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EFFECTIVE DATE OF THIS NOTICE

This Notice has been updated as of February 16, 2026 to reflect requirements under the 2024 Final Rule aligning 42 CFR Part 2 with HIPAA (effective February 16, 2026).

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 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. The new Notice will be available upon request, in my office, and 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 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, I may disclose health information in response to a court or administrative order. I 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.

Substance Use Disorder (SUD) Treatment Information

As a behavioral health practice, we may create, receive, or maintain records related to substance use disorder (SUD) treatment. If so, these records are subject to additional federal privacy protections under 42 CFR Part 2 ("Part 2") that are more stringent than standard HIPAA protections.

If we receive your SUD records from a Part 2 Program:

If you have provided a general consent to a substance use disorder treatment program covered by 42 CFR Part 2 (a "Part 2 Program") permitting them to use and disclose your records for purposes of treatment, payment, or health care operations, we may use and disclose those records for those same purposes as described in this Notice. If we receive your Part 2 records based on a specific

consent you have provided, we will use and disclose those records only as expressly permitted by that specific consent.

How Part 2 records differ from other health information:

Unlike other protected health information (PHI) under HIPAA, SUD records covered by Part 2 cannot generally be used or disclosed for treatment, payment, or health care operations purposes without your written consent. We will not use or disclose your Part 2 SUD records in ways that exceed the scope of any consent you have provided.

Legal Proceedings – Important Prohibition:

SUD records received from programs subject to 42 CFR Part 2, or any testimony relaying the content of such records, shall not be used or disclosed in any civil, criminal, administrative, or legislative proceeding against you unless:

- You have provided written consent permitting such use or disclosure, OR
- A court order authorizing the use or disclosure has been issued, following notice and an opportunity to be heard as provided under 42 CFR Part 2. Any such court order must be accompanied by a subpoena or other legal mandate compelling disclosure.

This protection is more restrictive than the standard HIPAA framework for legal proceedings.

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, and the use or disclosure complies with and is limited to the relevant requirements of such law.
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.
2. Fundraising and Substance Use Disorder Records: If Compassionate Connections Counseling, LCSW, PLLC engages in any fundraising activities, and if we intend to use or disclose your SUD records covered by 42 CFR Part 2 in connection with those fundraising communications, we will provide you with a clear and conspicuous opportunity to opt out of receiving such communications before any SUD-related information is used for that purpose.
Your treatment and payment for services will not be conditioned on whether you choose to opt in or opt out of fundraising communications. If you wish to opt out, please contact our Lauren Damstetter, LCSW.

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 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.
8. **Your Rights Regarding Substance Use Disorder Records**

If we hold SUD records covered by 42 CFR Part 2, you have the following rights specific to those records, in addition to your standard HIPAA rights: **Right to be informed:** You have the right to receive adequate notice of how your SUD records are used and disclosed, your individual rights with respect to those records, and our legal duties regarding those records.

Right to provide or revoke consent for treatment, payment, and health care operations (TPO): You may provide a single written consent for all future uses and disclosures of your Part 2 SUD records for treatment, payment, and health care operations purposes. You also have the right to revoke this consent at any time. Revocation will apply to future uses and disclosures but will not affect actions already taken in reliance on your prior consent.

Right to protection in legal proceedings: As described above, your SUD records may not be used against you in civil, criminal, administrative, or legislative proceedings without your written consent or a qualifying court order.

Right to file a complaint: If you believe your Part 2 SUD record privacy rights have been violated, you may file a complaint directly with the Secretary of the U.S. Department of Health and Human Services (HHS), as well as with [Practice Name]. We will not retaliate against you for filing a complaint. To

file a complaint with HHS, contact the Office for Civil Rights (OCR) at

1-800-368-1019 or www.hhs.gov/ocr.

Additional Laws Governing Substance Use Disorder Records

Our permitted uses and disclosures of your health information, as described in this Notice, are subject to laws that may be more restrictive than HIPAA. Specifically, if we create, receive, or maintain SUD records subject to 42 CFR Part 2, those records are governed by stricter confidentiality requirements under federal law. In those cases, we are required to comply with

the more stringent standard. This means that even where HIPAA would otherwise permit certain uses or disclosures of protected health information, we may be prohibited from making those same uses or disclosures with respect to your SUD records. Where applicable, the more protective law governs.

Notice of 2026 Updates

This Notice has been updated as of February 16, 2026 to reflect requirements under the 2024 Final Rule aligning 42 CFR Part 2 with HIPAA (effective February 16, 2026). The updates reflect enhanced protections for substance use disorder records as required by federal law. We reserve the right to change the terms of this Notice and to make the new Notice effective for all health information we maintain. We will post any revised Notice in our office and on our website and provide you with a copy upon request.