

# NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. YOU MAY HAVE ADDITIONAL RIGHTS UNDER STATE AND LOCAL LAW. PLEASE SEEK LEGAL COUNSEL FROM AN ATTORNEY LICENSED IN YOUR STATE IF YOU HAVE QUESTIONS REGARDING YOUR RIGHTS TO HEALTH CARE INFORMATION.

## EFFECTIVE DATE OF THIS NOTICE

This notice is effective **March 05, 2026**

## ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

Under the Health Insurance Portability and Accountability Act of 1996 (hereafter, "HIPAA"), you have certain rights regarding the use and disclosure of your protected health information (hereafter, "PHI").

## YOUR INFORMATION. YOUR RIGHTS. OUR RESPONSIBILITIES.

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.

## YOUR RIGHTS

You have the following rights regarding your health information:

- Access your health records
- Request corrections
- Request confidential communications
- Request limits on use or disclosure
- Request an accounting of disclosures
- Designate someone to act on your behalf
- File a complaint

For full explanations of your rights, visit:

<https://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html>

## YOUR CHOICES

For certain types of health information, you can tell us your preferences about what we share. You may choose whether or not we share information with family members or close friends involved in your care, share information during disaster relief situations, or contact you regarding appointment reminders or other health-related services. If you are unable to communicate your preferences, for example if you are unconscious, we may share information as we believe is in your best interest.

### Situations where we require your written permission:

- Marketing purposes
- Sale of personal information
- Most disclosures of psychotherapy notes

LiveTrue Wellness LLC does not sell or market client information.

## **HOW WE TYPICALLY USE OR SHARE YOUR HEALTH INFORMATION**

### **Treatment**

We may use and share your health information with other professionals involved in your care. Example: A therapist may consult with another healthcare provider involved in your treatment.

### **Insurance Disclosure:**

If you use health insurance to pay for services at LiveTrue Wellness LLC, we may share necessary health information with your insurance company to process claims, verify eligibility or benefits, determine medical necessity, and comply with audits or utilization reviews. This information may include your identifying information, diagnosis codes, treatment dates, types of services provided, and clinical documentation required by the insurer. Insurance companies have their own privacy policies regarding the information they receive. If you prefer that your information not be shared with your insurer, you may choose to pay privately for services, in which case insurance will not be billed.

### **Healthcare Operations**

We may use your health information to operate and improve our practice. This includes activities such as monitoring and improving quality of care, supervising or consulting with staff, sending appointment reminders, and performing other internal administrative tasks necessary to manage our services effectively.

## **BUSINESS ASSOCIATES**

We may share your protected health information with business associates who perform services for our practice.

These may include:

- electronic health record providers
- billing services
- telehealth platform providers
- IT support services
- legal or accounting services

All business associates are required by law to protect the privacy and security of your health information.

## **SPECIAL PROTECTIONS FOR PSYCHOTHERAPY AND PROGRESS NOTES**

Psychotherapy notes receive special protection and are kept separately from general records. Progress notes document your treatment, track symptoms, and record interventions. These notes are protected under HIPAA and Maryland law and will not be released without your written authorization, except in limited circumstances (court orders, required audits, or serious risk of harm). Access may be more limited than for general records.

## **OTHER WAYS WE MAY SHARE INFORMATION**

We may disclose your health information when required or permitted by law. This includes sharing information to protect public health and safety, such as reporting suspected abuse or neglect, preventing serious threats to health or safety, or assisting public health authorities. We may also use or disclose information for research purposes when permitted by law, approved by appropriate review boards, or with your written authorization. Additionally, we may share information in response to court orders, subpoenas, or other legal investigations, and we may disclose information to the Department of Health and Human Services to demonstrate compliance with federal and state privacy laws.

## **OUR RESPONSIBILITIES**

LiveTrue Wellness LLC is required by law to:

- maintain the privacy and security of your protected health information
- notify you promptly if a breach occurs
- follow the privacy practices described in this notice
- provide you with a copy of this notice

We will not use or share your information in ways not described here unless you provide written permission.

## **CHANGES TO THIS NOTICE**

We reserve the right to change this notice. Changes will apply to all information we maintain. Updated notices will be available upon request and posted on our website.