

CLARITY PSYCHOLOGICAL SERVICES, LLC

6400 Brooktree Court, Suite 320 • Wexford, PA 15090

www.claritypsych.com

NOTICE OF PRIVACY PRACTICES

Effective Date: May 19, 2026

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.

I. OUR LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI)

Clarity Psychological Services, LLC (“the Practice,” “we,” “us,” or “our”) is required by federal and Pennsylvania law to maintain the privacy of your Protected Health Information (PHI). PHI is information created or received by us that can be used to identify you and that relates to your past, present, or future physical or mental health, the provision of health care services to you, or the payment for such health care.

We are also required to provide you with this Notice describing our legal duties, our privacy practices, and your rights regarding your PHI. When we use or disclose your PHI, we will follow the terms of this Notice currently in effect.

We reserve the right to change the terms of this Notice and our privacy policies at any time, as permitted by law. Any changes will apply to PHI already on file. Before we make a material change, we will revise this Notice, post a new copy in our office, post it on our website at claritypsych.com, and make it available upon request.

II. HOW WE MAY USE AND DISCLOSE YOUR PHI

We use and disclose PHI for many reasons. Some uses and disclosures require your prior written authorization; many do not. The categories below describe the most common ways we use and disclose PHI, with examples.

A. Uses and Disclosures for Treatment, Payment, and Health Care Operations

We may use and disclose your PHI without your written authorization for the following purposes:

1. **For Treatment.** We may use your PHI within our practice to provide you with mental health care, and we may disclose it to other licensed health care providers involved in your care. *Example:* If your primary care physician or psychiatrist is co-managing your care, we may share information necessary to coordinate treatment.
2. **For Payment.** We may use and disclose your PHI to bill and collect payment for the services we provide. *Example:* We may send claims to your health insurer or employee assistance program containing your diagnosis, dates of service, and procedure codes. We may also share PHI with billing companies or clearinghouses acting as our business associates.
3. **For Health Care Operations.** We may use and disclose your PHI to support the business activities of our practice. *Examples:* quality assessment, clinical supervision, training of interns and residents,

credentialing, accreditation, audits, and consultation with attorneys, accountants, or other professionals to ensure compliance with applicable laws.

B. Uses and Disclosures Permitted or Required Without Your Authorization

Federal and Pennsylvania law permit or require us to use or disclose PHI without your authorization in the following circumstances:

4. **Required by Law.** When disclosure is required by federal, state, or local law, we will make the disclosure as required.
5. **Judicial and Administrative Proceedings.** We may disclose PHI in response to a court order, a lawfully issued subpoena, a discovery request, or another lawful process, consistent with HIPAA and applicable Pennsylvania law.
6. **Law Enforcement.** We may disclose PHI to law enforcement officials pursuant to a search warrant, court order, grand jury subpoena, or other process authorized by law.
7. **To Prevent Serious Harm.** We may disclose PHI to prevent or lessen a serious and imminent threat to the health or safety of a person or the public, including disclosure to a person reasonably able to prevent or lessen the threat.
8. **Duty to Warn or Protect.** If you communicate a serious threat of physical violence against a reasonably identifiable victim or victims, Pennsylvania law (the *Mental Health Procedures Act* and related case law) may require or permit us to take protective action, including notifying the intended victim and law enforcement.
9. **Suspected Child Abuse or Neglect.** As mandated reporters under the Pennsylvania Child Protective Services Law (23 Pa.C.S. § 6311), we are required to report reasonable suspicion of child abuse to ChildLine and Pennsylvania's Department of Human Services.
10. **Suspected Older Adult or Dependent Adult Abuse.** Under the Pennsylvania Older Adults Protective Services Act (35 P.S. § 10225.101 et seq.), we are required to report reasonable suspicion of abuse, neglect, exploitation, or abandonment of older adults.
11. **Public Health Activities.** We may disclose PHI to public health authorities authorized to collect information for disease prevention, injury reporting, vital statistics, or product safety.
12. **Health Oversight Activities.** We may disclose PHI to health oversight agencies for audits, investigations, inspections, licensure actions, and similar activities authorized by law, including compliance reviews by the U.S. Department of Health and Human Services.
13. **Coroners, Medical Examiners, and Funeral Directors.** In the event of your death, we may disclose PHI to a coroner, medical examiner, or funeral director as authorized by law.
14. **Specialized Government Functions.** We may disclose PHI for national security, intelligence, protective services for the President, and certain military or veterans' activities.
15. **Workers' Compensation.** We may disclose PHI as authorized by and to the extent necessary to comply with Pennsylvania workers' compensation laws.
16. **Appointment Reminders and Treatment Alternatives.** We may use PHI to contact you with appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

17. **Research.** Under limited circumstances and with appropriate safeguards (such as approval by an Institutional Review Board or privacy board, or de-identification of the data), we may use or disclose PHI for research purposes.

