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NOTICE OF PRIVACY PRACTICES

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

> **EFFECTIVE DATE OF THIS NOTICE:** July 11, 2026

Under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and applicable New York State law, you have certain rights regarding the use and disclosure of your protected health information ("PHI").

I. MY PLEDGE REGARDING HEALTH INFORMATION

I understand that health information about you and your health care is personal. I am committed to protecting health information about you. I create a record of the care and services you receive from me. I need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by this mental health care practice. This notice will tell you about the ways in which I may use and disclose health information about you. I also describe your rights to the health information I keep about you, and describe certain obligations I have regarding the use and disclosure of your health information.

I am required by law to:

- Make sure that PHI that identifies you is kept private.
- Give you this notice of my legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect.

I can change the terms of this Notice, and such changes will apply to all the information I have about you. The new Notice will be available upon request, in my office, and on my website.

II. HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

The following categories describe different ways that I use and disclose health information. For each category of uses or disclosures I will explain what I mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways I am permitted to use and disclose information will fall within one of the categories.

For Treatment, Payment, or Health Care Operations: Federal privacy rules and state regulations allow health care providers who have a direct treatment relationship with the patient/client to use or disclose the patient/client's personal health information without the patient's written authorization, to carry out the health care provider's own treatment, payment or health care operations. I may also disclose your PHI for the treatment activities of any health care provider. For example, if a clinician were to consult with another licensed health care provider about your condition, we would be permitted to use and disclose your PHI, which is otherwise confidential, in order to assist

the clinician in diagnosis and treatment of your health condition. I may also use your PHI for operations purposes, including sending you appointment reminders, billing invoices, and other documentation.

Disclosures for treatment purposes are not limited to the minimum necessary standard because therapists and other health care providers need access to the full record and complete information in order to provide quality care. The word “treatment” includes, among other things, the coordination and management of health care providers with a third party, consultations between health care providers, and referrals of a patient for health care from one health care provider to another.

Lawsuits and Disputes: If you are involved in a lawsuit, I may disclose health information in response to a court or administrative order. I may also disclose health information about you or your minor child(ren) in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

NEW YORK STATE SPECIFIC STIPULATION: LAWSUITS & SUBPOENAS

In New York, under the CPLR and Mental Hygiene Law, a subpoena for mental health records is generally not sufficient on its own to compel release unless accompanied by a specific court order or a highly specialized, explicit authorization signed by the patient. I will make every attempt to secure your explicit authorization before responding to any third-party subpoena.

III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION

Psychotherapy Notes: I do keep “psychotherapy notes” as defined in 45 CFR § 164.501, and any use or disclosure of such notes requires your Authorization unless the use or disclosure is:

- For my use in treating you.
- 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.
- For my use in defending myself in legal proceedings instituted by you.
- For use by the Secretary of the Department of Health and Human Services (HHS) to investigate my compliance with HIPAA.
- Required by law and the use or disclosure is limited to the requirements of such law.
- Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes.
- Required by a coroner who is performing duties authorized by law.
- Required to help avert a serious threat to the health and safety of others.

Marketing Purposes: I will not use or disclose your PHI for marketing purposes without your prior written consent. If I request a review from you and plan to share the review publicly online or elsewhere to advertise my services, I will provide you with a release form and HIPAA authorization. You may withdraw this consent at any time by submitting a written request to me via email or certified mail. Once received, I will remove your review from my website and from any other locations under my direct control.

Sale of PHI: I will not sell your PHI.

