



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. OUR PLEDGE REGARDING PROTECTED HEALTH INFORMATION:

We understand that health information about you and your health care is personal. We are committed to protecting health information about you. We create a record of the care and services you receive from us. We 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 our mental health care practice. This notice will tell you about the ways in which we may use and disclose health information about you. This notice also describes your rights to the health information we keep about you and describes certain obligations we have regarding the use and disclosure of your health information.

II. HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:

The following categories describe different ways that we use and disclose health information. For each category of uses or disclosures this notice explains what we mean and gives some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

For Treatment, Payment, or Health Care Operations: Federal privacy rules and regulations allow health care providers who have a direct treatment relationship with the client to use or disclose the client's protected health information without the client's written authorization, to carry out the health care provider's own treatment, payment or health care operations. We 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 in our practice were to consult with another licensed health care provider about your condition, we would be permitted to use and disclose your protected health information, which is otherwise confidential, in order to assist our 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 frequently 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. The phrase "health care operations" refers to the day-to-day activities and management of our practice (e.g., internal administration and planning, quality review and improvement, legal services, etc.),

Note that for purposes of state law, we will obtain your written consent prior to disclosing your health information, even if the disclosure is for the purposes of treatment, payment or health care operations.

Lawsuits and Disputes: If you are involved in a lawsuit, we may disclose health information in response to a legal order or other lawful process.

III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:

1. Psychotherapy Notes. We 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 our use in treating you.
- b. For our use in training or supervising mental health practitioners in our practice to help them improve their skills in group, joint, family, or individual counseling or therapy.
- c. For our use in defending the practice or a practice clinician in legal proceedings instituted by you.
- d. For use by the Secretary of Health and Human Services to investigate our compliance with HIPAA.
- e. Required by law and the use or disclosure is limited to the requirements of such law.
- f. Required 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. Necessary to prevent or lessen a serious and imminent threat to the health or safety of you or others and the disclosure is to a person or person reasonably able to prevent or lessen the threat, including the target of the threat.

2. Marketing Purposes. As psychotherapists, we will not use or disclose your PHI for marketing purposes.

3. Sale of PHI. As psychotherapists, we will not sell your PHI in the regular course of our 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 (excluding psychotherapy notes) 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.
3. To prevent or lessen a serious and imminent threat to anyone’s health or safety if the disclosure is to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.
4. To health oversight agencies for health oversight activities, including audits and investigations, as required by law.
5. For judicial and administrative proceedings, including responding to a legal order or other lawful process, although my preference is to obtain an Authorization from you before doing so when reasonably practicable.
6. To law enforcement officials as required or permitted by law or in compliance with a court order or a grand jury or administrative subpoena accompanied by a court order.
7. To coroners or medical examiners, when such individuals are performing duties authorized by law.
8. For research purposes if an Institutional Review Board/Privacy Board approves a waiver of authorization for such use or disclosure.
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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, to the extent permitted or required by law.

10. To your insurer and/or the Massachusetts Industrial Accident Board (and any party involved in the workers' compensation matter) as required under laws addressing work-related illnesses and injuries or workplace medical surveillance. My preference is to obtain an Authorization from you when reasonably practicable.

11. Appointment reminders and health related benefits or services. We may use and disclose your PHI to contact you to remind you that you have an appointment with us. We may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that we offer.

V. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT:

1. Disclosures to family, friends, or others. We 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. If you are incapacitated or in an emergency circumstance, our clinicians may exercise their professional judgment to determine whether a disclosure is in your best interest. If we disclose PHI in such event, we would disclose only PHI that we believe is directly relevant to the person's involvement with your health care or with payment related to your health care. We also may disclose your PHI in order to notify (or assist in notifying) such persons of your location, general condition or death.

VI. SUBSTANCE USE DISORDER RECORDS

SUD records are protected by 42 CFR Part 2 (the federal law governing the confidentiality of substance use disorder treatment records) and may be subject to more stringent rules ("Part 2 Records"). Any use and/or disclosure of Part 2- records for treatment, payment or healthcare operations generally requires your written consent, unless a specific Part 2 exception applies.

Redisclosure: Some of your health information may be protected by 42 CFR Part 2. When these records are disclosed with your written consent or as otherwise permitted by law, the recipient may re-disclose the information in accordance with the HIPAA Privacy Rule. However, re-disclosure is limited to purposes permitted under HIPAA, and certain protections and restrictions may continue to apply. We will not use or disclose your substance use disorder records in a way that would violate applicable federal law.

