Notice of Privacy Practices

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Privacy Contact: Privacy Officer, Serene Mind Psychiatry, PLLC

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YOUR INFORMATION. YOUR RIGHTS. OUR RESPONSIBILITIES.

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

Serene Mind Psychiatry, PLLC (the Practice) is committed to protecting the privacy and security of your protected health information (PHI). This notice describes how we use and disclose information, your rights, and our responsibilities under HIPAA and applicable federal and Washington law.

I. Our Responsibilities

- We maintain the privacy and security of PHI and follow the terms of the notice currently in effect.
- We provide this notice, honor applicable patient rights, and notify affected individuals of breaches of unsecured PHI as required by law.
- We obtain written authorization where required and apply heightened confidentiality protections to information subject to federal or state restrictions.

We may revise this notice and make revisions applicable to information already maintained by the Practice. Current copies will be available at our office, on our website, and upon request.

II. How We May Use and Disclose Information

Treatment

We may use or share PHI to provide, coordinate, or manage your treatment, subject to applicable restrictions. Example: We consult with your primary care provider about medication interactions or coordinate a referral.

Payment

We may use or share PHI to bill and receive payment for care. Example: We provide diagnosis and service information to your insurer to process a claim.

Health Care Operations

We may use or share PHI to run the Practice, improve care, and meet quality and compliance obligations. Example: We review records to evaluate the quality and safety of treatment.

Other Uses and Disclosures Allowed or Required by Law

Subject to applicable limits, disclosures may be permitted or required for public health reporting; suspected abuse or neglect; health oversight; compliance with law; certain judicial, administrative, and law enforcement proceedings; workers' compensation; approved research; coroners, medical

examiners, and funeral directors; organ or tissue donation; special government functions; and preventing or lessening serious threats to health or safety. For example, we may report suspected child abuse when required by law. Conditions, authorizations, and additional protections may apply, especially to mental health, minor, and substance use disorder records.

III. Authorization and Patient Choices

Written authorization is generally required for marketing uses or disclosures that HIPAA requires to be authorized, the sale of PHI, and most uses or disclosures of separately maintained psychotherapy notes (if any). Other uses and disclosures not described in this notice generally require your written authorization. You may revoke an authorization in writing, except to the extent we have already acted in reliance on it. We do not sell PHI.

You may tell us your preferences about sharing information with family, friends, or others involved in your care or payment. If you cannot state a preference, we may act in your best interests as permitted by law. We do not use PHI for fundraising communications as a routine practice; if this changes, we will provide any notices and opt-out opportunities required by law.

IV. Psychotherapy Documentation

The Practice currently documents psychotherapy and medication management together in regular clinical progress notes. It does not maintain separately recorded psychotherapy notes as defined by HIPAA. These regular notes are protected clinical records. If separately maintained psychotherapy notes are created later, additional authorization protections will apply to most uses and disclosures.

V. Substance Use Disorder Information

The Practice provides general outpatient psychiatric care. Substance use concerns may be addressed during treatment of established patients; the Practice does not hold itself out as a separate substance use disorder (SUD) specialty program. Not every SUD diagnosis or treatment entry is automatically a record protected by 42 CFR Part 2.

When we receive or maintain records protected by 42 CFR Part 2, we follow applicable confidentiality, consent, disclosure, and patient-rights rules. A qualifying patient consent may allow disclosure of Part 2 records for treatment, payment, and health care operations; covered entities and business associates receiving those records with such consent may further disclose them as HIPAA permits, subject to Part 2 and other applicable limits.

Part 2 records, or testimony conveying their contents, generally may not be used or disclosed in civil, criminal, administrative, or legislative proceedings against a patient without the patient's specific written consent or an appropriate Part 2 court order with the required legal process. A court order alone is not sufficient to compel disclosure. Special protections apply to separately maintained SUD counseling notes, where applicable. Any fundraising using covered Part 2 records is subject to required notice and opt-out safeguards if undertaken. A patient may revoke a consent as permitted by law, subject to actions already taken in reliance on it.

VI. Your Privacy Rights

Access and copies

You may request to inspect or obtain electronic or paper copies of your medical record and other PHI. We generally respond within 30 days, subject to legally permitted extensions, and may charge a reasonable, cost-based fee where allowed.

Request corrections

You may request an amendment to information you believe is incorrect or incomplete. We may deny a request as permitted by law and will explain a denial in writing.

Confidential communications

You may ask us to contact you at a different address or through a particular method. We will accommodate reasonable requests.

Request restrictions

You may ask us to limit certain uses or disclosures for treatment, payment, or operations. We generally are not required to agree. However, when you pay in full out of pocket for a service, we must honor a qualifying request not to disclose information about that service to your health plan for payment or operations unless disclosure is required by law.

Accounting of disclosures

You may request an accounting of certain disclosures made in the preceding six years. Certain disclosures, including most for treatment, payment, and operations, are excluded under HIPAA. We provide one accounting in a 12-month period without charge and may charge an allowable reasonable, cost-based fee for additional accountings. Additional Part 2 rights apply as and when required by law.

Other rights

You may request a paper copy of this notice at any time, choose a legally authorized personal representative, and file a privacy complaint. We verify a representative's authority before acting on a request. We will not retaliate against you for making a complaint.

VII. Washington State Privacy Protections

Washington law, including applicable provisions of Chapter 70.02 RCW, may provide greater protection for mental health, substance use disorder, minor, and other specially protected records. When a more protective requirement applies, we follow it. The rights of minors and parents or guardians depend on applicable law and the circumstances of care.

VIII. Electronic Records and Communications

We use SimplePractice for clinical records, scheduling, documentation, and secure patient communications. Use the SimplePractice Client Portal for confidential messages, prescription-related questions, and documents. Ordinary email is not recommended for sending sensitive health information.

IX. Breach Notification

We maintain administrative, technical, and physical safeguards intended to protect PHI. If a breach of unsecured PHI occurs, we will provide notifications required by federal and Washington law.

X. Questions, Complaints, and Changes

For privacy questions, record requests, and complaints, contact the Privacy Officer, Serene Mind Psychiatry, PLLC, 201 160th St S, Suite 102, Spanaway, WA 98387; (253) 215-5511; alexis@serenemindpsychiatry.org. For confidential patient details, use the secure Client Portal instead of ordinary email.

You may also complain to the U.S. Department of Health and Human Services, Office for Civil Rights at https://www.hhs.gov/hipaa/filing-a-complaint/. We will not retaliate against you for filing a complaint. We reserve the right to change this notice and apply changes to information we maintain; revised notices will be available in our office, on our website, and on request.