

Audere Psychotherapy PLLC
312-569-9430
hello@auderetherapy.com

EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on 01/01/2026

NOTICE OF PRIVACY PRACTICES

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

I. OUR PLEDGE REGARDING HEALTH INFORMATION

We understand that health information about you and your health care is personal. We are committed to protecting health information about you. We create a record of the care and services you receive from us. We 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 we may use and disclose health information about you. It also describes your rights to the health information we keep about you, and describe certain obligations we have regarding the use and disclosure of your health information. Audere Psychotherapy PLLC is required by law to:

- Make sure that protected health information (“PHI”) that identifies you is kept private.
- Give you this notice of our legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect.
- We can change the terms of this Notice, and such changes will apply to all information we have about you. The new Notice will be available upon request through the Client Portal and at www.auderetherapy.com.

II. HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

The following categories describe different ways that Audere Psychotherapy PLLC uses and discloses health information. For each category of uses or disclosures we will explain the disclosures and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

1. For Treatment: 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 personal health information without the patient’s written authorization, to carry out the health care provider’s own treatment. We may also disclose your protected health information 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 personal health information, which is otherwise confidential, in order to assist the clinician in diagnosis and treatment of your mental health condition. 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.

2. For Payment: We may use and disclose PHI so that we can receive payment for the treatment services provided to you. We may disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage. We may disclose your PHI in coordination with the Financial Agreement. We also have the right to verify that the payment information you are providing is accurate.
3. For Regular Health Care Operations: We may use or disclose, as needed, your PHI in order to support our business activities including, but not limited to, quality assessment activities, employee review activities, licensing, and conducting or arranging for other business activities. For example, we may share your PHI with third parties that perform various business activities (e.g. billing) provided we have a written contract with businesses that require it to safeguard the privacy of your PHI. For training or teaching purposes PHI will be disclosed only with your authorization.
4. Communication: To provide continuity of care, we may contact you and have communication with you via the following modes: telephone, email, text messaging, voice mail, internet video conferencing. We will use the information on file to contact you unless specifically informed by you that you do not wish to be contacted at that specific phone number/email address.
5. Lawsuits and Disputes: If you are involved in a lawsuit, we may disclose health information in response to a court or administrative order. We may also disclose health information about you 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.

III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:

1. Psychotherapy Notes. Your clinician keeps “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 our use in treating you. b. For our 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 our use in defending ourselves 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 psychotherapy practice, we **will not** use or disclose your PHI for marketing purposes.
3. Sale of PHI. As a psychotherapy practice, we **will not** sell your PHI in the regular course of our business.

IV. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION. Subject to certain limitations in the law, Audere Psychotherapy PLLC can use and disclose your PHI without your Authorization for the following reasons:

1. Serious Threat to Health or Safety: If you communicate to an Audere Psychotherapy PLLC clinician a specific threat of imminent harm against you or another individual, or if we have reason to believe that there is a clear, imminent risk of physical or mental injury being inflicted on you or another individual, we may make disclosures that we believe are necessary to protect you or that individual from harm.
2. As Required by Law: Audere Psychotherapy PLLC may disclose information about you when required to do so by local, state or federal laws, such as when mandated by a court order and the use or disclosure complies with and is limited to the relevant requirements of such law.
3. 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.
4. For health oversight activities, including audits and investigations, licensure, or other proceedings.
5. For judicial and administrative proceedings, including responding to a court or administrative order.
6. For law enforcement purposes, including reporting crimes occurring on premises.
7. To coroners or medical examiners, when such individuals are performing duties authorized by law.

8. 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.
9. For workers' compensation purposes. Although our preference is to obtain an Authorization from you, Audere Psychotherapy PLLC may provide your PHI in order to comply with workers' compensation laws.
10. Appointment reminders and health related benefits or services: We may use and disclose your PHI to contact you to remind you that you have an appointment with your clinician.
11. Change of Ownership: In the event that Audere Psychotherapy PLLC is sold or merged with another organization your health information will become the property of the new owner.

V. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT.

1. Disclosures to family, friends, or others: Audere Psychotherapy PLLC 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.

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 us not to use or disclose certain PHI for treatment, payment, or health care operations purposes. Audere Psychotherapy PLLC is not required to agree to your request, and we may decline your request if we 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. Audere Psychotherapy PLLC is not required to agree to the restriction that you requested. We may charge you a reasonable fee for copying and mailing your record.
3. The Right to Choose How we Send PHI to You. You have the right to ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and we 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 Audere Psychotherapy PLLC has about you. We 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 we may charge a reasonable, cost based fee for doing so.

5. The Right to Get a List of the Disclosures Audere Psychotherapy PLLC has made. You have the right to request a list of instances in which we have disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided Audere Psychotherapy PLLC with an Authorization. We will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list we will give you will include disclosures made in the last six years unless you request a shorter time. We will provide the list to you at no charge, but if you make more than one request in the same year, we will charge you a reasonable cost based fee for each additional request.
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 we correct the existing information or add the missing information. We may deny your request, but we 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 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.

VII. SPECIAL NOTICE ON EMAIL AND ELECTRONIC COMMUNICATION

It is very important to be aware that computers and unencrypted email, texts, and e-fax communications can be relatively easily accessed by unauthorized people and hence can compromise the privacy and confidentiality of such communication. Emails, texts, and faxes, in particular, are vulnerable to such unauthorized access due to the fact that servers or communication companies may have unlimited and direct access to all emails, texts and faxes that go through them. While data on your therapist's computer and phone are password protected and kept as securely as possible, emails and text messages are not. Please notify your therapist if you decide to avoid or limit, in any way, the use of email, texts, phone calls, or voicemails. If you communicate confidential or private information via unencrypted methods, your therapist will assume that you have made an informed decision and will view this as your agreement to take the risk that such communications could be intercepted. As such, your therapist will honor your desire to communicate on such matters. **However, please do NOT use texts, emails, voicemail, or faxes for emergencies.**

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 checking

the box 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