

NOTICE OF PRIVACY PRACTICES

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

I. MY PLEDGE REGARDING YOUR HEALTH INFORMATION

I understand that health information about you and your health care is personal. I am committed to protecting your protected health information (“PHI”). I create a record of the care and services you receive from me. I need this record to provide quality care and to comply with legal requirements.

This Notice applies to all records of your care maintained by this practice.

I am required by law to:

- Maintain the privacy of your PHI;
- Provide you with this Notice of my legal duties and privacy practices;
- Follow the terms of the Notice currently in effect; and
- Notify you following a breach of your unsecured PHI as required by law.

Where applicable state law — including the laws of New York and New Jersey — provides greater privacy protections than federal law, I will follow the applicable state law.

I reserve the right to change the terms of this Notice. Any new Notice will apply to all PHI I maintain, including information created or received before the change. The current Notice will be available in my office and on my website.

II. HOW I MAY USE AND DISCLOSE YOUR PHI

The following categories describe ways I may use and disclose your PHI. Not every example is listed, but all permitted uses and disclosures will fall within one of these categories.

A. For Treatment, Payment, and Health Care Operations (TPO)

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.

Treatment: I may use and disclose PHI to provide, coordinate, or manage your care. For example, I may consult with another licensed health care provider regarding your condition.

Payment: If you use insurance, I may disclose PHI to obtain payment for services provided.

Health Care Operations: I may use or disclose PHI for practice operations such as quality assessment, licensing, compliance activities, or audits.

The “minimum necessary” standard applies to most disclosures, except disclosures for treatment purposes.

B. Potential Re-Disclosure

If I disclose your PHI to another health care provider, health plan, or business associate, HIPAA protections generally continue to apply. If PHI is disclosed to a person or entity not subject to HIPAA, the information may no longer be protected under federal privacy law and could be re-disclosed.

C. Lawsuits and Legal Proceedings

I may disclose PHI in response to a court order. In response to a subpoena, discovery request, or other legal process, I will not release mental health records without your written authorization or a court order, unless otherwise required by law. Whenever possible, I will attempt to obtain your authorization or notify you before disclosure unless legally prohibited.

III. USES AND DISCLOSURES THAT REQUIRE YOUR WRITTEN AUTHORIZATION

I will obtain your written authorization before:

- **Psychotherapy Notes** – Any use or disclosure of psychotherapy notes requires your written authorization except for limited uses permitted by law (such as for my own treatment use, training, defense in legal proceedings brought by you, or as required by law).
- **Marketing** – I will not use or disclose your PHI for marketing purposes without your written authorization.
- **Sale of PHI** – I will not sell your PHI without your written authorization.

You may revoke any authorization in writing at any time, except to the extent action has already been taken in reliance on it.

IV. USES AND DISCLOSURES THAT DO NOT REQUIRE AUTHORIZATION

Subject to legal limitations, I may disclose PHI without your authorization:

- When required by federal or state law
- For public health activities (including reporting suspected child, elder, or dependent adult abuse or neglect)
- To avert a serious and imminent threat to your health or safety or that of another person, consistent with applicable state law and professional standards
- For health oversight activities (audits, investigations, licensure)
- For judicial or administrative proceedings, in compliance with court requirements
- For law enforcement purposes as permitted by law
- To coroners or medical examiners
- For approved research activities
- For specialized government functions

- For workers' compensation purposes
- For appointment reminders and information about treatment alternatives or health-related benefits or services I provide

In New York and New Jersey, additional state laws impose stricter confidentiality protections on certain categories of health information, including substance use disorder records and HIV-related information. Where state law provides greater protection than federal law, I will follow state law.

V. DISCLOSURES WHERE YOU HAVE THE OPPORTUNITY TO OBJECT

I generally will not disclose your PHI to family members, friends, or others involved in your care or payment for your care without your written authorization.

In limited emergency circumstances where you are unable to provide authorization and I determine that disclosure is necessary to prevent serious and imminent harm to you or others, I may disclose relevant information to emergency personnel, medical providers, or others as permitted by law.

VI. YOUR RIGHTS REGARDING YOUR PHI

You have the following rights:

- **Right to Request Restrictions** – You may request limits on uses or disclosures of your PHI. I am not required to agree, except where required by law.
 - **Right to Restrict Disclosures to Health Plans** – If you pay out-of-pocket in full for a service, you may request that I not disclose information about that service to your health plan for payment or health care operations. I must agree unless disclosure is required by law.
 - **Right to Confidential Communications** – You may request that I contact you in a specific way or at a specific location. I will accommodate reasonable requests.
 - **Right of Access** – You may inspect or obtain a copy of your PHI, except for psychotherapy notes and certain other limited exceptions. I will respond within 30 days and may charge a reasonable, cost-based fee.
 - **Right to an Accounting of Disclosures** – You may request a list of disclosures made in the past six years (excluding TPO and certain other disclosures). I will respond within 60 days.
 - **Right to Amend** – You may request correction of PHI you believe is inaccurate or incomplete. I may deny the request but will provide a written explanation within 60 days.
 - **Right to a Copy of This Notice** – You may request a paper or electronic copy of this Notice at any time.
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VII. MY DUTIES

I am required by law to maintain the privacy and security of your PHI, provide this Notice, abide by its terms, and notify you of a breach of unsecured PHI.

VIII. COMPLAINTS

If you believe your privacy rights have been violated, you may:

Contact me directly:

Sarah Donato, LCSW
917-310-4997
sarah@sarahwilsontherapy.com

Or file a complaint with:

Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, S.W., Washington, D.C. 20201
1-877-696-6775
www.hhs.gov/ocr/privacy/hipaa/complaints/

I will not retaliate against you for filing a complaint.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Under HIPAA and applicable state law, you have certain rights regarding the use and disclosure of your PHI.

By signing below (or electronically acknowledging), you confirm that you have received a copy of this Notice.

Signature: _____ Date: _____