HIPAA & NOTICE OF PRIVACY PRACTICES

Effective Date of this Notice: February 16, 2026

YOUR INFORMATION. YOUR RIGHTS. OUR RESPONSIBILITIES.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. ***Please review it carefully.***

YOUR RIGHTS

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

YOUR CHOICES

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care
- Market our services and sell your information
- Raise funds

OUR USES AND DISCLOSURES

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

To the extent that we have your substance use disorder patient records, subject to 42 CFR part 2, we will not share that information for investigations or legal proceedings against you without (1) your written consent or (2) a court order and a subpoena.

YOUR RIGHTS

WHEN IT COMES TO YOUR HEALTH INFORMATION, YOU HAVE CERTAIN RIGHTS. This section explains your rights and some of our responsibilities to help you.

GET AN ELECTRONIC OR PAPER COPY OF YOUR MEDICAL RECORD

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

ASK US TO CORRECT YOUR MEDICAL RECORD

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

REQUEST CONFIDENTIAL COMMUNICATIONS

- You can ask us to contact you in a specific way (for example, home, office, or cell phone) or to send mail to a different address.
- We will say "yes" to all reasonable requests.

ASK US TO LIMIT WHAT WE USE OR SHARE

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no," for example, if it could affect your care. If we agree to your request, we may still share this information in the event that you need emergency treatment.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

GET A LIST OF THOSE WITH WHOM WE'VE SHARED INFORMATION

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

GET A COPY OF THIS PRIVACY NOTICE

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

CHOOSE SOMEONE TO ACT FOR YOU

- If someone has authority to act as your personal representative, such as if someone has your medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

FILE A COMPLAINT IF YOU FEEL YOUR RIGHTS ARE VIOLATED

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting **https://www.hhs.gov/hipaa/filing-a-complaint/index.html.**
- We will not retaliate against you for filing a complaint.

YOUR CHOICES

FOR CERTAIN HEALTH INFORMATION, YOU CAN TELL US YOUR CHOICES ABOUT WHAT WE SHARE. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.
In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care or payment for your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.
In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

If we have your substance use disorder patient records, subject to 42 CFR part 2, we will give you clear and obvious notice in advance and a choice about whether to receive fundraising communications that use your Part 2 information.

OUR USES AND DISCLOSURES

HOW DO WE TYPICALLY USE OR SHARE YOUR HEALTH INFORMATION?

We typically use or share your health information in the following ways.

TREAT YOU

We can use your health information and share it with other professionals who are treating you.

RUN OUR ORGANIZATION

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

BILL FOR YOUR SERVICES

We can use and share your health information to bill and get payment from health plans or other entities.

HOW ELSE CAN WE USE OR SHARE YOUR HEALTH INFORMATION?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.
In all cases, including those listed below, if we have substance use disorder patient records about you, subject to 42 CFR part 2, we cannot use or share information in those records in civil, criminal, administrative, or legislative investigations or proceedings against you without (1) your consent or (2) a court order and a subpoena.

HELP WITH PUBLIC HEALTH AND SAFETY ISSUES

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

DO RESEARCH

We can use or share your information for health research.

COMPLY WITH THE LAW

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

RESPOND TO ORGAN AND TISSUE DONATION REQUESTS

We can share health information about you with organ procurement organizations.

WORK WITH A MEDICAL EXAMINER OR FUNERAL DIRECTOR

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

ADDRESS WORKERS' COMPENSATION, LAW ENFORCEMENT, AND OTHER GOVERNMENT REQUESTS

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

RESPOND TO LAWSUITS AND LEGAL ACTIONS

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described in this notice unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

HOW WE MAY USE AND DISCLOSE YOUR PERSONAL HEALTH INFORMATION, SPECIFIC TO THE PERCEPTIVE MIND

The following describes the ways The Perceptive Mind, PLLC may use and disclose PHI. Except for the purposes described below, The Perceptive Mind, PLLC will use and disclose PHI only with the individual's written permission. The individual may revoke such permission at any time by writing to The Perceptive Mind, PLLC: Compliance Officer, Jennifer Penny.

