

NOTICE OF PRIVACY PRACTICES

Notice Effective Date: 9/1/2025

Last Revised: 8/26/2025

I create a record of the care and services you receive from me. This is necessary to provide quality care and to comply with certain legal requirements. I understand your health information is personal, and I am committed to protecting health information about you. Per the Health Insurance Portability and Accountability Act (HIPPA), **THIS NOTICE DESCRIBES HOW YOUR PROTECTED HEALTH INFORMATION (PHI) MAY BE USED AND DISCLOSED FOR TREATMENT, PAYMENT, OR HEALTH CARE OPERATIONS, AND FOR OTHER PURPOSES PERMITTED OR REQUIRED BY LAW. IT ALSO DESCRIBES HOW YOU CAN GET ACCESS TO THIS INFORMATION.** Your PHI means any written or oral health information about you, including demographic data that can be used to identify you. This is health information that is created or received by Ali Pepper, LLC and related to your past, present or future mental or physical health.

PLEASE REVIEW THE FOLLOWING CAREFULLY.

PERMITTED DISCLOSURES OF PROTECTED HEALTH INFORMATION (PHI)

Subject to certain limitations in the law, I can use and disclose your PHI without your Authorization for the following reasons:

- ***Treatment:*** Federal privacy rules (regulations) allow health care providers who have a direct treatment relationship with the client to use or disclose the client's personal health information without the patient's written authorization, in order to provide, coordinate, or manage your health care. 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 personal health information, which is otherwise confidential, in order to assist the clinician in diagnosis and treatment of your mental health condition.
- ***Payment:*** I will use and disclose your PHI to obtain payment for the services provided. A bill sent to your health plan will include your identifying information and diagnosis. I may also disclose information about you to your health plan so they may determine your eligibility for payment or benefits.

- ***Health Care Operations:*** I may disclose or use your health information for my own health care operations, to facilitate more efficient business, and to provide quality care to all clients. Health care operations include quality management and improvement, training programs in mental health care under supervision, certification, compliance, service reviews, licensing or credentialing, and general administrative activities.
- ***Lawsuits and Disputes:*** If you are involved in a lawsuit, I may disclose health information in response to a court or administrative order. I may also disclose health information about your child 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.
- ***Required by law:*** Your health information may be disclosed for law enforcement purposes and as required by state or federal law. These circumstances include reporting required by law, pursuant to subpoenas or court orders in judicial and administrative proceedings; reporting limited information concerning identification and location at the request of law enforcement; reports regarding suspected victims of crimes, abuse, neglect, or domestic violence; reporting death; crimes on our premises; and crimes in emergencies. I may be required to provide protected health information in response to a subpoena discovery request or other lawful process. Although my preference is to obtain an Authorization from you before doing so.
- ***Communication with Family or Friends:*** 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 care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.
- ***Threats to Public Health:*** As required by law, I may disclose your PHI to public health or legal authorities 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.
- ***Health Oversight Activities:*** Your health information may be disclosed for oversight activities authorized by law, including audits; civil, administrative, or criminal investigations or proceedings; inspections; licensure or disciplinary actions.
- ***Coroners, Medical Examiners, & Funeral Directors:*** Your protected health information may be disclosed to coroners or medical examiners for

the purposes of identifying a deceased person or determining the cause of death, and to funeral directors as necessary to carry out their duties authorized by the law.

- **Research:** Your health information may be disclosed for research purposes, such as 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. Information will only be disclosed if there are protections and protocols that ensure the privacy of your protected health information.
- **Specialized Government Functions:** Subject to certain requirements, your health information may be disclosed for 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.
- **Workers' Compensation:** Although my preference is to obtain an Authorization from you, I may provide your PHI in order to comply with workers' compensation laws.
- **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.

USES AND DISCLOSURES REQUIRING WRITTEN 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:
 - a. For my use in treating you.
 - b. 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.
 - c. For my use in defending myself in legal proceedings instituted by you.
 - d. For use by the Secretary of Health and Human Services to investigate my compliance with HIPAA.
 - e. Required by law and the use or disclosure is limited to the requirements of such law.
 - f. Required by law 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. 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.

YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI:

1. **Right to a Paper Copy of this Notice:** YOU have the right to receive a paper copy of this notice upon request.
2. **Right to Access 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. I may deny your request in certain situations, including but not limited to, situations in which I determine that the access requested is likely to endanger your life or safety or that of another person, or that is likely to cause substantial harm to another person referenced within the information.
3. **Right to Electronic Copy:** If your personal health information is maintained in an electronic format, you have the right to request your own electronic copy or an electronic copy be given to another individual or entity.
4. **The Right to Request Restrictions on PHI.** You have the right to ask me not to use or disclose certain PHI for treatment, payment, or health care operations purposes, except in the case of an emergency. You also have the right to request a restriction on the information disclosed to a family member or friend who is involved in your care or payment of your care. However, I am not legally required to agree to your restriction request if I believe it would affect your health care. YOU must state the specific restriction and to whom you want the restriction to apply. You must request a restriction in writing to Ali Pepper, Ph.D., LCPC.
5. **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.

6. ***The Right to Confidential Communications:*** You have the right to request that I communicate with you about your PHI by certain means (e.g. email, phone) and at certain locations (e.g. mail to a home/work/office address). You must make a written request to Ali Pepper, Ph.D., LCPC and I will agree to all reasonable requests.
7. ***The Right to Get a List of the Disclosures:*** 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.
8. ***The Right to Request Amendment.*** 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. You may request an amendment in writing to Ali Pepper, Ph.D., LCPC. You must provide a specific reason to support the request. I may deny your request, but I will explain in writing within 60 days of receiving your request.
9. ***The Right to Notice of Breach.*** You have the right to be notified if I or a business associate becomes aware of a breach of your unsecured PHI.