

NP in Psychiatry, PLLC  
**Notice of Privacy Practices**  
Effective date: 08/1/2025

**Introduction**

We create a record of the health services you receive to further your care and to comply with certain legal requirements. We are committed to your privacy and are required by law to maintain the privacy and security of your protected health information. As part of our commitment and legal compliance, we share this Notice of Privacy Practices (“**Notice**”).

**Contact**

If you have any questions about this Notice, please contact Garrison Kingston at 917-408-3504.

**Scope**

This Notice applies to all the information we generate, including information about past, present, or future mental or physical health conditions. We follow - and our employees and other workforce members follow - the duties and privacy practices that this Notice describes and any changes once they take effect.

**Changes to 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 on request and on our website.

**Data Breach Notification**

We will promptly notify you if a data breach occurs that may compromise the privacy or security of your health information.

**Use and Disclosure of Your Information**

There are situations where your health information may be used and disclosed by us. We have listed some examples of permitted uses and disclosures below.

- **Care and Treatment.**
  - We may use or disclose your health information with health professionals who are treating you in emergency situations.
  - If we are away or unavailable, another mental health professional might be on call to help and will be given access to your health information.
- **Public Health and Safety Activities.** We may communicate with family members, friends, law enforcement, and others if we feel there is a serious threat to your health and

safety, or the health and safety of the public or another person. For example, we may share your information to:

- prevent injury to you or others; and
  - report suspected child neglect or abuse, domestic violence, and elder abuse.
- **Legal Proceedings and Law Enforcement.**
    - We may be required by law to provide information about your health and our treatment in a legal proceeding; for instance, in a child custody case or if your psychological condition is an issue in a court case.
    - We may share information about you for law enforcement purposes, including in response to limited information requests for identification and location purposes, disclosures pertaining to victims of a crime, and disclosures about persons who have died.
    - If required, we will share your information with a federal or state agency with oversight over our activities.
  - **For Payments.** We may share information about your conditions and treatment to receive payment from health insurance plans or other entities.
  - **Our Business Associates.** We may use and disclose your information to outside persons or entities that perform services on our behalf, such as auditing, legal, or transcription. We require these parties to use and disclose your information only as permitted and to appropriately safeguard your information.

When feasible, we will try to discuss the situation with you, or notify you, before any confidential information is used or disclosed, and will only use or disclose the minimum amount of information that is necessary.

**Note:** Disclosure of psychotherapy notes, HIV information, and alcohol and substance abuse information requires specific authorization from you, unless such disclosure is required by law. The recipient is prohibited from re-disclosing HIV-related information and information about alcohol and substance abuse, unless specifically permitted to do so under federal or state law.

### **When We Will Not Use or Disclose Your Information**

We will not share your information to:

- market our services, or
- sell or otherwise receive compensation for disclosing your information.

### **Your Rights and Choices**

When it comes to your health information, you have rights. This section covers some of your rights and some of our responsibilities to help you.

You have the right to:

- **Inspect and Obtain a Copy of Your Information.** You have the right to see or obtain an electronic or paper copy of the information we maintain about you, with some exceptions. For instance, we may not provide our personal notes and observations, and we may not provide information that could cause substantial harm to you or others. You may request your records and, if we deny all or part of your request, we will provide you with an explanation.
- **Request Amendments.** You may ask us to correct or amend information that we maintain about you that you think is incorrect or inaccurate. If we do not make the adjustment, we will make note of your request in your record.
- **Authorize Disclosures of Your Information.** You have both the right and choice to tell us whether to share information, such as your health information, general condition, or location, with your family, close friends, or others involved in your care. You can revoke these authorizations at any time and we will accommodate your requests as best we can, and as required by law.
- **Request Restrictions on Our Disclosures in Emergency Situations.** You have both the right and choice to tell us whether to share information in an emergency situation, such as to an organization or law enforcement, to assist with locating or notifying your family, close friends, or others involved in your care. We will make reasonable efforts to follow your instructions, but we may share your information if we believe it is in your best interest, according to our best judgment, and if you are unable to tell us your preference (for example, if you are unconscious) or when needed to lessen a serious and imminent threat to health or safety.
- **Request Additional Restrictions.** You have the right to ask us not to use or share certain information for treatment, payment, or operations or with certain persons involved in your care. For these requests, we may not agree to do it if we think it would impact your care, but we will discuss it with you.
- **Choose Someone to Act for You.** If you have given someone medical power of attorney, or if you have a legal guardian, that person can exercise your rights and make choices about your information.
- **Request Confidential Communications.** You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you can ask that we only contact you at a specific address. For these requests, you must specify how or where you wish to be contacted, and we will accommodate reasonable requests.
- **Make Complaints.** You have the right to complain if you feel we have violated your rights. We will not retaliate against you for filing a complaint. You may either file a complaint:
  - directly with us by contacting NP in Psychiatry, PLLC at 917-475-6251, or
  - with the Office for Civil Rights at the US Department of Health and Human Services, 886-627-7748, [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/)