- *For Treatment*: We may use and disclose PHI for the individual's services. For example, The Perceptive Mind, PLLC may disclose PHI to doctors, nurses, technicians, or other personnel, including people outside The Perceptive Mind, PLLC, who are involved in the individual's medical care and need the information to provide the individual with medical care.
- *For Payment*: We may use and disclose PHI so that or others may bill and receive payment from the individual, an insurance company or third party for the treatment and services the individual received. For example, we may tell the individual's insurance company about a treatment the individual is going to receive to determine whether the individual's insurance company will cover the treatment.
- *For Health Care Operations:* We may use and disclose PHI for health care operation purposes. The uses and disclosures are necessary to make sure that all The Perceptive Mind, PLLC patients receive quality care and to operate and manage our office.
- *Appointment Reminders, Treatment Alternatives, and Health Related Benefits and Services:* We may use and disclose PHI to contact the individual to remind them that they have an appointment with The Perceptive Mind, PLLC. We also may use and disclose PHI to tell the individual about treatment alternatives or health-related benefits and services that may be of interest to the individual.
- *Research*: Under certain circumstances, The Perceptive Mind, PLLC may use and disclose PHI for research. For example, a research project may involve comparing the health of patients who received one treatment to those who received another, for the same condition. The Perceptive Mind, PLLC will generally ask for the individual's written authorization before using the individual's PHI or sharing it with others to conduct research. Under limited circumstances, we may use and disclose PHI for research purposes without the individual's permission.
- *Incidental Use and Disclosure*: We are not required to eliminate every risk of incidental use or disclosure of your PHI. Specifically, a use or disclosure of your PHI that occurs as a result of, or incident to an otherwise permitted use or disclosure is permitted as long as we have adopted reasonable safeguards to protect your PHI, and the information being shared was limited to the minimum necessary.

CERTAIN USES AND DISCLOSURES THAT REQUIRE YOUR AUTHORIZATION

- *Psychotherapy Notes:* We do keep "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:
    - For our use in treating you.
    - 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.
    - For our use in defending ourselves in legal proceedings instituted by you.
    - For use by the Secretary of the Department of Health and Human Services (HHS) to investigate our compliance with HIPAA.
    - Required by law and the use or disclosure is 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 who is performing duties authorized by law.
    - Required to help avert a serious threat to the health and safety of others.
- *Marketing Purposes*: We will not use or disclose your PHI for marketing purposes without your prior written consent. For example, if we request a review from you and plan to share the review publicly online or elsewhere to advertise our services or our practice, we will provide you with a release form and HIPAA authorization. The HIPAA authorization is required in the instance that your review contains PHI (i.e., your name, the date of the service you received, the kind of treatment you are seeking or other personal health details). Because you may not realize which information you provide

is considered "PHI," we will send you a HIPAA authorization and request your signature regardless of the content of your review. Once you complete the HIPAA authorization, we will have the legal right to use your review for advertising and marketing purposes, even if it contains PHI. You may withdraw this consent at any time by submitting a written request to us via the email address we keep on file or via certified mail to our address. Once we have received your written withdrawal of consent, we will remove your review from our website and from any other places where we have posted it. We cannot guarantee that others who have copied your review from our website or from other locations will also remove the review. This is a risk that we want you to be aware of, should you give us permission to post your review.

- *Sale of PHI*: We will not sell your PHI.