Legal Proceedings: Part 2 records (or testimony relaying their contents) generally cannot be used or disclosed in civil, criminal, administrative, or legislative proceedings against you unless the disclosure/use is pursuant to your written consent or pursuant to a qualifying court order consistent with the standards of 42 CFR Part 2.

Fundraising and Marketing: You have the right to choose not to receive fundraising and marketing communications from me. We will not use information from your SUD records for fundraising or marketing purposes.

VII. 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 us not to use or disclose certain PHI for treatment, payment, or health care operations purposes. We are not required to agree to your request, and we may say "no", based on our discretion (e.g., if we believe it would affect your health care). Please submit any such request in writing to our Privacy Officer. Restrictions we have agreed to do not apply to disclosures that are made mandatory by health oversight activities or law.

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 (and the disclosure is not otherwise required by law). Please submit any such request in writing to our Privacy Officer.

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 we will accommodate all reasonable requests. Please submit any such request in writing to our Privacy Officer.

4. The Right to See and Get Copies of Your PHI. Other than “psychotherapy notes” (as defined by federal law), which are not part of your record, you have the right to get an electronic or paper copy of your medical record and other information that we have about you in a “designated record set” (as defined by federal law). We 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 (or in some cases within 60 days, to the extent permitted by law), and we may charge a reasonable, cost-based fee for doing so. Please submit any such request in writing to our Privacy Officer. Please note that if in the reasonable exercise of your therapist’s professional judgment, your therapist believes that providing your entire record would adversely affect your well-being, your therapist will make a summary of the record available to you. If you request the entire record, notwithstanding your therapist’s determination, your therapist will make the entire record available to either your attorney, with your consent, or to such other psychotherapist as designated by you.

5. The Right to Get a List of the Disclosures We Have Made. You have a right to receive a list of how and to whom certain of your medical information has been disclosed, called an “accounting of disclosures”. Please submit any such request in writing to our Privacy Officer. We will provide the list to you at no charge, but if you make more than one request for an accounting of disclosures in the same year, we will charge you a reasonable cost-based fee for each additional list. Please submit any such request in writing to our Privacy Officer.

6. The Right to Amend Your PHI. You have the right to request that we amend your PHI if you feel that the information we have is inaccurate or incomplete, as long as we created the information you wish to amend. We will not make changes to medical information created by another health care provider or changes that would make your medical record inaccurate or incomplete. Please submit any such request in writing to our Privacy Officer.

7. The Right to Receive a Copy of this Notice. You have the right to receive a paper copy of this Notice, even if you have agreed to receive this Notice electronically.

8. The Right to Revoke Your Authorization (or Consent). You have the right to revoke your authorization (or consent) to our use/disclosure of your PHI, as long as you make your request in writing to our Privacy Officer. You can revoke your authorization (or consent) for future disclosures, but not for any disclosures made prior to when you first gave your authorization (or consent).

9. The Right to Notice of a Breach. You have a right to receive a breach notification that complies with applicable Federal and State laws and regulations in the event of a breach of your unsecured PHI.

VII. REVISIONS TO OUR PRIVACY POLICIES AND PRACTICES:

We are required by law to: make sure that the privacy of your PHI is maintained, provide you with this Notice of our legal duties and privacy practices and abide by the terms of the Notice that is currently in effect. We reserve the right to change our privacy

policies and practices, including this Notice, and to make the new policies and practices, including the revised Notice provisions, effective for all PHI that we maintain. We will post a copy of the current Notice in our office. You may request a copy of it at any time.

VIII. QUESTIONS REGARDING THE PRIVACY OF YOUR HEALTH INFORMATION:

If you have questions regarding information contained in this Notice, if you would like to obtain additional information about our privacy practices, or if you wish to exercise your rights as listed in this Notice, you may contact our Privacy Officer.

IX. HOW TO FILE A COMPLAINT:

If you would like to submit a comment or complaint about our privacy practices, you can do so by contacting our Privacy Officer. You may also contact the Secretary of the Department of Health and Human Services. You will not be penalized or otherwise retaliated against for filing a complaint.

Office for Civil Rights
Department of Health and Human Services
200 Independence Ave., SW
Rm. 509F, HHH Building
Washington, D.C. 20201
Email: ocrprivacy@hhs.gov
Website: <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>

OUR PRACTICE'S CONTACT INFORMATION:

You may contact our Privacy Officer at:

Phone Number: 781 208 0780
Email Address: doctorilana@launchpsych.com
Mailing Address: 591 North Ave., Wakefield, MA 01880

This notice is effective as of February 16, 2026



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