

# NOTICE OF PRIVACY PRACTICES

## Prometheus Rises PLLC

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**Effective Date: April 1, 2026**

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**THIS NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

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## SCOPE OF THIS NOTICE

This Notice of Privacy Practices applies to clinical services provided by Prometheus Rises PLLC.

Our website does not collect protected health information (PHI) directly. All clinical information is collected and managed through our secure practice platform, SimplePractice.

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## I. OUR COMMITMENT TO YOUR PRIVACY

Health information about you and your care is personal. Prometheus Rises PLLC is committed to protecting your protected health information (PHI). We create and maintain records of the care and services you receive in order to provide quality care and to comply with legal and regulatory requirements.

This Notice applies to all records created and maintained by Prometheus Rises PLLC. It describes how your health information may be used and disclosed and outlines your rights regarding that information.

Prometheus Rises PLLC is required by law to:

- Maintain the privacy of your protected health information
  - Provide you with this Notice of Privacy Practices
  - Follow the terms of this Notice currently in effect
  - Notify you if a breach occurs that may have compromised the privacy or security of your information
  - Update this Notice as necessary, with changes applying to all information we maintain
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## II. HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

The following categories describe the ways Prometheus Rises PLLC may use and disclose your protected health information. Not every possible use or disclosure is listed, but all uses and disclosures will fall within one of these categories.

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### 1. Treatment, Payment, and Health Care Operations

Federal law allows health care providers with a direct treatment relationship to use or disclose PHI without written authorization for treatment, payment, and health care operations.

#### Treatment

We may use or disclose your protected health information to provide, coordinate, or manage your care. This may include consultation with other licensed health care providers.

For example:

- A clinician may consult with another provider to support diagnosis or treatment decisions
- Information may be shared for referrals or coordination of care

Treatment includes coordination and management of care, consultation between providers, and referrals.

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#### Payment

We may use and disclose your protected health information to obtain payment for services provided.

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#### Health Care Operations

We may use your protected health information for activities necessary to operate our practice, including quality improvement, training, supervision, and administrative functions.

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### 2. Legal Proceedings and Disputes

If you are involved in a legal proceeding, we may disclose health information in response to a court or administrative order. We may also disclose information in response to subpoenas or lawful requests when appropriate safeguards are in place.

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## **III. USES AND DISCLOSURES THAT REQUIRE YOUR AUTHORIZATION**

Certain uses and disclosures require your written authorization.

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### **1. Psychotherapy Notes**

We may maintain psychotherapy notes as defined by federal law. Use or disclosure of these notes requires your authorization except in limited circumstances, including:

- Use by clinicians for treatment
  - Training or supervision within the practice
  - Legal defense of the practice
  - Compliance with oversight or regulatory requirements
  - Situations required by law or necessary to prevent serious harm
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### **2. Marketing**

Prometheus Rises PLLC does not use or disclose your protected health information for marketing purposes.

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### **3. Sale of PHI**

Prometheus Rises PLLC does not sell your protected health information.

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## **IV. USES AND DISCLOSURES THAT DO NOT REQUIRE AUTHORIZATION**

We may use or disclose your protected health information without authorization when permitted or required by law, including:

- When required by federal or state law
- For public health activities, including reporting suspected abuse or preventing serious threats
- For health oversight activities such as audits or investigations
- For judicial and administrative proceedings
- For law enforcement purposes
- To coroners or medical examiners
- For research purposes in accordance with applicable regulations
- For specialized government functions (e.g., military, national security)
- For workers' compensation compliance
- For appointment reminders or information about treatment alternatives or services

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## **V. DISCLOSURES WHERE YOU HAVE THE OPPORTUNITY TO OBJECT**

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### **1. Involvement in Your Care**

We may share your protected health information with family members, friends, or others involved in your care or payment for your care, unless you object. In emergency situations, consent may be obtained after the fact when appropriate.

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## **VI. YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

You have the following rights regarding your protected health information:

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### **1. Right to Request Restrictions**

You may request limits on how your information is used or disclosed. We are not required to agree to all requests.

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### **2. Right to Restrict Disclosures for Out-of-Pocket Payments**

If you pay for services in full out-of-pocket, you may request that we not share related information with your health plan.

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### **3. Right to Request Confidential Communications**

You may request that we contact you in a specific way (for example, by phone, email, or alternate address), and we will accommodate reasonable requests.

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### **4. Right to Access Your Information**

You have the right to inspect and obtain copies of your health records, with limited exceptions such as psychotherapy notes. We will respond within required timeframes and may charge a reasonable fee.

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## **5. Right to an Accounting of Disclosures**

You may request a list of certain disclosures of your information made by the practice. This list will cover up to six years unless a shorter period is requested.

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## **6. Right to Amend Your Information**

If you believe your information is incorrect or incomplete, you may request a correction. We may deny requests but will provide a written explanation.

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## **7. Right to a Copy of This Notice**

You have the right to receive a paper or electronic copy of this Notice at any time. This Notice is available upon request in paper form.

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# **VII. CHANGES TO THIS NOTICE**

Prometheus Rises PLLC reserves the right to change this Notice. Any changes will apply to all information we maintain. Updated versions will be made available on our website and upon request.

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# **VIII. CONTACT INFORMATION**

If you have questions about this Notice or your privacy rights, please contact:

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