SITUATIONS REQUIRING DISCLOSURE OF INFORMATION WITHOUT CONSENT

- *As Required by Law*: We will disclose PHI when required to do so by international, federal, state, or local law.
    - **To Avert a Serious Threat to Health or Safety:** We may use and disclose PHI when necessary to prevent a serious threat to the individual's health and safety or the health and safety of others. Disclosures, however, will be made only to someone who may be able to help prevent or respond to the threat, such as law enforcement or potential victim. For example, we may need to disclose information to law enforcement when a patient reveals participation in a violent crime.
    - **Law Enforcement:** We may release PHI if asked by a law enforcement official if the information is: (1) in response to a court order, subpoena, warrant, summons or similar process; (2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime even if, under certain very limited circumstances, The Perceptive Mind, PLLC is unable to obtain the individual's agreement; (4) about a death The Perceptive Mind, PLLC believes may be the result of criminal conduct; (5) about criminal conduct on The Perceptive Mind, PLLC premises; and (6) in an emergency to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime. For law enforcement purposes, including reporting crimes occurring on our premises. To coroners or medical examiners, when such individuals are performing duties authorized by law.
    - **Abuse or Neglect:** We may disclose your PHI to a state or local agency that is authorized by law to receive reports of abuse or neglect, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone's health or safety. However, the information we disclose is limited to only that information which is necessary to make the required mandated report. According to both Washington, Oklahoma, and Florida laws regarding child abuse and neglect reporting, *persons who report in good faith have immunity from criminal and civil liability* (WA RCW §26.44.080, OK 10A O.S. § 1-2-104, & 43A O.S. § 10-104, FL Statute Chapter §39.201).
      We are considered a Mandatory Reporter, and we may provide information to CPS/DHS and law enforcement when reporting abuse or neglect that would otherwise be confidential. Reports for abuse and neglect will be made in accordance with the Washington State Department of Social and Health Services, the Oklahoma Department of Human Services protocol, and the Florida Department of Children and Families.
    - **Essential Government Functions:** We may be required to disclose your PHI for certain essential government functions. Such functions include but are not limited to: assuring proper execution of a military mission, conducting intelligence and national security activities that are authorized by law, providing protective services to the President, making medical suitability determinations for U.S. State Department employees, protecting the health and safety of inmates or employees in a correctional institution, and determining eligibility for or conducting enrollment in certain government benefit programs.
- *Business Associates*: We may disclose PHI to any business associates that perform functions on our behalf or provide The Perceptive Mind, PLLC with services if the information is necessary for such functions or services. All The Perceptive Mind, PLLC business associates are obligated to protect the privacy of the individual's information and are not allowed to use or disclose any information other than as specified in our contract.

- *Lawsuits and Disputes*: If the individual is involved in a lawsuit or a dispute, The Perceptive Mind, PLLC may disclose PHI in response to a court or administrative order. The Perceptive Mind, PLLC also may disclose PHI in response to a subpoena, discovery request, or other lawful request by someone else involved in the request or to allow the individual to obtain an order protecting the information requested.
- *Health Oversight*: We may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies and organizations that provide financial assistance to the program (such as third-party payors) and peer review organizations performing utilization and quality control. If we disclose PHI to a health oversight agency, we will have an agreement in place that requires the agency to safeguard the privacy of your information.
- *Psychotherapy Notes*: If kept as separate records, we must obtain your authorization to use or disclose psychotherapy notes with the following exceptions. We may use the notes for your treatment. We may also use or disclose, without your authorization, the psychotherapy notes for our own training, to defend ourselves in legal or administrative proceedings initiated by you, as required by the Washington, Oklahoma, or Florida behavioral health departments or the US Department of Health and Human Services to investigate or determine our compliance with applicable regulations, to avert a serious and imminent threat to public health or safety, to a health oversight agency for lawful oversight, for the lawful activities of a coroner or medical examiner or as otherwise required by law.
- *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 us. We may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that we offer.
- *Consultation*: We may consult with other professionals about your case to help provide you with appropriate care. If we do such consultations, we will make every effort to avoid revealing information that could identify you to maintain your privacy.
- *Insurance*: If you use your insurance benefits, we must share clinical information about you as described in the Insurance Reimbursement section below at the request of your insurance company.

YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI

- *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. We are not required to agree to your request, and we may say "no" if we believed it would affect your health care.
- *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.
- *The Right to Choose How I 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.
- *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 we have 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 Washington, Oklahoma, and Florida state's laws and regulations, of receiving your written request, and we may charge a reasonable, cost-based fee for doing so.
- *The Right to Get a List of the Disclosures I Have 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 us with an Authorization. We will respond to your request for an accounting of disclosures within 48 hours of receiving your request. The list we will give you will include disclosures made in Washington, Oklahoma, or Florida 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.
- *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 say "no" to your request, but we will tell you why in writing within Washington, Oklahoma, and Florida required expectations.