C. Uses and Disclosures That Require You to Have the Opportunity to Object

Unless you object, we may share limited PHI with a family member, close personal friend, or other individual you identify as involved in your care or payment for your care. In an emergency, we may use professional judgment to share PHI consistent with your best interest if you are unable to agree or object.

D. Uses and Disclosures That Require Your Written Authorization

Most uses and disclosures not described elsewhere in this Notice will be made only with your written authorization. In particular, the following uses and disclosures require your prior written authorization:

- **Psychotherapy notes.** Notes recorded by a mental health professional documenting or analyzing the contents of a conversation during a private counseling session, and kept separate from the rest of your medical record, may be used and disclosed only with your written authorization, with limited exceptions permitted by law (such as use by the originator for treatment, defense in a legal proceeding brought by you, or required reporting to oversight agencies).
- **Marketing communications** that involve financial remuneration from a third party.
- **Sale of PHI.**
- Any other use or disclosure not otherwise described in this Notice or required by law.

You may revoke an authorization in writing at any time. Revocation will not apply to actions we have already taken in reliance on your authorization.

III. SUBSTANCE USE DISORDER (SUD) RECORDS – SPECIAL PROTECTIONS

Federal regulations at 42 C.F.R. Part 2 (“Part 2”) and the Pennsylvania Drug and Alcohol Abuse Control Act (71 P.S. § 1690.108) provide additional confidentiality protections for records that identify a person as receiving substance use disorder evaluation, diagnosis, or treatment. If we create or maintain Part 2-protected records about you, we will follow both HIPAA and these additional rules.

What this means for you:

- Most uses and disclosures of Part 2 records, including disclosures for treatment, payment, and health care operations, require your prior written consent, except in narrowly defined circumstances such as a bona fide medical emergency, court order specifically authorizing disclosure of Part 2 records, audit and evaluation activities permitted by law, certain mandated reports of child abuse or neglect, or threats to commit a crime on the program premises or against program personnel.
- Part 2 records may not be used in criminal investigations or proceedings against you without a special court order that meets the requirements of 42 C.F.R. § 2.65 or § 2.67.
- You have the right to request a list (“accounting”) of disclosures of your Part 2 records made for purposes of treatment, payment, and health care operations during the three years prior to your request.

- Once Part 2 records are disclosed pursuant to your consent or as otherwise permitted, the recipient may be required to honor a redisclosure notice. We will include the required prohibition on redisclosure with any such release.

If we do not create or maintain Part 2- protected records about you, these special protections do not apply to your file. Please ask if you have questions about whether your records are covered.

IV. YOUR RIGHTS REGARDING YOUR PHI

You have the following rights with respect to your PHI:

A. Right to Inspect and Receive a Copy

You have the right to inspect and obtain a copy of your PHI maintained in a designated record set, with limited exceptions. Your request must be in writing. We will respond within 30 days, with one possible 30- day extension. If we deny your request, we will provide a written explanation and information about your right to review of the denial.

If you request an electronic copy and we maintain your records electronically, we will provide the records in the electronic form and format you request, if readily producible. You may also direct us, in writing, to transmit a copy of your PHI to a third party. We may charge a reasonable, cost- based fee consistent with HIPAA and Pennsylvania law for the labor and supplies involved in producing your records; we will tell you the cost in advance.

B. Right to Request an Amendment

If you believe information in your record is incorrect or incomplete, you may request that we amend it. Your request must be in writing and include a reason supporting the request. We will respond within 60 days. We may deny your request under limited circumstances permitted by law (for example, if the information is accurate and complete, was not created by us, or is not part of the designated record set). If we deny your request, you have the right to submit a written statement of disagreement that will be attached to future disclosures of the disputed information.

C. Right to Request Restrictions

You have the right to request a restriction on certain uses and disclosures of your PHI for treatment, payment, or health care operations, or to family members involved in your care. We are not required to agree, except in one specific case: if you pay for a service or item out of pocket in full and request that information about that service not be disclosed to your health plan for purposes of payment or health care operations, we will agree to that restriction unless disclosure is otherwise required by law.

