NOTICE OF PRIVACY PRACTICES

Mindful Pathways Psychiatric Services, PLLC
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EFFECTIVE DATE OF THIS NOTICE: February 16, 2026 Updated 6/3/2026

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. MY PLEDGE REGARDING HEALTH INFORMATION

Health information about you and your health care is personal. Mindful Pathways Psychiatric Services, PLLC is committed to protecting health information about you. I create and maintain a record of the care and services you receive so I can provide quality care and comply with legal and professional requirements. This Notice applies to records of your care generated or maintained by this mental health care practice.

I am required by law to:

- Maintain the privacy and security of protected health information ("PHI") that identifies you;
- Give you this Notice of my legal duties and privacy practices regarding your health information;
- Follow the terms of the Notice currently in effect; and
- Notify affected individuals following a breach of unsecured PHI when notification is required by law.

I may change the terms of this Notice. Any changes will apply to all information I maintain about you, including information created or received before the change. The current Notice will be available upon request, in the office, through the patient portal, and/or on the practice website when applicable.

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

The following categories describe common ways I may use or disclose your PHI. Not every use or disclosure is listed, but permitted uses and disclosures generally fall within these categories.

Treatment, payment, and health care operations

Federal privacy rules allow health care providers with a direct treatment relationship to use or disclose PHI without written authorization for treatment, payment, and health care operations, unless a more protective law applies. For example, I may use or disclose your PHI to evaluate and treat you, coordinate care with another treating provider, make referrals, obtain payment from you or your health plan, submit claims, conduct billing and administrative functions, maintain records, perform quality improvement, or consult with another licensed health care provider regarding your condition.

Disclosures for treatment purposes are not limited to the minimum necessary standard because treating providers often need access to complete information to provide quality care. Treatment includes coordination and management of health care, consultation between providers, and referral from one health care provider to another.

Lawsuits, disputes, and legal process

If you are involved in a lawsuit, dispute, or legal proceeding, I may disclose health information in response to a valid court or administrative order. I may also disclose health information in response to a subpoena, discovery request, or other lawful process, but only when legal requirements are met, such as efforts to notify you of the request or to obtain an order protecting the information requested. Additional restrictions apply to psychotherapy notes and, when applicable, substance use disorder records protected by 42 CFR Part 2.

III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION

1. Psychotherapy notes

I may keep "psychotherapy notes" as that term is defined by HIPAA. Psychotherapy notes receive additional protection and generally require your written authorization before use or disclosure, unless the use or disclosure is:

- For my use in treating you;

- For my use in training or supervising mental health practitioners;
- For my use in defending myself in legal proceedings instituted by you;
- For use by the Secretary of Health and Human Services to investigate compliance with HIPAA;
- Required by law and limited to the requirements of such law;
- Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes;
- Required by a coroner or medical examiner performing duties authorized by law; or
- Required to help avert a serious and imminent threat to health or safety.

2. Marketing

I will not use or disclose your PHI for marketing purposes without your written authorization when authorization is required by law.

3. Sale of PHI

I will not sell your PHI in the regular course of business.

4. Other uses and disclosures

Uses and disclosures not otherwise permitted by HIPAA, 42 CFR Part 2 when applicable, or other applicable law will be made only with your written authorization. You may revoke an authorization in writing at any time, except to the extent I have already relied on it.

IV. SUBSTANCE USE DISORDER RECORDS AND 42 CFR PART 2

Some records related to substance use disorder ("SUD") diagnosis, treatment, or referral for treatment may receive additional confidentiality protections under 42 CFR Part 2 when the practice creates, receives, or maintains records subject to Part 2. If Part 2 applies, those records may be used or disclosed only as permitted by Part 2, HIPAA, and applicable law.

If Part 2 applies, I am generally required to obtain your written consent before using or disclosing Part 2-protected SUD records, unless a specific legal exception permits the use or disclosure. Your consent may authorize future uses and disclosures for treatment, payment, and health care operations when permitted by law. Once Part 2-protected information is disclosed to a HIPAA-covered entity or business associate pursuant to a valid consent, the recipient may redisclose the information as permitted by HIPAA, except where Part 2 continues to impose additional restrictions.

Part 2-protected SUD records may not be used or disclosed in a civil, criminal, administrative, or legislative investigation or proceeding against you without your written consent or a court order accompanied by a subpoena or similar legal mandate, as required by law.

SUD counseling notes, if any are maintained separately from the rest of the medical record and meet the definition under Part 2, require separate written consent for use or disclosure, except as otherwise permitted by law.

You may have the right to request a list of certain disclosures of Part 2-protected records. The right to an accounting of disclosures for treatment, payment, and health care operations is subject to the timeline and requirements established by federal law.

You may file a complaint if you believe your Part 2 rights have been violated. You may complain to the practice and/or to the Secretary of the U.S. Department of Health and Human Services. I will not retaliate against you for filing a complaint.

V. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION

Subject to limitations in HIPAA, 42 CFR Part 2 when applicable, North Carolina law, and other applicable law, I may use or disclose your PHI without your authorization for the following reasons:

- When disclosure is required by state or federal law and the use or disclosure complies with and is limited to the relevant legal requirements;
- For public health activities, including reporting suspected child abuse, elder abuse, dependent adult abuse, or other abuse/neglect/exploitation when required or permitted by law;
- To prevent or reduce a serious and imminent threat to anyone's health or safety;
- For health oversight activities, including audits, investigations, inspections, licensure, or disciplinary actions;
- For judicial and administrative proceedings, including responding to a court or administrative order, subject to applicable legal protections;
- For law enforcement purposes, including reporting crimes occurring on the premises or as otherwise permitted or required by law;

- To coroners, medical examiners, or funeral directors when such individuals are performing duties authorized by law;
- For research purposes when approved by an institutional review board or privacy board, or when otherwise permitted by law;
- For specialized government functions, including military, national security, protective services, intelligence, correctional institution, or law enforcement custodial situations as permitted by law;
- For workers' compensation or similar programs when disclosure is necessary to comply with applicable law;
- For appointment reminders and to tell you about treatment alternatives or health-related benefits or services that may be of interest to you.

VI. CERTAIN USES AND DISCLOSURES REQUIRE AN OPPORTUNITY TO OBJECT

Disclosures to family, friends, or others involved in your care or payment for your care. I may disclose relevant PHI to a family member, friend, or other person you identify as involved in your care or payment for your care, unless you object in whole or in part. In an emergency or when you are unable to agree or object, I may use professional judgment to determine whether disclosure is in your best interest. The opportunity to agree or object may be obtained retroactively when appropriate.

VII. ELECTRONIC RECORDS, PORTAL COMMUNICATION, AND BUSINESS ASSOCIATES

The practice uses electronic systems, including SimplePractice, for scheduling, documentation, billing, secure messaging, electronic forms, payment processing, and related administrative functions. I may disclose PHI to business associates that perform services on behalf of the practice, such as electronic health record, billing, payment processing, transcription, documentation-support, administrative, technology, or compliance vendors, only as permitted by HIPAA and applicable law.

Patients are encouraged to use the SimplePractice patient portal for non-emergency communication. Email and text messaging are not preferred for clinical communication and should not be used for emergencies, urgent clinical issues, or therapeutic content. Electronic communication may carry privacy risks despite reasonable safeguards.

VIII. YOUR RIGHTS WITH RESPECT TO YOUR PHI

1. The right to request limits on uses and disclosures

You have the right to ask me not to use or disclose certain PHI for treatment, payment, or health care operations. I am not required to agree to every request, and I may deny a request if I believe it would affect your health care or if denial is otherwise permitted by law.

2. The right to request restrictions for out-of-pocket services paid in full

If you pay out-of-pocket in full for a health care item or service, you have the right to request that I not disclose PHI about that item or service to your health plan for payment or health care operations purposes, unless disclosure is required by law.

3. The right to request confidential communications

You have the right to ask me to contact you in a specific way or at a specific location, such as by phone, portal, or alternate mailing address. I will agree to reasonable requests.

4. The right to inspect and receive copies

Other than psychotherapy notes and certain information restricted by law, you have the right to inspect and receive an electronic or paper copy of the medical record and other PHI I maintain about you. I will respond to written requests within the time required by law and may charge a reasonable, cost-based fee when permitted.

5. The right to request an accounting of disclosures

You have the right to request a list of certain disclosures of your PHI made for purposes other than treatment, payment, health care operations, or disclosures you authorized, unless an exception applies. I will respond to your request within the time required by law. The accounting generally covers disclosures made during the six years before your request unless you request a shorter period or a different period is required by law.

6. The right to request correction or amendment

If you believe there is a mistake in your PHI or that important information is missing, you have the right to request that I amend the record. I may deny the request when permitted by law, but I will explain the reason in writing within the time required by law.

7. The right to receive a paper or electronic copy of this Notice

You have the right to receive a paper copy of this Notice and may also request an electronic copy. Even if you agreed to receive the Notice electronically, you may request a paper copy at any time.

8. The right to be notified of certain breaches

You have the right to be notified if a breach occurs that may have compromised the privacy or security of your unsecured PHI, as required by law.

9. The right to file a complaint

If you believe your privacy rights have been violated, you may file a complaint with the practice and/or with the U.S. Department of Health and Human Services Office for Civil Rights. I will not retaliate against you for filing a complaint.

IX. PRIVACY CONTACT

Privacy Officer/Contact: Danielle Kurtz, DNP, APRN, PMHNP-BC

Mindful Pathways Psychiatric Services, PLLC

Please do not send urgent clinical information, emergency information, or highly sensitive clinical details by email. Use the patient portal for non-emergency practice communication whenever possible.

X. ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and when applicable 42 CFR Part 2, you have rights regarding the use and disclosure of your health information. By signing below, you acknowledge that you have received or been offered access to this Notice of Privacy Practices.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD, AND/OR BEEN OFFERED A COPY OF THIS NOTICE OF PRIVACY PRACTICES.

Patient Name: _____ Date of Birth: _____

Patient/Guardian Signature: _____ Date: _____

Printed Name/Relationship if Guardian: _____