NOTICE OF PRIVACY PRACTICES

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

I. OUR PLEDGE REGARDING HEALTH INFORMATION

At Ally Psychological Services, we understand that health information about you and your healthcare is deeply personal. We are committed to protecting your privacy. We create a clinical record of the care and services you receive at our practice to provide quality care and comply with legal requirements.

This notice applies to all records of your care generated or maintained by Ally Psychological Services. We are required by law to:

- Ensure that Protected Health Information ("PHI") that identifies you is kept private.
- Provide you with this notice of our legal duties and privacy practices regarding your health information.
- Follow the terms of the notice currently in effect.

We reserve the right to change the terms of this Notice. Any new Notice will apply to all PHI we maintain about you. Revised notices will be available upon request, and published on our website (www.AllyPsych.com).

II. HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

Federal privacy regulations allow healthcare providers with a direct treatment relationship to use or disclose PHI without the patient's written authorization for Treatment, Payment, and Healthcare Operations (TPO).

- For Treatment: We may use and disclose your PHI to coordinate and manage your care. For example, clinicians within Ally Psychological Services may consult with one another or with another licensed healthcare provider you see (such as a psychiatrist) to assist in your diagnosis and treatment. Disclosures for treatment purposes are not limited to the "minimum necessary" standard because providers require complete information to deliver quality care.

- For Payment: While Ally Psychological Services is a private-pay practice and does not bill insurance directly, we may use and disclose your PHI to process your credit card payments, or provide *you* with documentation (such as a Superbill) if you choose to seek out-of-network reimbursement from your insurance plan.
- For Healthcare Operations: We may use and disclose your PHI to run our practice efficiently and ensure all clients receive high-quality care. For example, we may use PHI for quality assessment reviews, internal audits, or staff supervision.

III. USES AND DISCLOSURES THAT REQUIRE YOUR EXPLICIT AUTHORIZATION

Certain uses and disclosures of your PHI will only be made with your written authorization:

- Psychotherapy Notes: We maintain "psychotherapy notes" (separate from your standard clinical record) as defined in 45 CFR § 164.501. Any use or disclosure of these notes requires your explicit authorization unless used for our own internal training/supervision, defense in legal proceedings brought by you, or as explicitly required by law (such as an HHS compliance investigation).
- Marketing Purposes: Ally Psychological Services will never use or disclose your PHI for marketing or promotional purposes without your written consent.
- Sale of PHI: We will never sell your PHI in the regular course of our business.

IV. USES AND DISCLOSURES THAT DO NOT REQUIRE YOUR AUTHORIZATION

Subject to specific legal limitations, we may use or disclose your PHI without your authorization for the following reasons:

- Required by Law: When federal, state, or local law mandates disclosure.
- Public Health and Safety: To report suspected child, elder, or dependent adult abuse; or to prevent/lessen a serious, imminent threat to your health and safety or the safety of another person.
- Health Oversight Activities: For legally authorized audits, investigations, and licensure inspections.
- Judicial and Administrative Proceedings: In response to a lawful court order or administrative order. (Note: Our practice policy is to make every effort to notify you or secure a protective order before responding to subpoenas or discovery requests).
- Law Enforcement & Government Functions: To report a crime committed on our premises, or for specialized government functions (such as military missions or national security).
- Workers' Compensation: To comply with laws relating to workers' compensation or similar programs.
- Appointment Reminders: To contact you via text, email, or phone to remind you of a scheduled appointment or discuss treatment alternatives we offer.

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

- Disclosures to Family, Friends, or Others: We may disclose relevant PHI to a family member, friend, or person you explicitly identify as involved in your care or payment for care, unless you object. In emergency situations where you cannot object, our clinicians will exercise professional judgment.

VI. YOUR RIGHTS REGARDING YOUR PHI

You possess the following rights regarding the Protected Health Information we maintain about you:

- The Right to Restrict Insurance Disclosures (Our Private Pay Advantage): Because Ally Psychological Services is a private-pay practice, you have an absolute right to restrict disclosures of your PHI to health insurance plans for payment or operations purposes, provided you pay for your services out-of-pocket in full. We will fully honor this restriction, ensuring your insurance company has no access to your treatment records.
- The Right to Request Limits on TPO: You have the right to request additional restrictions on how we use or disclose your PHI for treatment, payment, or operations. We are not legally required to agree to these additional requests if we believe it impacts your clinical care.
- The Right to Choose Confidential Communications: You have the right to request that we communicate with you in a specific way (e.g., only calling a specific phone number or mailing documents to an alternative address). We will accommodate all reasonable requests.
- The Right to Inspect and Copy Your Record: With the exception of psychotherapy notes, you have the right to review and obtain paper or electronic copies of your clinical and billing records. We will provide these within thirty (30) days of your written request and may charge a reasonable, cost-based administrative fee.
- The Right to Amend Your Record: If you believe information in your record is incorrect or incomplete, you may request a written amendment. We will respond within sixty (60) days. If we deny your request, we will provide the reason in writing.
- The Right to an Accounting of Disclosures: You have the right to request a list of certain disclosures we have made of your PHI (excluding TPO and authorized disclosures) over the past six years.
- The Right to Breach Notification: You have the right to be promptly notified by Ally Psychological Services following any unauthorized acquisition, access, use, or disclosure that compromises the security or privacy of your unsecured PHI.
- The Right to a Copy of this Notice: You have the right to receive a paper or electronic copy of this Notice at any time.

VII. QUESTIONS, COMPLAINTS, AND GRIEVANCES

If you believe your privacy rights have been violated, or if you disagree with a decision regarding access to your records, you may file a complaint without fear of retaliation.

- Internal Contact: You are encouraged to contact our main office at Hello@AllyPsych.com, or contact our Practice Owner and Privacy Officer directly:
    - Dr. Adam Assoian
    - Email: Adam@AllyPsych.com
- External Contact: You may also file a formal complaint with the Secretary of the U.S. Department of Health and Human Services (HHS) Office for Civil Rights.

EFFECTIVE DATE OF THIS NOTICE

This notice was originally effective on 11/06/2023 and was updated and revised on 07/01/2026.

ACKNOWLEDGMENT OF RECEIPT

By checking the box below, you acknowledge that you have received, read, and understand the Ally Psychological Services Notice of Privacy Practices, outlining your rights under the Health Insurance Portability and Accountability Act (HIPAA).

BY SIGNING BELOW, I AGREE THAT I HAVE READ, UNDERSTOOD, AND ACCEPTS THE TERMS AND PRIVACY PRACTICES CONTAINED IN THIS DOCUMENT.