D. Right to Request Confidential Communications

You have the right to request that we communicate with you about your PHI by alternative means or at alternative locations (for example, contacting you only at your work phone, or sending mail to a P.O. Box). We will accommodate reasonable requests.

E. Right to an Accounting of Disclosures

You have the right to receive a list of disclosures we have made of your PHI during the six years prior to your request (three years for Part 2 records, including disclosures for treatment, payment, and health care

operations). Certain disclosures are excluded by law, including those made for treatment, payment, and health care operations (for non- Part 2 records), those made to you, those made pursuant to your authorization, and those made for national security or law enforcement purposes. We will provide one accounting per 12- month period at no charge; we may charge a reasonable, cost- based fee for additional requests, and will notify you of the cost in advance.

F. Right to Receive a Paper or Electronic Copy of This Notice

You have the right to receive a paper copy of this Notice at any time upon request, even if you have agreed to receive it electronically. A current copy is also posted on our website at claritypsych.com.

G. Right to Be Notified of a Breach

You have the right to be notified following a breach of unsecured PHI as required by the HITECH Act. We are required to provide notification without unreasonable delay and no later than 60 days from discovery of the breach. If the breach affects more than 500 individuals, we will also notify the U.S. Department of Health and Human Services and, when required, prominent media outlets.

H. Right to Choose Someone to Act for You

If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your PHI. We will verify that the person has this authority before taking action.

V. SPECIAL CATEGORIES OF INFORMATION UNDER PENNSYLVANIA LAW

Some categories of information receive heightened protection under Pennsylvania law, in addition to the protections of HIPAA:

- **Mental Health Records.** The Pennsylvania Mental Health Procedures Act (50 P.S. § 7111) requires written consent for most disclosures of mental health treatment records, with limited exceptions.
- **HIV/AIDS- Related Information.** The Pennsylvania Confidentiality of HIV- Related Information Act (35 P.S. § 7601 et seq.) provides additional consent and disclosure protections for HIV- related information.
- **Drug and Alcohol Treatment Records.** See Section III above for the protections that apply to substance use disorder records.

We will follow the more protective standard – federal or state – when handling these categories of information.

VI. OUR DUTIES

We are required by law to:

- Maintain the privacy and security of your PHI;
- Provide you with this Notice of our legal duties and privacy practices;
- Follow the terms of the Notice currently in effect;
- Notify you if a breach occurs that may have compromised the privacy or security of your PHI; and
- Honor the rights described in this Notice, consistent with applicable law.

VII. HOW TO FILE A COMPLAINT

If you believe your privacy rights have been violated, you may file a complaint with our Privacy Officer or directly with the federal government. We will not retaliate against you in any way for filing a complaint.

Contact our Privacy Officer:

Dr. Pascual Chen, Psy.D., Privacy Officer

Clarity Psychological Services, LLC

6400 Brooktree Court, Suite 320

Wexford, PA 15090

Telephone: (412-419-3490)

Email: admin@claritypsych.com

File a complaint with the federal government:

Secretary, U.S. Department of Health and Human Services

Office for Civil Rights

200 Independence Avenue, S.W.

Washington, D.C. 20201

Toll-free: 1- 800- 368- 1019 | TDD: 1- 800- 537- 7697

Online: www.hhs.gov/ocr/privacy/hipaa/complaints/

VIII. PHI AFTER DEATH

Generally, PHI excludes the health information of a person who has been deceased for more than 50 years. Prior to that, we may disclose a decedent's PHI to family members and others who were involved in the care or payment for care of the decedent before death, provided the disclosure is limited to information relevant to that involvement and is not inconsistent with any prior expressed preference of the decedent.

IX. EFFECTIVE DATE AND CHANGES TO THIS NOTICE

This Notice is effective May 19, 2026, and supersedes any prior Notice of Privacy Practices issued by Clarity Psychological Services, LLC. We reserve the right to change this Notice and to make the revised Notice effective for PHI we already have about you as well as any information we receive in the future. We will post the current Notice in our office and on our website at claritypsych.com, and will provide a copy upon request.

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

By signing below, I acknowledge that I have received a copy of the Notice of Privacy Practices of Clarity Psychological Services, LLC, and that I have been given the opportunity to read it and ask questions.

Patient/Client Name (printed): _____

Signature: _____ Date: _____

If signed by a personal representative, parent, or legal guardian, please complete the following:

Name (printed): _____

Signature: _____ Date: _____

Relationship/Authority: _____

----- **FOR OFFICE USE ONLY** -----

If acknowledgment was not obtained, document the good-faith effort and the reason below:

Staff Signature: _____ Date: _____