

Notice of Privacy Practices

WINTERBERRY PSYCHOTHERAPY PLLC

NOTICE OF PRIVACY PRACTICES

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EFFECTIVE DATE OF THIS NOTICE

This Notice of Privacy Practices is effective **January 1, 2027**.

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.

I. MY PLEDGE REGARDING HEALTH INFORMATION

I understand that health information about you and your health care is personal. I am committed to protecting the privacy of your health information.

I create and maintain a record of the care and services you receive from me. I need this record to provide you with quality care, document your treatment, obtain payment when applicable, and comply with certain legal and professional requirements.

This Notice of Privacy Practices applies to the health information maintained by Winterberry Psychotherapy PLLC in connection with the services I provide.

This notice explains:

- The ways I may use and disclose health information about you;
- Your rights regarding the health information I maintain about you; and
- My legal responsibilities regarding the use and disclosure of your health information.

I am required by law to:

- Make reasonable efforts to protect the privacy and security of protected health information ("PHI") that identifies you;
- Provide you with this notice describing my legal duties and privacy practices with respect to your health information;
- Follow the terms of the Notice of Privacy Practices currently in effect; and
- Notify you as required by law if a breach occurs that compromises the privacy or security of your unsecured protected health information.

I may change the terms of this Notice. Any changes will apply to health information I maintain as permitted by law. The current Notice will be available upon request and, when applicable, on my website.

If I create or maintain records protected by **42 C.F.R. Part 2**, I will comply with the additional confidentiality requirements applicable to those records.

II. HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

The following categories describe different ways that I may use and disclose health information about you. Not every possible use or disclosure will be listed. However, all of the ways I am permitted or required to use and disclose information will fall within applicable legal categories.

For Treatment, Payment, or Health Care Operations

I may use or disclose your PHI without your written authorization for treatment, payment, or health care operations when permitted by law.

Treatment

I may use or disclose your PHI to provide, coordinate, or manage your health care.

For example, I may communicate with another licensed health care provider involved in your treatment or make a referral to another provider when permitted by law.

Payment

I may use or disclose your PHI to obtain payment for services.

For example, if you use health insurance, I may submit information necessary for your insurance company to process and pay claims. This may include information such as your name, dates of service, procedure codes, diagnostic information when required, and other information necessary for claims processing.

Health Care Operations

I may use or disclose your PHI for health care operations as permitted by law. Examples may include activities necessary to operate my practice, maintain records, manage billing, conduct quality-related activities, and perform other administrative functions permitted by law.

If your records are protected under **42 C.F.R. Part 2**, certain uses and disclosures otherwise permitted under HIPAA may be subject to additional restrictions.

Appointment Reminders and Administrative Communications

I may use and disclose your PHI to contact you regarding appointments, scheduling, billing, treatment-related matters, and other administrative matters.

Because Winterberry Psychotherapy is a telehealth-only practice, routine communication may occur through the SimplePractice Client Portal, secure messaging, telephone, or other appropriate communication methods.

The SimplePractice Client Portal and secure messaging are my preferred methods for routine clinical communication.

I do not use ordinary email as a method for communicating sensitive clinical information. My practice email address is used primarily for administrative purposes and initial contact. When appropriate, I will redirect clinical communication to the secure SimplePractice Client Portal.

I do not provide 24/7 crisis services. The communication and crisis-response procedures for Winterberry Psychotherapy are described separately in my Communication and Emergency/Crisis Policy.

III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION

Some uses and disclosures of your PHI require your written authorization.

Except where otherwise permitted or required by law, I will obtain your written authorization before:

- Using or disclosing psychotherapy notes when an authorization is required;
- Using or disclosing your PHI for marketing purposes; or
- Selling your PHI.

If you provide an authorization, you may generally revoke it in writing at any time, except to the extent that I have already acted in reliance on the authorization or as otherwise permitted by law.

IV. PSYCHOTHERAPY NOTES

Psychotherapy notes receive special protection under HIPAA.

Psychotherapy notes are notes maintained separately from the medical record that document or analyze the contents of a counseling or psychotherapy session.

When I maintain psychotherapy notes as defined by HIPAA, most uses and disclosures of those separately maintained notes require your written authorization, subject to limited exceptions provided by law.

Psychotherapy notes are distinct from the broader clinical record.

V. SUBSTANCE USE DISORDER RECORDS

If I create or maintain substance use disorder patient records that are protected under **42 C.F.R. Part 2**, additional federal confidentiality protections may apply.

Part 2 may impose additional requirements concerning the use and disclosure of certain substance use disorder records.

When applicable, I will comply with HIPAA and the requirements of 42 C.F.R. Part 2.

VI. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION

Subject to applicable legal requirements and limitations, I may use and disclose your PHI without your written authorization for certain purposes, including:

When Required by Law

I may disclose your PHI when disclosure is required by federal, state, or local law.

Public Health Activities

I may disclose health information for certain public health activities permitted or required by law.

Abuse, Neglect, or Exploitation

I may disclose information when required or permitted by law to report suspected abuse, neglect, or exploitation of children or vulnerable adults.

