

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. YOU MAY HAVE ADDITIONAL RIGHTS UNDER STATE AND LOCAL LAW. PLEASE SEEK LEGAL COUNSEL FROM AN ATTORNEY LICENSED IN YOUR STATE IF YOU HAVE QUESTIONS REGARDING YOUR RIGHTS TO HEALTH CARE INFORMATION.

EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on 08/16/2026.

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

Under the Health Insurance Portability and Accountability Act of 1996 (hereafter, "HIPAA"), you have certain rights regarding the use and disclosure of your protected health information (hereafter, "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 GPS Mental Health & Wellness. 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.
- Notify you as required by law if a breach of unsecured PHI occurs.
- 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 allow health care providers who have a direct treatment relationship with the patient/client to use or disclose the patient/client's PHI 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 another health care provider. For example, if I consult with another licensed health care provider about your condition, I may use and disclose your PHI as permitted by law to assist in diagnosis, treatment, medication management, care coordination, or referral. I may also use your PHI for operations purposes, including appointment scheduling and reminders, billing and insurance processing, clinical documentation, and other administrative functions. Disclosures for treatment purposes are not limited to the minimum necessary standard. Treatment includes, among other things, coordination and management of health care, consultations between health care providers, and referrals from one health care provider to another.

Telehealth and HIPAA-Compliant Service Providers: GPS Mental Health & Wellness provides in-person and telehealth services. In connection with your care, I may use HIPAA-compliant electronic health record, telehealth, billing, laboratory, communication, and other service providers. Information may be transmitted through secure platforms as needed for treatment, payment, health care operations, and legal or regulatory compliance.

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 as permitted by applicable law.

III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:

1. **Psychotherapy Notes.** I 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 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.

2. **Marketing Purposes.** I will not use or disclose your PHI for marketing purposes without your prior written authorization when authorization is required by law. For example, if I request a review or testimonial from you and plan to share it publicly to advertise my services or practice, I will provide an appropriate release and HIPAA authorization when the review contains or may contain PHI. You may revoke the authorization in writing, except to the extent action has already been taken in reliance on it.

3. **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:

1. Appointment reminders and health-related benefits or services. I may use and disclose your PHI to contact you to remind you that you have an appointment with me. I may also use and disclose your PHI to tell you about treatment alternatives or other health care services or benefits that I offer.
2. When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.
3. For public health activities, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone’s health or safety.
4. For health oversight activities, including audits and investigations.
5. For judicial and administrative proceedings, including responding to a court or administrative order or subpoena, as permitted by law.
6. For law enforcement purposes, including reporting crimes occurring on my premises when permitted or required by law.
7. To coroners or medical examiners, when such individuals are performing duties authorized by law.
8. For research purposes when the requirements of applicable law have been met.
9. Specialized government functions, including certain military, national security, protective service, intelligence, correctional institution, or similar functions permitted by law.
10. For workers’ compensation purposes as permitted or required by law.
11. For organ and tissue donation requests when 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 when permitted by law.

VI. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI:

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 every request, except where required by law.
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 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 or to send communications to a different address, and I will agree to reasonable requests as required by law.
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 me how to do this. I will respond within the time required by law and may charge a reasonable cost-based fee when permitted.
5. **The Right to Get a List of the Disclosures I Have Made.** You have the right to request an accounting of certain disclosures of your PHI. Ask me how to do this. I will respond within the time required by law.
6. **The Right to Correct or Update Your PHI.** If you believe there is a mistake in your PHI or that important information is missing, you have the right to request that I correct the existing information or add the missing information. I may deny your request in certain circumstances and will provide a written explanation when required.
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 may request an electronic copy. Even if you have agreed to receive this Notice electronically, you may request a paper copy.
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 may exercise rights regarding your health information as permitted by law.
9. **The Right to Revoke an Authorization.** You may revoke a written authorization in writing, except to the extent action has already been taken in reliance on it.
10. **The Right to Opt Out of Certain Communications and Fundraising.** You may opt out of fundraising communications if GPS Mental Health & Wellness conducts fundraising. For text-message communications, you may follow the opt-out instructions provided in the message.
11. **The Right to File a Complaint.** You can file a complaint if you believe I have violated your privacy rights by contacting GPS Mental Health & Wellness 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.

VII. CHANGES TO THIS NOTICE

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.