

NOTICE OF PRIVACY PRACTICES

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

I. MY PLEDGE REGARDING HEALTH INFORMATION:

We understand that health information about you and your health care is personal. We are committed to protecting health information about you and following the parameters set forth in this notice. While providing our services, we create a record of the care and services you receive from us. We need this record to provide you with quality care and to comply with certain legal requirements. This Notice of Privacy Practices applies to all of the records of your care generated by this mental health care practice. This Notice of Privacy Practices will describe your rights to the health information we keep about you, the choices you may have in how we share this health information, and the ways in which we may use and disclose health information about you.

II. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR INFORMATION:

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

1. The right to request limits on the way we use and disclose your protected health information (PHI). You have the right to ask us not to use or disclose certain PHI for treatment, payment, or health care operations purposes. We are not required to agree to your request, and we may say “no” if we believe it would affect your health care.
2. The right to request restrictions for out-of-pocket expenses paid for in full. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.
3. The right to choose how we contact you. You can ask us to contact you in a specific way (for example, home or office phone), or to send mail to a different address. We will agree to all reasonable requests.
4. The right to see and get copies of your PHI. Other than “psychotherapy notes,” which we describe below, you have the right to receive an electronic or paper copy of your medical record and other information that we have about you. We will provide you with a copy of your record, or a summary of it (if you agree), within 30 days of receiving your written request. We may charge a reasonable, cost-based fee for doing so.
5. The right to receive a list of the disclosures we have made. You have the right to request a list of instances in which we have disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you asked us to disclose. We will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list we will give you will include disclosures made in the last six years unless you request a shorter time. We will provide the list to you at no charge, unless you

make more than one request in the same year, in which case we 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 we correct the existing information or add the missing information. We may say “no” to your request, but we 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 get a paper copy of this notice, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
8. The right to choose someone to act for you. If you have given someone medical power of attorney or someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.
9. File a complaint if you feel your rights are violated. You can complain if you feel we have violated your rights by contacting us using the information on located on the first page of this notice. You can also file a complaint with the U.S. Department of Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. We will not retaliate against you for filing a complaint.

III. YOUR CHOICES:

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, please talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

1. Share information with your family, close friends, or others involved in your care.
2. Share information in a disaster relief situation.
3. Include your information in a hospital directory.

If you are not able to tell us your preference (for example, if you are unconscious), we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In the case of fundraising, we may contact you for fundraising efforts, but you can tell us not to contact you again.

IV. HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:

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

1. To treat you. We can use your health information and share it with other professionals who are treating you. For example, a professional treating you for an injury can ask another professional about your overall health condition. In addition, if a clinician were to consult with another licensed health care provider about your condition, we would be permitted to use and disclose your personal health information, which is otherwise confidential, in order to assist the clinician in diagnosis and treatment of your mental health condition.
2. To run our organization. We can use and share your health information to run our practice, improve your care, and contact you when necessary. For example, we can use health information about you to manage your treatment and services.
3. To bill for your services. We can use and share your health information to bill and get payment from health plans or other entities. For example, we can give information about you to your health insurance plan so it will pay for your services. This includes, if applicable, the sharing of your information to Utah state databases to determine whether you are eligible for Utah Medicaid or the Children's Health Insurance Program.
4. To help with public health and safety issues. We can share health information about you for certain situations, such as: preventing disease, helping with product recalls, reporting adverse reactions to medications, reporting suspected abuse, neglect, or domestic violence, and preventing or reducing a serious threat to anyone's health or safety.
5. To do research. We can use or share your information for health research.
6. To comply with the law. We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we are complying with federal privacy law.
7. To respond to organ and tissue donation requests. We can share health information about you with organ procurement organizations.
8. To work with a medical examiner or funeral director. We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
9. To address workers' compensation, law enforcement, and other government requests. We can use or share health information about you for workers' compensation claims, for law enforcement purposes or with a law enforcement official, with health oversight agencies for activities authorized by law, for special government functions such as military, national security, and presidential protective services.
10. To respond to lawsuits and legal actions. We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Because of the "minimum necessary standard," we will evaluate our practices and enhance safeguards as needed to limit unnecessary or inappropriate access to and disclosure of your protected health information. However, this minimum necessary standard does not apply to the following uses or disclosures:

1. Disclosures to or requests by a health care provider for treatment purposes.
2. Disclosures to the individual who is the subject of the information.
3. Uses or disclosures made pursuant to an individual's authorization.
4. Uses or disclosures required for compliance with the Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Rules.

5. Disclosures to the Department of Health and Human Services (HHS) when disclosure of information is required under the Privacy Rule for enforcement purposes.
6. Uses or disclosures that are required by other law.

V. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:

1. Psychotherapy Notes. We do keep “psychotherapy notes” as that term is defined in 45 CFR § 164.501, and any use or disclosure of such notes requires your authorization. Exceptions to this include if the use or disclosure is:
 - For our use in treating you.
 - For our use in training or supervising mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy.
 - For our use in defending myself in legal proceedings instituted by you.
 - For use by the Secretary of Health and Human Services to investigate our 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.
2. Marketing Purposes. As a psychotherapist, I will not use or disclose your PHI for marketing purposes.
3. Sale of PHI. As a psychotherapist, I will not sell your PHI in the regular course of my business.

VI. OTHER RESPONSIBILITIES

We are required by law to maintain the privacy and security of your protected health information. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. We must follow the duties and privacy practices described in this notice and give you a copy of it. We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us that we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

VII. CHANGES TO THE TERMS OF THIS NOTICE

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

This Notice is effective January 15, 2026

Acknowledgement of Receipt of Privacy Notice

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By signing below, you are acknowledging that you have received a copy of this HIPAA Notice of Privacy Practices.

BY SIGNING BELOW, YOU AGREE THAT YOU HAVE READ, UNDERSTOOD, AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

Client name (please print)

Client signature

Date

Therapist signature

Date