



Notice of Privacy Practices

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

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Privacy Officer and records contact: Andréa Durnell-Grady, MSS, LCSW | PA license CW022642

Our duties and the law we follow

We protect your health information, provide this notice, follow the notice currently in effect, and notify affected people of a breach of unsecured protected information when required. Pennsylvania confidentiality law and other special protections may be stricter than HIPAA. Where a more protective rule applies, we follow it. This notice is not your authorization to release records.

Care administration and payment

We use records to assess needs, plan and provide therapy, coordinate authorized care, and maintain safe clinical services. Administrative uses may include scheduling, quality review, professional consultation, training, compliance and billing. For example, a claim may require the date, diagnosis, service code and rendering clinician. Access is restricted to authorized people and functions. Vendors that handle protected information must have the required privacy arrangements.

HIPAA permits many treatment, payment and operations activities without a separate authorization. We still obtain consent or authorization when Pennsylvania law or another applicable rule requires it. Your clinician will explain case discussion with a supervisor or intern and use the separate permission form. Family involvement and information sharing follow your lawful permissions and any required legal exceptions.

Other legally permitted or required disclosures

Depending on the applicable law and circumstances, information may be shared for mandated abuse reporting; qualifying threats to safety; public health reporting; health oversight; legally authorized workers' compensation matters; required law-enforcement, national-security or other government functions; certain research with required safeguards; and duties involving a medical examiner, coroner or organ donation. These categories do not override stronger mental health or other confidentiality protections. We review the legal authority and disclose only what is authorized or required.

A subpoena alone does not automatically permit release of your therapy record. Judicial requests are reviewed for required consent, protective procedures and any applicable privilege. We make required disclosures to you or your authorized representative and to HHS for lawful compliance oversight, subject to the applicable rules.



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Uses that need permission

Most disclosures of separately maintained psychotherapy notes need a specific authorization, subject to narrow legal exceptions. Ordinary treatment and progress notes are not automatically psychotherapy notes. We obtain authorization for uses outside this notice and for marketing or sale of information when required. We do not sell client information or use it for fundraising under current practice policy. You may revoke an authorization in writing, except for actions already taken in reliance on it.

If we hold substance use disorder records protected by 42 CFR Part 2, those records or testimony about them cannot be used in proceedings against you without the required specific consent or a qualifying Part 2 court order and subpoena or similar mandate. Any permitted redisclosure remains subject to applicable law. Before any future fundraising using Part 2 information, we would provide clear advance notice and a choice to decline. A separate Part 2 program notice is required if the practice becomes such a program.

Your rights

Contact the Privacy Officer to inspect or obtain an electronic or paper copy of records in the designated record set. We ordinarily respond within 30 days, using a shorter deadline if applicable. Any permitted extension, denial, review right or lawful cost-based copying fee is explained. You may request an amendment; if denied, we explain why and how to submit a disagreement. Amendment decisions ordinarily occur within 60 days, with a permitted extension explained if needed.

You may request confidential contact methods or an alternate mailing address; we accommodate reasonable requests. You may request restrictions on uses or disclosures. We need not agree to every restriction, but we honor a qualifying request not to disclose a service to a health plan for payment or operations when you paid that service in full, unless disclosure is required by law. Discuss this before a claim is sent.

You may request an accounting of disclosures for up to six prior years, excluding treatment, payment, operations and other legally excluded disclosures. One accounting in a 12-month period is free; we explain any permitted fee for additional requests. You may obtain a paper copy of this notice even if you accepted it electronically. A representative's access depends on their legal authority; minor-consent and records laws may limit parent or guardian access.

Questions complaints and changes

Contact Andréa at the business phone, portal, or practice mailing address above to exercise rights or complain. You may also complain to HHS Office for Civil Rights at <https://www.hhs.gov/hipaa/filing-a-complaint/index.html> or by mail to 200 Independence Avenue SW, Washington, DC 20201. OCR complaints generally must be filed within 180 days; extensions may be available for good cause. We will not retaliate.

We may change this notice as law permits and apply the revised terms to information we maintain. The revised notice will show its effective date and be available in the office, on request, and on any practice website.

Client / representative receipt signature and date _____

Acknowledgment confirms receipt only. If not obtained, staff records the good-faith effort and reason:

Staff name / date / effort and reason _____