



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:

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, regulatory, and/or insurance 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 protected health information (“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 information I have about you, including information created or maintained prior to the changed in terms. The new Notice will be available upon request and will be posted 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 – and the ways that you permit me to use and disclose information pursuant to this signed policy – will fall within one of the categories.

For Treatment, Payment, or Health Care Operations: Federal privacy rules (regulations) allow health care providers who have 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 protected health information for the treatment activities of any health care provider. This, too, can be done without your written authorization. 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 personal health information, which is otherwise confidential, in order to assist the clinician in diagnosis and treatment of your mental health condition.

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/or full 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, administrative proceeding, or other legal proceeding, I may disclose health information in response to a duly-executed authorization, subpoena, discovery request, court order, administrative order, or other lawful process. I will attempt to contact you prior to complying with any lawful inquiry, unless the inquiry is accompanied by a written authorization signed by you and permitting the disclosure of your protected health information.

Written Authorization: If you or someone else provides a written authorization signed by you, you agree that I may disclose health information in response to a request for information limited to the scope or extent of your written authorization. You agree that I may rely upon any authorization purported to be signed by you. You understand that I will release information pursuant to an authorization only within the scope or duration set forth in that authorization.

Business Practices: You understand and agree that your protected health information may be shared with others to ensure compliance with any law, statute, ordinance, or order. You further understand and agree that your protected health information may be used for official business purposes, including billing, insurance, accounting, and legal services. By agreeing to these terms, you authorize the release of your protected health information for Alyssa Pepe, LCSW, PLLC and Alyssa Pepe-Johnson, LCSW to engage the services of any accountant, billing provider, expert, attorney, lawyer, or legal services provider. You further authorize the release of protected health information to permit Alyssa Pepe, LCSW, PLLC and Alyssa Pepe-Johnson, LCSW to collect any debts or non-payments owed by you to Alyssa Pepe, LCSW, PLLC and Alyssa Pepe-Johnson, LCSW. You understand and authorize your protected health information to be used in any lawsuit or legal proceeding brought by or on behalf of Alyssa Pepe, LCSW, PLLC and Alyssa Pepe-Johnson, LCSW against you for any reason, including non-payment of services or debts owed by you. You agree that if any lawsuit or legal proceeding is instituted by or on behalf of you against Alyssa Pepe, LCSW, PLLC and Alyssa Pepe-Johnson, LCSW, then Alyssa Pepe, LCSW, PLLC and Alyssa Pepe-Johnson, LCSW may use any and all protected health information to defend or indemnify against same.

Provider Emergency: During the course of your therapy, there may be an instance in which your provider is unable to communicate with you directly due to a sudden or unexpected situation. You understand and agree that your protected health information may be shared with another clinician that is not associated with Alyssa Pepe, LCSW, PLLC and/or Alyssa Pepe-Johnson, LCSW in the case of a “Provider Emergency.” A “Provider Emergency” may include, but is not limited to, your therapist encountering a sudden or urgent situation of a personal, family, or business nature that prevents or limits your provider from contacting you himself, as well as illness, injury, or death. In that case, in signing this policy, you authorize Alyssa Pepe, LCSW, PLLC and/or Alyssa Pepe-Johnson, LCSW to share your name, contact information, and other protected health information with Stephanie Yancey, LCSW, or another similarly qualified colleague, for the purpose of communication on behalf of your provider, coverage of therapy services, and/or consultation with you. We are not responsible for the use of your confidential information after it has been lawfully disclosed to a third-party.

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:

- 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 legal proceedings instituted by you.
- d. For use by the Secretary of Health and Human Services to investigate my compliance with HIPAA.
- e. Required by law and the use or disclosure is limited to the requirements of such law.
- f. Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes.
- g. Required by a coroner who is performing duties authorized by law.
- h. 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.

IV. CERTAIN USES AND DISCLOSURES 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:

1. When disclosure is required by state or federal law, including court or administrative order(s), and the use or disclosure complies with and is limited to the relevant requirements of such law or order.
2. 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.
3. For health oversight activities, including audits and investigations.
4. For judicial and administrative proceedings, including responding to a court or administrative order, although my preference is to obtain an Authorization from you before doing so.
5. For law enforcement purposes, including reporting crimes occurring on my premises.
6. To coroners or medical examiners, when such individuals are performing duties authorized by law.
7. For research purposes, including studying and comparing the mental health of patients who received one form of therapy versus those who received another form of therapy for the same condition.
8. Specialized government functions, including, ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counter-intelligence operations; or, helping to ensure the safety of those working within or housed in correctional institutions.
9. For workers' compensation purposes. Although my preference is to obtain an Authorization from you, I may provide your PHI in order to comply with workers' compensation laws.
10. 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.

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

1. Disclosures to family, friends, or others. I may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

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 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 disclosures 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 “psychotherapy notes,” you have the right 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 a summary of it, if you agree to receive a summary, within 30 days of receiving your written request, and I may charge a reasonable, cost-based or statutory 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, or for which you provided me with an Authorization. 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 get a paper copy of this Notice, and you have the right to get a copy of this notice by e-mail. And, even if you have agreed to receive this Notice via e-mail, you also have the right to request a paper copy of it.

EFFECTIVE DATE OF THIS NOTICE: This notice went into effect on May 15, 2025 .