Notice of Privacy Practices

SIMMONS PSYCHOLOGICAL SERVICES LLC

EFFECTIVE DATE OF THIS NOTICE: July 2026

NOTICE OF PRIVACY PRACTICES

THIS NOTICE ("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 PHI.
- Follow the terms of the Notice that is currently in effect.
- I am also required by law to provide you with adequate notice of your rights and my legal duties if I create or maintain records protected by 42 C.F.R. Part 2.
- I can change the terms of this Notice, and such changes will apply to all PHI 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 PHI ABOUT YOU:

The following categories describe different ways that I use and disclose PHI. 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 PHI 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 PHI without the patient's written authorization, to carry out the health care provider's treatment, payment or health care operations. I may also disclose your PHI 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 PHI, which is otherwise confidential, in order to assist the clinician in diagnosis and treatment of your mental health condition.

I do not operate a specialized substance use disorder ("SUD") treatment program, so 42 C.F.R. Part 2 does not generally apply to the records I create in the course of general psychotherapy. If I ever receive SUD treatment records from another provider that is subject to Part 2, however, those records remain protected, and the following applies to them:

If your records are protected under 42 C.F.R. Part 2, certain uses and disclosures permitted by HIPAA for treatment, payment, and health care operations are materially limited by the stricter standards of those regulations. Furthermore, information disclosed pursuant to these rules may be subject to redisclosure by the recipient and may no longer be protected by federal privacy standards.

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 PHI in response to a court or administrative order. I may also disclose PHI 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. However, for records protected by 42 C.F.R. Part 2, such records or testimony relaying their content shall not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you unless you provide specific written consent or a court order is issued in accordance with 42 C.F.R. Part 2.

TELEHEALTH ACROSS STATE LINES; PSYPACT

I am a licensed psychologist in Colorado, practicing from my office in Colorado. I also provide telehealth (video or audio) services to clients located in other states through the Psychology Interjurisdictional Compact (PSYPACT), using my Authority to Practice Interjurisdictional Telepsychology (APIT). PSYPACT allows me to provide telehealth to clients who are physically located, at the time of each session, in a participating PSYPACT state, without my needing a separate license in that state. PSYPACT applies only to licensed psychologists and only while you are located in a participating jurisdiction. If you are located in a state that does not participate in PSYPACT, or if you travel to a non-participating state during our work together, I may be unable to continue our telehealth sessions until other arrangements can be made, and I will let you know if this comes up.

Regardless of your location, federal law (including HIPAA) continues to apply to your care. In addition, some of the state-law protections and requirements described in this Notice including, for example, rules about whether a minor may consent to therapy without a parent's involvement, mandatory reporting duties, and procedures for emergency intervention can differ depending on the state where you are physically located at the time of a particular session. Where they differ, I will apply the law of the state where you are located for that issue.

MINORS

If my client is under 18, the rules about when a minor may consent to psychotherapy without a parent's or guardian's involvement, and about a parent's or guardian's access to the minor's records, vary by state and can change. In Maryland, for example, state law addresses a minor's right to consent to certain treatment and the related confidentiality of those records (Md. Code Ann., Health-Gen. Sections 20-102, 20-104, 4-301, and 4-307). In Colorado, a minor who is 12 or older may, under certain conditions, receive outpatient psychotherapy services without a parent's or guardian's consent (Colo. Rev. Stat. Section 12-245-203.5), and Colorado law separately addresses a parent's access to a minor's mental health treatment information in custody matters (Colo. Rev. Stat. Section 14-10-123.8). Before beginning treatment with a minor client, I will discuss which state's law applies, what that means for consent and confidentiality, and the circumstances in which I may or must involve a parent or guardian, such as a safety concern.

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:
    - For my use in treating you.
    - 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.
    - For my use in defending myself in legal proceedings instituted by you.
    - For use by the Secretary of Health and Human Services to investigate my compliance with HIPAA.
    - Required by law and the use or disclosure is limited to the requirements of such law.
    - Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes.
    - Required by a coroner who is performing duties authorized by law.
    - 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. If I intend to use or disclose your records protected by 42 C.F.R. Part 2 for fundraising for my benefit, I will provide you with a clear and conspicuous opportunity to opt-out before any such use or disclosure occurs.

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. You also have the right to request an accounting of disclosures specifically for your substance use disorder records protected under 42 C.F.R. Part 2.
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 to 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. The Right to Be Notified of a Breach. You have the right to be notified if there is a breach of your unsecured protected health information, as required by the HIPAA Breach Notification.

YOUR RIGHT TO FILE A COMPLAINT

If you believe your privacy rights have been violated, you may file a complaint with me and/or with the U.S. Department of Health and Human Services, Office for Civil Rights. To file a complaint with my practice, contact me at Dr.Mandy@SimmonsPsych.com or via email to 306 W Redwood St Ste 201, Baltimore, MD, 21201. To file a complaint with HHS, visit www.hhs.gov/ocr/privacy/hipaa/complaints or call 1-800-368-1019. You will not be penalized, and I will not retaliate against you, for filing a complaint.

ADDITIONAL RIGHTS UNDER COLORADO LAW

In addition to the rights described above, if you are located in Colorado, or Colorado law otherwise applies to your care, the following also apply:

Colorado. Colorado recognizes a psychotherapist-patient privilege (Colo. Rev. Stat. Section 13-90-107). Colorado law (Colo. Rev. Stat. Section 25-1-802) similarly allows me to provide a summary of your record, rather than the full record, if I believe direct access could be harmful to you. Colorado law also governs how long I must retain, and how I must securely store, your treatment records (4 CCR 737-1, Rule 16).

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By signing below, you are acknowledging that you have received a copy of HIPAA Notice of Privacy Practices.

BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD, AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.