

Notice of Privacy Practices

NOTICE OF PRIVACY PRACTICES

Revision Therapy, PLLC
Effective Date: 01/27/2026

THIS NOTICE DESCRIBES:

How your health information may be used and disclosed, and how you can access this information.
Please review it carefully.

I. MY PLEDGE REGARDING YOUR HEALTH INFORMATION

I understand that information about you and your health care is personal. I am committed to protecting your protected health information ("PHI"). I create and maintain records of the care and services you receive from me in order to provide you with quality care and to comply with legal requirements.

This Notice applies to all records of your care created by this practice. It explains:

- How I may use and disclose your PHI
- Your rights regarding your PHI
- My legal duties with respect to your PHI

I am required by law to:

- Maintain the privacy of your PHI
- Provide you with this Notice of my legal duties and privacy practices
- Follow the terms of the Notice currently in effect

I reserve the right to change the terms of this Notice. Any changes will apply to all PHI I maintain. The updated Notice will be available upon request, in my office, and on my website.

II. HOW I MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

The categories below describe the ways I may use and disclose your PHI. Not every specific use or disclosure is listed, but all permitted uses and disclosures fall within one of these categories.

A. Treatment, Payment, and Health Care Operations

Federal privacy regulations allow health care providers with a direct treatment relationship with a client to use or disclose PHI without written authorization for purposes of treatment, payment, and health care operations.

- **Treatment:** Providing, coordinating, or managing your mental health care, including consultation with other licensed providers.
- **Payment:** Billing, claims management, and coverage verification.
- **Health Care Operations:** Administrative, supervisory, training, and quality improvement activities.

Disclosures for treatment purposes are not limited to the minimum necessary standard, as full access to relevant information may be required to provide appropriate care.

B. Lawsuits and Legal Proceedings

I may disclose PHI in response to a court or administrative order, subpoena, or other lawful process, provided appropriate legal safeguards are in place.

III. USES AND DISCLOSURES THAT REQUIRE YOUR WRITTEN AUTHORIZATION

Psychotherapy Notes

I maintain psychotherapy notes as defined by 45 CFR § 164.501. These notes are kept separate from your medical record.

Your written authorization is required for use or disclosure of psychotherapy notes, **except** when:

- Used for your treatment

- Used for training or supervision
- Used in my legal defense if you initiate legal action
- Required by law or health oversight agencies
- Required for health care operations or oversight
- Required by a coroner or medical examiner
- Needed to prevent a serious and imminent threat to health or safety

Marketing and Sale of PHI

- I do **not** use or disclose PHI for marketing purposes
- I do **not** sell your PHI

IV. USES AND DISCLOSURES THAT DO NOT REQUIRE YOUR AUTHORIZATION

Subject to legal limitations, I may use or disclose your PHI for:

- Compliance with state or federal law
- Public health and safety reporting (e.g., abuse or neglect)
- Health oversight activities and health care operations (audits, investigations, etc.)
- Judicial and administrative proceedings
- Law enforcement purposes
- Coroners or medical examiners
- Approved research activities
- Specialized government functions
- Workers' compensation claims
- Appointment reminders and treatment-related communications

V. DISCLOSURES WHERE YOU MAY OBJECT

I may disclose PHI to family members, friends, or others involved in your care or payment for care unless you object. In emergency situations, consent may be obtained retroactively.

VI. YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the right to:

- Request restrictions on certain uses or disclosures (with limited exceptions)
- Restrict disclosures to health plans when you pay out-of-pocket in full
- Request confidential communications (alternate contact methods or locations)
- Access and obtain copies of your medical record (excluding psychotherapy notes)
- Request an accounting of disclosures
- Request corrections or amendments to your PHI
- Obtain a paper or electronic copy of this Notice at any time

Requests must be made in writing.

ACKNOWLEDGMENT OF RECEIPT OF PRIVACY NOTICE

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding your protected health information.

By signing below, I acknowledge that I have read, understood, agree to, and received this Notice of Privacy Practices.