

NOTICE OF PRIVACY PRACTICES

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THIS NOTICE DESCRIBES HOW MEDICAL/DENTAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Our Commitment to Your Privacy

We are committed to protecting the privacy and security of your Protected Health Information (PHI). We are required by law to maintain the privacy of your PHI, provide this Notice, follow its terms, and notify you in the event of a breach.

How We May Use and Disclose Your PHI

We may use and disclose your PHI for Treatment, Payment, and Health Care Operations. We may also contact you for appointment reminders and inform you of treatment alternatives. We may disclose information as required by law or for public health and safety purposes.

Substance Use Disorder (SUD) Records – 2026 Update

Federal law (42 CFR Part 2) provides additional protections for Substance Use Disorder treatment records. Such records may require specific written consent before disclosure and may not be used in legal proceedings without proper authorization or court order.

Uses Requiring Authorization

We will obtain your written authorization for most marketing uses, sale of PHI, psychotherapy notes, and uses not described in this Notice. You may revoke your authorization in writing at any time.

Your Rights

You have the right to access and obtain copies of your records, request amendments, request restrictions, request confidential communications, receive an accounting of disclosures, and obtain a paper copy of this Notice.

Complaints

If you believe your privacy rights have been violated, you may contact our Privacy Officer at the address above or file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights. You will not be retaliated against for filing a complaint.

Acknowledgment of Receipt

Patient Name (Print): _____

Signature: _____

Date: _____