**Distinctive Minds**

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*This notice is current as of 1/11/2026*

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED. PLEASE REVIEW IT CAREFULLY.

I. PROVIDER'S PLEDGE REGARDING HEALTH INFORMATION:

Your provider understands that health information about you is personal and is committed to protecting this information. Your provider creates a record of the care and services you receive to provide quality care and to comply with certain legal requirements. This notice applies to all records of your care generated by your provider. This notice describes the ways in which your provider may use and disclose health information about you, obligations regarding the use and disclosure of your health information, and your rights to the health information kept about you.

Your provider is required by law to:

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

*Please note: Your provider can change the terms of this Notice, and such changes will apply to all information kept about you. The new Notice will be available upon request to the provider.

II. HOW YOUR PROVIDER MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU: The following categories describe different ways that your provider uses and discloses health information. Not every use or disclosure in a category will be listed. However, all of the ways your provider is permitted to use and disclose information 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. For example, if your provider would need to consult with another licensed health care provider about your condition, they would be permitted to use and disclose your personal health information, which is otherwise confidential, in order to assist in diagnosis and treatment of your mental health condition. Disclosures for treatment purposes are not limited to the minimum necessary standard. The word "treatment" includes, among other things, the coordination and management of health care providers with a third party such as an insurance company, consultations between health care providers and referrals from one health care provider to another.

*Lawsuits and Disputes:* If you are involved in a court case, your provider may disclose health information in response to a court or administrative order. Your provider may also disclose health information about your child 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.

III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:

1. *Psychotherapy Notes*. Your provider keeps "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: a. For use in treating you. b. For use in defending your provider 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, your provider will not use or disclose your PHI for marketing purposes.
3. Sale of PHI. As a psychotherapist, your provider will not sell your PHI in the regular course of business.

IV. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION. Subject to certain limitations by law, your provider can use and disclose your PHI without your Authorization for the following reasons:

1. 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.

2. For mandated reporting requirements including reporting suspected child, elder, or vulnerable adult abuse or neglect.
3. For preventing or reducing a serious threat to your or another individual'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, although your provider will attempt to obtain an Authorization from you before doing so.

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 your provider not to use or disclose certain PHI for treatment, payment, or health care operations purposes. Your provider is not required to agree to your request and may say "no" if they believe it would affect your health care.
2. The Right to Request Restrictions for Out-of-Pocket Expenses Paid 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 service that you have paid for out-of-pocket in full.
3. The Right to Choose How Your Provider Sends PHI to You. You have the right to ask your provider to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and your provider 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 your provider has about you. Your provider will provide you with a copy or summary of your record, within 30 days of receiving your written request. Your provider may charge a reasonable, cost-based fee for doing so.
5. The Right to Get a List of the Disclosures Your Provider Has Made. You have the right to request a list of instances in which your provider has disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided an Authorization. Your provider will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list your provider will give you will include disclosures made in the last six years unless you request a shorter time. Your provider will provide the list to you at no charge, but if

you make more than one request in the same year, your provider may charge a reasonable, cost-based fee for doing so.

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 your provider correct the existing information or add the missing information. Your provider may say “no” to your request, but your provider 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.