Serious Threats to Health or Safety

I may disclose information when necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public, when permitted or required by law.

Health Oversight Activities

I may disclose PHI for health oversight activities authorized by law, including certain audits, investigations, inspections, and licensing activities.

Judicial and Administrative Proceedings

I may disclose health information in response to a court or administrative order or other lawful process when permitted or required by applicable law.

Certain mental health records may receive additional protections under Washington law.

Law Enforcement

I may disclose health information to law enforcement when permitted or required by applicable law.

Medical Examiners and Coroners

I may disclose information to medical examiners or coroners when authorized by law.

Workers' Compensation

I may disclose health information as authorized by and to the extent necessary to comply with workers' compensation laws.

Specialized Government Functions

I may disclose health information for certain specialized government functions when authorized by law.

VII. DISCLOSURES TO FAMILY, FRIENDS, OR OTHER PEOPLE INVOLVED IN YOUR CARE

I may disclose limited PHI to a family member, close friend, or another person you identify as being involved in your care or payment for your care when permitted by law.

When appropriate, I will give you an opportunity to object to such disclosures.

In emergency situations or when you are unable to communicate your preference, I may make such disclosures when I determine that doing so is in your best interest or is otherwise permitted by law.

VIII. MARKETING AND SALE OF PHI

I will not use or disclose your PHI for marketing purposes when HIPAA requires your written authorization.

I do not sell your PHI.

IX. YOUR RIGHTS WITH RESPECT TO YOUR PHI

You have the following rights regarding your protected health information.

The Right to Request Restrictions

You have the right to ask me not to use or disclose certain PHI for treatment, payment, or health care operations.

I am not required to agree to every restriction request.

However, if you pay for a health care item or service completely out of pocket and request that information concerning that item or service not be disclosed to your health plan for payment or health care operations, I will comply with that request unless disclosure is required by law.

The Right to Request Confidential Communications

You have the right to ask me to contact you in a specific way or at a specific location.

For example, you may request that I contact you through the SimplePractice Client Portal, by telephone at a particular number, or at a particular address.

I will consider reasonable requests and will comply with applicable legal requirements.

The Right to Access Your PHI

You generally have the right to inspect and obtain a copy of your health information maintained by me, subject to applicable legal exceptions.

You may request your records in paper or electronic form.

Psychotherapy notes maintained separately from the clinical record are subject to special rules and generally are not included in a standard request for your medical record.

I will respond to an access request within the time required by applicable law.

I may charge a reasonable, cost-based fee where permitted by law.

The Right to Request an Amendment

If you believe that health information I maintain about you is incorrect or incomplete, you may request that I amend the information.

I may deny your request in certain circumstances permitted by law. If I deny your request, I will provide you with a written explanation and information about your rights.

The Right to an Accounting of Certain Disclosures

You have the right to request an accounting of certain disclosures of your PHI made by me.

The accounting generally does not include disclosures made for treatment, payment, or health care operations or other disclosures excluded by law.

The accounting period and other requirements will be determined according to applicable law.

If applicable, you may also have rights concerning an accounting of disclosures of records protected under 42 C.F.R. Part 2.

The Right to a Copy of This Notice

You have the right to receive a paper copy of this Notice of Privacy Practices at any time.

You may also request an electronic copy.

X. MY RESPONSIBILITIES

I am required by law to:

- Maintain the privacy and security of your PHI;
- Provide you with this notice describing my legal duties and privacy practices;
- Notify you as required by law if a breach occurs that may have compromised the privacy or security of your information;
- Follow the terms of the Notice of Privacy Practices currently in effect; and
- Provide you with a copy of the current notice upon request.

I will not use or disclose your PHI other than as described in this notice or as otherwise permitted or required by law unless you provide written authorization.

If you provide written authorization, you may generally revoke it in writing as permitted by law.

XI. CHANGES TO THIS NOTICE

I reserve the right to change the terms of this Notice of Privacy Practices.

Any revised notice will apply to PHI maintained by Winterberry Psychotherapy PLLC as permitted by law.

The current version of this notice will be available upon request and will be posted on the Winterberry Psychotherapy website when required.

XII. QUESTIONS OR PRIVACY COMPLAINTS

If you have questions about this Notice of Privacy Practices or believe your privacy rights have been violated, please contact me:

Audrey Oliver, LICSW

Winterberry Psychotherapy PLLC

Phone: (502) 230-6253

Email: winterberrypsych@outlook.com

You may also file a complaint with:

U.S. Department of Health and Human Services

Office for Civil Rights

200 Independence Avenue, S.W.

Washington, D.C. 20201

Phone: 1-877-696-6775

You will not be retaliated against for filing a privacy complaint.

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I acknowledge that I have received or been offered a copy of Winterberry Psychotherapy PLLC's Notice of Privacy Practices.

I understand that this acknowledgment confirms that I received or was offered the Notice of Privacy Practices. **My signature does not constitute authorization for uses or disclosures of my health information beyond those permitted by law or separately authorized by me.**

I understand that I may request a paper copy of this Notice of Privacy Practices at any time.