- *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. (This notice will be available in your client portal).
- *Right to Get Notice of a Breach*: The Perceptive Mind, PLLC is committed to safeguarding the individual's PHI. If a breach of the individual's PHI occurs, The Perceptive Mind, PLLC will notify the individual in accordance with state and federal law.
- *Right to Request Restrictions*: Individuals have the right to request a restriction or limitation on the PHI The Perceptive Mind, PLLC uses or discloses for treatment, payment, or health care operations. Individuals also have the right to request a limit on the PHI we disclose to someone involved in the individual's care or the payment for the individual's care, like a family member or friend.
    - To request a restriction, the individual must make their request, in writing, to the Department in which their care was provided. The Perceptive Mind, PLLC is not required to agree to the individual's request unless the individual is asking us to restrict the use and disclosure of the individual's PHI to a health plan for payment or health care operation purposes and such information the individual wishes to restrict pertains solely to a health care item or service for which the individual has paid The Perceptive Mind, PLLC out-of-pocket in full. If we agree, we will comply with the individual's request unless the information is needed to provide the individual with emergency treatment or to comply with law. If we do not agree, we will provide an explanation in writing.
- *Out-of-Pocket Payments*: If the individual pays out-of-pocket (or in other words, the individual has requested that The Perceptive Mind, PLLC not bill the individual's health plan) in full for a specific item or service, the individual has the right to ask that the individual's PHI with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.

INDIVIDUAL PARTICIPANT RIGHTS

- You have the right to:
    - Receive services without regard to race, creed, national origin, religion, gender, sexual orientation, age or disability;
    - Practice the religion of choice as long as the practice does not infringe on the rights and treatment of others or the treatment service. Individual participants have the right to refuse participation in any religious practice;
    - Be reasonably accommodated in case of sensory or physical disability, limited ability to communicate, limited-English proficiency, and cultural differences;
    - Be treated with respect, dignity and privacy, except that staff may conduct reasonable searches to detect and prevent possession or use of contraband on the premises or to address risk of harm to the individual or others. "Reasonable" is defined as minimally invasive searches to detect contraband or invasive searches only upon the initial intake process or if there is reasonable suspicion of possession of contraband or the presence of other risks that could be used to cause harm to self or others;
    - Be free of any sexual harassment;
    - Be free of exploitation, including physical and financial exploitation;
    - Have all clinical and personal information treated in accord with state and federal confidentiality regulations;
    - Participate in the development of your individual service plan and receive a copy of the plan if desired;
    - To review your individual service record in the presence of the administrator or designee and be given an opportunity to request amendments or corrections.
    - Make a mental health advance directive consistent with chapter RCW §71.32;
    - Submit a report to the department when you feel the agency has violated your rights or a WAC requirement regulating behavioral health agencies.
- All applicable individual participant rights described in this notice will be:

- Provided in writing to each individual on or before admission;
- Be available in alternative formats for individuals who are visually impaired.

TO REPORT GRIEVANCES OR COMPLAINTS

- Clients, their guardian(s), and any individual of the client's choosing (including appointed advocates) have the right to voice their concerns, and/or file a formal complaint/grievance without fear of retaliation or barriers to treatment. A formal complaint or grievance is an incident or alleged incident that occurred in the provision of, or failure to provide, any services by The Perceptive Mind that led to violation of ethical codes. Complaints must be received in writing and can be sent to The Perceptive Mind at contact@perceptive-mind.com.
- You also have the right to make any reports of grievances or concerns to the U.S. Department of Health and Human Services if you believe your privacy rights have been violated and can be contacted Toll Free at 1-877-696-6775. Additionally, each party has the right to appoint an advocate to act on their behalf. An advocate is also available in Washington through the Office of Behavioral Health Advocacy (OHBA), and in Oklahoma through the Oklahoma Department of Mental Health and Substance Abuses Services (ODMHSAS) Consumer Advocacy Division, and in Florida through the Florida Agency for Health Care Administration (AHCA).
- To file a grievance or provide input for The Perceptive Mind and its personnel, please do not hesitate to contact The Perceptive Mind, PLLC via email, fax, or phone.

CHANGES TO THE TERMS OF THIS NOTICE

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.