ITERUM MENTAL HEALTH SERVICES, LLC

NOTICE OF PRIVACY PRACTICES

Effective Date: ____ / ____ / _____

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

Iterum Mental Health Services, LLC ("Iterum," "we," "us") is required by the federal Health Insurance Portability and Accountability Act (HIPAA) to maintain the privacy of your protected health information (PHI), to give you this notice of our legal duties and privacy practices, and to notify you if a breach of your unsecured PHI occurs. We must follow the terms of the notice currently in effect.

1. HOW WE MAY USE AND DISCLOSE YOUR INFORMATION WITH YOUR CONSENT

The following uses and disclosures do not require a separate authorization from you:

- **Treatment.** We use and share your information to provide, coordinate, and manage your counseling or psychological services. Example: consulting with a clinical supervisor or sharing information with a physician or psychiatrist who is also treating you.
- **Payment.** We may use and share information to bill for services and obtain payment from you, your insurance, or another payer. Example: giving your insurer your diagnosis and dates of service. We share only the minimum necessary.
- **Health care operations.** We may use information for our own business activities, such as quality review, training, licensing, compliance, scheduling, and administration. Example: clinical supervision and record audits.
- **Appointment reminders and treatment options.** We may contact you about appointments or services, and leave reminders, using the contact methods you have approved.
- **Business associates.** We may share information with outside companies that help us operate (for example, billing, records, or telehealth vendors) who sign agreements to protect your information.

2. WHEN THE LAW ALLOWS OR REQUIRES DISCLOSURE WITHOUT YOUR AUTHORIZATION

Counseling is confidential, but there are limited situations in which we may or must share information. These are summarized below; state law may add further rules.

- **Abuse and neglect reporting:** Child, elder, or dependent adult abuse or neglect, as required by state law.
- **Safety threats:** If we believe you present a serious and imminent threat of harm to yourself or another person, we may disclose information needed to prevent that harm, including contacting the person at risk, family, or law enforcement.
- **Judicial and administrative proceedings:** In response to a court order, or a subpoena or discovery request that meets legal requirements. We will review such requests carefully and, where appropriate, consult with you or seek a protective order.
- **Law enforcement:** To law enforcement as required by law or in limited circumstances such as identifying a suspect or reporting certain injuries or crimes.
- **Oversight and other legal requirements:** To health oversight agencies, licensing boards, public health authorities, coroners and medical examiners, workers' compensation programs where applicable, and as otherwise required by law.
- **Legal defense:** If you file a complaint or lawsuit against us, we may disclose information needed for our defense.
- **People involved in your care:** We may share limited information with a family member or friend involved in your care if you agree or do not object, or in an emergency when it is in your best interest.

3. USES AND DISCLOSURES THAT REQUIRE YOUR WRITTEN AUTHORIZATION

- Psychotherapy notes (a clinician's separate notes analyzing or documenting the content of counseling sessions, kept apart from your record) receive special protection. We need your written authorization to use or disclose them, with narrow exceptions such as the originating clinician's use for your treatment, certain training programs, our defense in a legal action, uses required by law or for oversight of the clinician, and preventing a serious threat to health or safety.
- Marketing communications and any sale of your PHI.
- Any other use or disclosure not described in this notice.

You may revoke an authorization at any time in writing. Revocation does not affect disclosures we already made based on it.

4. SUBSTANCE USE DISORDER RECORDS

If we receive or maintain records of substance use disorder treatment that are covered by federal law (42 CFR Part 2), those records have additional protections. In general we may not use or disclose them in civil, criminal, administrative, or legislative proceedings against you without your written consent or a court order that meets the requirements of that law.

5. YOUR RIGHTS

- **Access:** You may ask to see or get a copy of your records, in paper or electronic form, with limited exceptions (for example, psychotherapy notes, or when a clinician determines access could endanger you or someone else, in which case you may request a review). We respond within 30 days and may charge a reasonable cost-based fee.
- **Amendment:** If you believe information in your record is incorrect or incomplete, you may ask us to amend it in writing. We may deny the request in certain cases and will explain why.
- **Restrictions:** You may ask us to limit certain uses or disclosures. We are not required to agree, except that we must agree to your request not to disclose information to your health plan for services you paid for in full out of pocket, unless the disclosure is required by law.
- **Confidential communications:** You may ask that we contact you in a particular way or place (for example, only by cell phone or at a different address). We will accommodate reasonable requests.
- **Accounting of disclosures:** You may request a list of certain disclosures we made of your information in the six years before your request.
- **Paper copy of this notice:** You may ask for a paper copy of this notice at any time, even if you agreed to receive it electronically.
- **Representatives and minors:** A parent, guardian, or other legally appointed personal representative may exercise these rights on your behalf where the law permits. For minor clients, parental access to records is governed by state law and, where applicable, the clinician's professional judgment about the minor's confidentiality.

6. TELEHEALTH, EMAIL, AND TEXT MESSAGING

We use reasonable safeguards to protect information shared during telehealth sessions and through electronic communication. Standard email and text messages may not be fully secure. By providing your email or phone number, you may tell us whether you accept the risk of unencrypted messages. Please avoid sending detailed clinical information by regular email or text.

7. OUR RESPONSIBILITIES

- Maintain the privacy and security of your PHI and notify you following a breach of unsecured PHI.
- Provide this notice, follow its terms, and not use or share your information other than as described here without your written authorization.
- Reserve the right to change this notice and make the new terms apply to all information we hold. Revised notices will be posted in our office and on our website (if any) and available on request.

8. QUESTIONS AND COMPLAINTS

If you have questions about this notice or believe your privacy rights have been violated, you may contact our Privacy Officer:

Privacy Officer: _____ Phone: _____

Address / Email: _____

You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, at www.hhs.gov/ocr/complaints, by calling 1-877-696-6775, or by writing to 200 Independence Avenue S.W., Washington, D.C. 20201. We will not retaliate against you for filing a complaint.

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I acknowledge that I have received a copy of the Iterum Mental Health Services, LLC Notice of Privacy Practices, and that I have had the opportunity to ask questions about it.

Client Name (print)	**Date** ____ / ____ / _____
Client Signature	**Date** ____ / ____ / _____
Parent / Legal Guardian / Personal Representative Signature (if applicable) and relationship	**Date** ____ / ____ / _____

FOR OFFICE USE ONLY

If the client was unable or unwilling to sign, document the good-faith effort made to obtain this acknowledgment and the reason it was not obtained:

_____

_____

Staff initials: _____ Date: ____ / ____ / _____ Copy of notice given: ☐