IV. USES AND DISCLOSURES THAT DO NOT REQUIRE YOUR AUTHORIZATION

Subject to certain limitations in the law, I can use and disclose your PHI without your Authorization for the following reasons. I have to meet certain legal conditions before I can share your information for these purposes:

- **Appointment reminders and health-related benefits or services:** To contact you to remind you of an appointment, or tell you about treatment alternatives or other services offered.
- **When required by state or federal law:** When the use or disclosure complies with and is limited to the relevant requirements of such law.
- **Public health activities:** For reporting suspected child abuse or maltreatment, elder or dependent adult abuse, or preventing/reducing a serious threat to anyone's health or safety.
- **Health oversight activities:** Including audits, license verifications, and investigations.
- **Judicial and administrative proceedings:** In response to a court or administrative order or subpoena (subject to stricter New York limits).
- **Law enforcement purposes:** Including reporting crimes occurring on practice premises.
- **Coroners or medical examiners:** When performing duties authorized by law.
- **Research purposes:** Subject to institutional review board approval and strict privacy frameworks.
- **Specialized government functions:** Military missions, national security, intelligence operations, or correctional institution health environments.
- **Workers' compensation purposes:** To comply with workers' compensation laws.
- **Organ and tissue donation requests:** If applicable.

V. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT

Disclosures to family, friends, or others: You have the right and choice to tell me that I may provide your PHI to a family member, friend, or other person whom you indicate is involved in your care or the payment for your health care, or to share your information in a disaster relief situation. The opportunity to consent may be obtained retroactively in emergency situations to mitigate a serious and immediate threat to health or safety, or if you are temporarily incapacitated.

VI. YOUR RIGHTS WITH RESPECT TO YOUR PHI

You have the following rights regarding the PHI I maintain about you:

The Right to Request Limits on Uses and Disclosures: 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.

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 service that you have paid for out-of-pocket in full. I must agree to this request unless disclosure is required by law.

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.

NEW YORK STATE SPECIFIC STIPULATION: ACCESS TO RECORDS & FEES

Under **New York Public Health Law § 18**, you have the right to **inspect** your medical records within **ten (10) days** of my receipt of your written request. If you request copies, New York State Department of Health rules require them to be provided within a reasonable window (typically 10-14 days), which is significantly shorter than the 30 days permitted by federal HIPAA. Furthermore, the maximum paper copy fee under New York law is strictly capped at *$0.75* per page, and you **cannot be denied access** to your records solely due to an inability to pay.

The Right to See and Get Copies of Your PHI: Other than in limited circumstances (such as when a licensed professional determines that access would cause substantial harm), you have the right to get an electronic or paper copy of your medical and billing records. If access is denied under New York law, you have the right to have the denial reviewed by the New York State Department of Health's Medical Record Access Review Committee.

The Right to Get a List of the Disclosures I Have Made: You can request an accounting of disclosures made in the last six years, excluding those made for treatment, payment, health care operations, or those you explicitly authorized. I will respond within 60 days. The first list in a 12-month period is free; subsequent requests may incur a reasonable cost-based fee.

The Right to Correct or Update Your PHI: If you believe there is a mistake or omission in your PHI, you may request an amendment in writing. I will respond within 60 days. Any agreed-upon amendment will be appended to your record as an addition, not a replacement or deletion of existing records.

The Right to Get a Paper or Electronic Copy of this Notice: You have the right to receive a copy of this notice at any time via email or paper format, even if you previously agreed to receive it electronically.

The Right to Choose Someone to Act For You: If you have granted a medical power of attorney or have a legal guardian, that person can exercise your rights and make choices about your health information.

The Right to Revoke an Authorization: You can revoke any written authorization at any time, except to the extent that action has already been taken in reliance on it.

The Right to File a Complaint: If you feel your privacy rights have been violated, you can file a complaint with me directly using the contact information above, or with the HHS Office for Civil Rights at 200 Independence Avenue, S.W., Washington D.C. 20201, by calling (877) 696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints. **I will not retaliate against you for filing a complaint.**

VII. CHANGES TO THIS NOTICE

I reserve the right to change the terms of this Notice, and the changes will apply to all information I have about you. The revised Notice will be available upon request, in my office, and on my website.

Client Acknowledgement of Receipt:

By signing below, I acknowledge that I have received a copy of this Notice of Privacy Practices.

Client / Representative Signature

Date