



EFFECTIVE DATE OF THIS NOTICE: July 1, 2025

NOTICE OF PRIVACY PRACTICES

PLEASE REVIEW IT CAREFULLY.

This notice applies to all of the records of your care with Growing Roots to Open Wings INC. This notice is to advise you about the law and your rights to protect your health information, and also to inform you how we may use or disclose your health information.

I. We are required by law to:

- Keep your protected health information ("PHI") private.
- Inform you of our legal duties and privacy practices with respect to your health information.
- Follow the terms of the notice that is currently in effect.
- Notify you that you can change the terms of this Notice.

II. WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU FOR THE FOLLOWING PURPOSES:

- For Treatment Payment, or Health Care Operations: Federal privacy rules (regulations) allow health care providers to use or disclose the patient's/client's personal health information without the patient's written authorization, to carry out the health care provider's own treatment, payment, or health care operations.
- For treatment consultation and planning purposes. 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 with diagnosis or treatment planning. This includes, among other things, the coordination and management of health care providers with a third party, consultations between health care providers, and/or referrals.
- Lawsuits and Disputes: If you are involved in a lawsuit, the release of health information in response to a court or administrative order may be requested. We may also disclose health information about you or your child in response to a subpoena, discovery request, or other lawful process

III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:

- As defined in 45 CFR § 164.501, any use or disclosure of psychotherapy notes requires your Authorization unless the use or disclosure is:
 - a. For treatment purposes
 - b. For training and or supervision of mental health practitioners
 - c. For use in defending in legal proceedings
 - d. For use by the Secretary of Health and Human Services to investigate my compliance with HIPAA.
 - f. Required by law for certain health oversight activities pertaining to your health
 - 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 yourself or others.

- **Marketing Purposes.** We will not use or disclose your PHI for marketing purposes without your consent or sell your PHI information.
- For any other purposes, your written consent will be required.

IV. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION.

- As required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.
- For public welfare, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone's health or safety.
- For health oversight activities, including audits and investigations.
- For judicial and administrative proceedings, including responding to a court or administrative order
- For law enforcement purposes, including reporting crimes occurring on my premises.
- To coroners or medical examiners, when such individuals are performing duties authorized by law.

YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI:

- The Right to Request Limits on Uses and Disclosures of Your PHI.
- The Right to Get a Paper or Electronic Copy of this Notice.

Acknowledgment 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 the HIPAA Notice of Privacy Practices.