

NOTICE OF PRIVACY PRACTICES

Effective Date: September 23, 2025

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

You may have additional rights under state and local law. This document is for informational purposes and is not a substitute for legal counsel. Please consult an attorney licensed in your state if you have questions about your specific rights.

Our Commitment to Your Privacy

We are dedicated to maintaining the privacy of your protected health information (PHI). We create a record of the care you receive to provide quality treatment and to comply with legal requirements. This notice applies to all records of your care generated by our practice and outlines how we may use and disclose your information, as well as your rights regarding your PHI.

By law, we are required to:

- Ensure your PHI is kept private.
- Provide you with this notice of our legal duties and privacy practices.
- Follow the terms of the notice currently in effect.

We reserve the right to change the terms of this notice. Any changes will apply to all the information we have about you. The updated notice will always be available in our office, on our website, or upon request.

How We May Use and Disclose Your Health Information

The following sections describe the different ways we may use and disclose your health information.

1. For Treatment, Payment, and Health Care Operations

We can use and share your PHI without your written authorization to carry out treatment, payment, and health care operations.

- **Treatment:** We may share information with other healthcare providers to coordinate your care. For example, we might consult with another licensed provider to assist in your diagnosis and treatment.
- **Payment:** We may use your information to bill and collect payment from you, your insurance company, or another third party.
- **Health Care Operations:** We may use your information for administrative purposes,

such as sending appointment reminders, billing invoices, or conducting quality assessments.

2. When Required by Law or for Legal Proceedings

- **Lawsuits and Disputes:** If you are involved in a lawsuit or legal dispute, we may disclose your health information in response to a court order, administrative order, subpoena, or other lawful process. We will make reasonable efforts to inform you about the request or to obtain an order protecting the information.
- **Law Enforcement & Public Health:** We may disclose PHI for law enforcement purposes (e.g., reporting a crime on our premises) or for public health activities (e.g., reporting suspected child abuse or to prevent a serious threat to health and safety).

Uses and Disclosures that Require Your Written Authorization

1. Psychotherapy Notes

We maintain "psychotherapy notes" as defined by federal law (45 CFR § 164.501). Most uses and disclosures of these notes require your specific written authorization. Exceptions include uses for your treatment, for our training purposes, to defend ourselves in a legal action you initiate, or as required by law.

2. Marketing and Sale of PHI

- **Marketing:** We will not use or disclose your PHI for marketing purposes without your prior written authorization. For example, if we ask for a testimonial or review that might contain PHI, we will ask you to sign a specific authorization form. You can revoke this authorization in writing at any time.
- **Sale of PHI:** We will never sell your PHI.

Your Rights Regarding Your Health Information

You have the following rights concerning your PHI:

- **Right to Access and Copy:** You have the right to see and get an electronic or paper copy of your medical record. We will provide a copy or summary of your record, typically within 30 days of your written request. A reasonable, cost-based fee may apply.
- **Right to Amend:** You can ask us to correct or update health information about you that you think is incorrect or incomplete. We may deny your request under certain circumstances, but we will provide a written explanation within 60 days.
- **Right to Request Restrictions:** You can ask us not to use or share certain PHI for treatment, payment, or operations. We are not required to agree to your request if we believe it would affect your care, but we will consider it carefully.
- **Right to an Accounting of Disclosures:** You can request a list of the times we have shared your PHI for six years prior to your request for purposes other than treatment, payment, or health care operations.
- **Right to Request Confidential Communications:** You can ask us to contact you in a

specific way (e.g., home or office phone) or to send mail to a different address. We will accommodate all reasonable requests.

- **Right to a Copy of This Notice:** You can request a paper or electronic copy of this notice at any time.
- **Right to Choose Someone to Act for You:** If you have a medical power of attorney or a legal guardian, that person can exercise your rights and make choices about your health information.
- **Right to File a Complaint:** If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. We will not retaliate against you for filing a complaint.

Contact Information

If you have any questions about this notice or wish to exercise any of your rights, please contact us at:

David Spielman, MSN, PMHNP-BC
2323 21st Ave South, Suite 401
Nashville, TN 37212
(615) 212 – 5183

To file a complaint with the U.S. Department of Health and Human Services, contact the Office for Civil Rights at 200 Independence Avenue, S.W., Washington, D.C. 20201, call (877) 696-6775, or visit **www.hhs.gov/ocr/privacy/hipaa/complaints**.