

# BlueSky Wellness, LLC

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## NOTICE OF PRIVACY PRACTICES

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

### 1. Our Commitment to Your Privacy

We are required by law to maintain the privacy of your Protected Health Information (PHI) and to provide you with notice of our legal duties and privacy practices. PHI is information that may identify you and that relates to your past, present, or future physical or mental health and related services. We are required to abide by the terms of this notice, which we may update from time to time. The revised notice will be available at your next appointment or on our website.

### 2. How We May Use and Disclose Your PHI

#### Disclosures With Your Written Authorization

As a mental health practice, we adhere to stringent privacy standards. Most uses and disclosures of your PHI, including for treatment and payment purposes, will be made only with your express written authorization. You may revoke this authorization in writing at any time. Examples include:

- **Treatment:** We will request your authorization to coordinate or manage your care with another provider. (Consultations with internal clinical supervisors or contracted clinicians do not require authorization).
- **Payment:** We will request your authorization to use your PHI to process claims with your insurance company or determine eligibility for benefits.
- **Psychotherapy Notes:** These are your therapist's personal notes, which are kept separate from your main clinical record. We will not disclose them without your specific written authorization.
- **Family Involvement:** We will only disclose information to family members or friends involved in your care with your written consent, unless necessary to prevent serious harm.

#### Disclosures for Health Care Operations

We may use or disclose your PHI to support our business activities, such as quality assessment, licensing, and other operational needs. If we share your PHI with third-party

business associates (e.g., our electronic health record provider), we have a written contract that requires them to safeguard your information.

### **3. Disclosures Permitted or Required by Law (Without Your Authorization)**

The law permits or requires us to use or disclose your PHI without your authorization in a limited number of situations, including:

- **Substance Use Disorder (SUD) Records:** Federal law (42 CFR Part 2) protects the confidentiality of records created by programs that provide substance use disorder treatment. These records, or testimony relaying the content of such records, shall not be used or disclosed in any civil, criminal, administrative, or legislative proceedings against you without your specific written consent or a court order obtained after notice and a hearing.
- **Public Safety:** To prevent or lessen a serious and imminent threat to the health or safety of a person or the public.
- **Child Abuse or Neglect:** To report suspected child abuse or neglect to the appropriate state or local agency.
- **Health Oversight:** For legally authorized activities such as audits or investigations by government agencies.
- **Judicial and Administrative Proceedings:** In response to a court order or other lawful process.
- **Law Enforcement:** As required by law or in response to a valid subpoena or court order.
- **Emergencies:** To emergency personnel in an emergency situation to prevent serious harm.

### **4. Your Rights Regarding Your Health Information**

You have the following rights regarding the PHI we maintain about you. All requests must be submitted in writing to our Privacy Officer.

- **Right to Access and Copy:** You have the right to inspect and receive a copy of your clinical and billing records. We may deny access in limited circumstances where there is evidence that access would cause serious harm to you. We may charge a reasonable, cost-based fee for copies.
- **Right to Amend:** You may ask us to amend information in your record that you feel is incorrect or incomplete. We are not required to agree to the amendment, but you have the right to file a statement of disagreement.
- **Right to an Accounting of Disclosures:** You have the right to request a list of certain disclosures we have made of your PHI. If we maintain your records in an Electronic

Health Record (EHR) and they contain information protected by federal substance use disorder regulations (42 CFR Part 2), you have the right to request an accounting of any disclosures we have made of those records for treatment, payment, and health care operations for the 3 years prior to your request.

- **Right to Request Restrictions:** You have the right to request a restriction on the use or disclosure of your PHI. We are not required to agree to your request, unless you have paid for a service out-of-pocket in full and have requested that we not disclose the information to your health plan.
- **Right to Request Confidential Communication:** You have the right to request that we communicate with you in a certain way or at a certain location (e.g., at an alternative address).
- **Right to Breach Notification:** You have the right to be notified if a breach of your unsecured PHI occurs.
- **Right to a Copy of this Notice:** You have the right to a paper or electronic copy of this notice at any time.

## **5. Filing a Complaint**

If you believe your privacy rights have been violated, you may file a complaint in writing with our Privacy Officer at our office address. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services. We will not retaliate against you for filing a complaint.

## **6. Acknowledgment of Receipt**

**Effective Date:** January 1, 2026

By signing this form, you are certifying only that this Notice of Privacy Practices has been made available to you for review. It does not constitute your agreement to the practices outlined.