services ("HHS") to investigate or determine my compliance with HIPAA.
    e. Required by law, and the use or disclosure is limited to the requirements of that law.
    f. Required by law for certain health oversight activities concerning the originator of the psychotherapy notes.
    g. Required by a coroner or medical examiner performing duties authorized by law.
    h. Necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public, when permitted by law.
2. **Marketing.** I will not use or disclose your PHI for marketing purposes without your prior written authorization when an authorization is required by law. I will not use your PHI to advertise or promote my services without the authorization required by applicable law. For example, I may occasionally invite clients to provide a testimonial or review about their experience with my services. I will not use or publicly share a testimonial, review, or other statement that identifies you or contains your PHI for advertising or marketing purposes without first obtaining your written authorization. If you choose to provide a testimonial or review that I would like to use publicly, I will provide you with a separate written authorization describing the information that may be used and the purposes for which it may be used. You are not required to provide a testimonial or review, and choosing not to provide one will not affect your treatment or your relationship with me. You may revoke a marketing authorization in writing at any time, except to the extent I have already relied upon the authorization or taken action based on it. I will honor a valid revocation as required by law. Because information posted publicly on the internet may be copied, shared, or redistributed by others, I cannot guarantee that third parties who have independently copied or shared the information will remove it.
3. **Sale of PHI.** I will not sell your PHI.

IV. SUBSTANCE USE DISORDER RECORDS

I do not provide substance use disorder treatment and do not create or maintain records that are protected under **42 C.F.R. Part 2** as part of my practice.

If I receive or otherwise come into possession of records created by another provider that are protected under 42 C.F.R. Part 2, I will comply with the applicable federal requirements governing those records.

V. YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the following rights regarding your PHI, subject to applicable federal and New York State law.

1. **The Right to Request Limits on Uses and Disclosures of Your PHI.** You have the right to ask me not to use or disclose certain PHI 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.
2. **The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full.** You have the right to request restrictions on the disclosure of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full.
3. **The Right to Choose How I Send PHI to You.** You have the right 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.
4. **The Right to See and Get Copies of Your PHI.** Other than in limited circumstances, you have the right to get an electronic or paper copy of your medical record and other information that I have about you. Ask us how to do this. 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.
5. **The Right to Get a List of the Disclosures I Have Made**. You have the right to request a list of instances in which I have disclosed your PHI for purposes other than treatment, payment, or health care operations, ans other disclosures (such as any you ask me to make). Ask me how to do this. I will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list I will give you will include disclosures made in the last six years unless you request a shorter time. I will provide the list to you at no charge, but if you make more than one request in the same year, I will charge you a reasonable cost-based fee for each additional request.
6. **The Right to Correct or Update Your PHI.** If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that I correct the existing information or add the missing information. I may say "no" to your request, but I will tell you why in writing within 60 days of receiving your request.
7. **The Right to Get a Paper or Electronic Copy of this Notice.** You have the right to get a paper copy of this Notice, and you have the right to get a copy of this Notice by email. And, even if you have agreed to receive this Notice via email, you also have the right to request a paper copy of it.
8. **The Right to Choose Someone to Act For You.** If you have given someone medical power of attorney or if someone is your legal guardian, that person can make choices about your health information.

9. **The Right to Revoke an Authorization.**
10. **The Right to Opt out of Communications and Fundraising from our Organization.**
11. **The Right to File a Complaint.** You can file a complaint if you feel I have violated your rights by contacting me using the information on page one or by filing a complaint with the HHS Office for Civil Rights located at 200 Independence Avenue, S.W., Washington D.C. 20201, calling HHS at (877) 696-6775, or by visiting www.hhs.gov/ ocr/privacy/hipaa/complaints. I will not retaliate against you for filing a complaint.

VI. MY RESPONSIBILITIES

I am required by law to:

- Maintain the privacy and security of your PHI.
- Provide you with this Notice describing my legal duties and privacy practices.
- Follow the terms of the Notice currently in effect.
- Notify you as required by law if a breach occurs that may have compromised the privacy or security of your PHI.
- Comply with applicable federal and New York State privacy and confidentiality laws.

I will not use or disclose your health information other than as described in this Notice or as otherwise permitted or required by law, unless you provide written authorization.

If you provide an authorization, you may revoke it in writing at any time, except to the extent that I have already acted in reliance upon it.

VII. NEW YORK STATE CONFIDENTIALITY PROTECTIONS

Your mental health information may also be protected by New York State laws governing the confidentiality of mental health records and other health information.

New York State law provides specific protections for certain mental health records and limits the circumstances in which those records may be disclosed. I will comply with applicable New York
State confidentiality requirements in addition to applicable federal privacy requirements.

Where applicable law provides greater protection for your information, I will follow the requirements of that law.

VIII. CHANGES TO THIS NOTICE

I reserve the right to change this Notice and make the revised Notice applicable to health information I already maintain about you, as permitted by law.

If I make a material change to my privacy practices, the updated Notice will be made available upon request and, if applicable, posted on my website.