



NOTICE OF PRIVACY PRACTICES

Effective Date: August 18, 2025

THIS NOTICE EXPLAINS HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE READ CAREFULLY.

I. MY COMMITMENT TO YOUR PRIVACY

I understand that your health information is personal and confidential. At True North Therapy, I am dedicated to protecting your information. I create records of the care and services you receive to provide quality care and meet legal requirements. This notice applies to all records of your care at my practice.

I am required by law to:

- Keep your protected health information (PHI) private.
- Give you this notice describing my legal duties and privacy practices.
- Follow the terms outlined in this notice currently in effect.

I may update this notice periodically. Any changes will apply to all information I maintain, and a revised copy will be available upon request.

II. HOW I MAY USE AND SHARE HEALTH INFORMATION

The following categories describe the ways I may use and share your PHI. Not all examples are listed, but all uses fall within one of these categories:

Treatment, Payment, and Health Care Operations

I may use or disclose your PHI to provide, coordinate, or manage your care, including consulting with other health care providers. I may also use your information for billing, insurance claims, and operational activities such as quality improvement, supervision, and training.

Legal Proceedings

If you are involved in a lawsuit, court, or administrative process, I may disclose PHI in response to a valid subpoena, court order, or legal request. Efforts will be made to notify you or seek a protective order when required by law.

III. USES AND DISCLOSURES THAT REQUIRE YOUR AUTHORIZATION

Certain uses require your written permission:

Psychotherapy Notes

I may maintain separate notes documenting the content of therapy sessions. Any use or disclosure of these notes requires your authorization, except:

- For my own treatment purposes
- For training or supervision of mental health professionals
- To defend myself in legal proceedings brought by you
- To comply with investigations by the Department of Health and Human Services
- As required by law for certain health oversight or coroner duties
- To prevent serious harm to yourself or others

Marketing and Sale of PHI

Your information will not be sold or used for marketing without your written permission.

IV. USES AND DISCLOSURES THAT DO NOT REQUIRE AUTHORIZATION

I may use or disclose PHI without your consent in the following circumstances:

- As required by state or federal law
- For public health purposes, including reporting abuse or preventing serious threats to health or safety
- For health oversight activities, including audits and investigations
- In response to judicial or administrative orders
- For law enforcement purposes, including reporting crimes on my premises
- To coroners, medical examiners, or funeral directors performing lawful duties
- For research that complies with applicable law
- For specialized government functions, such as military, intelligence, or correctional facility duties
- For workers' compensation purposes
- To provide appointment reminders or information about treatment alternatives or benefits

V. USES AND DISCLOSURES WHERE YOU CAN OBJECT

I may share PHI with family, friends, or others involved in your care or payment for care unless you object. In emergencies, consent may be obtained retroactively.

VI. YOUR RIGHTS REGARDING PHI

You have the right to:

1. Request limits on how I use or share your PHI for treatment, payment, or operations.
2. Request restrictions on disclosures to health plans for services you pay out-of-pocket in full.
3. Specify how I contact you and where I send PHI.
4. Inspect or obtain copies of your records (excluding psychotherapy notes) or request a summary.
5. Request amendments to your records; I will respond in writing within 60 days.
6. Receive a list of disclosures made over the past six years (except for treatment, payment, or operations disclosures).
7. Receive a paper or electronic copy of this notice.

VII. TELEHEALTH AND ELECTRONIC COMMUNICATIONS

Telehealth sessions are conducted using HIPAA-compliant platforms. Electronic communications, including email and web forms, carry inherent security risks. By using these methods, you acknowledge and accept these potential risks.

VIII. WEBSITE AND ONLINE SUBMISSIONS

Any information you provide through my website, including forms or telehealth registration, is protected under HIPAA. Non-identifiable usage data may be collected for website improvements, but personal or PHI will not be sold, rented, or traded.

IX. ACKNOWLEDGMENT OF RECEIPT

Under HIPAA, you have rights regarding your PHI. By signing below, you acknowledge that you have received, read, and understood this Notice of Privacy Practices.