

## **ELITE BEHAVIORAL THERAPY NOTICE OF PRIVACY PRACTICES**

THIS NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. YOU MAY HAVE ADDITIONAL RIGHTS UNDER STATE AND LOCAL LAW. PLEASE SEEK LEGAL COUNSEL FROM AN ATTORNEY LICENSED IN YOUR STATE IF YOU HAVE QUESTIONS REGARDING YOUR RIGHTS TO HEALTH CARE INFORMATION.

EFFECTIVE DATE OF THIS NOTICE: July 17, 2025

### **ACKNOWLEDGMENT OF RECEIPT OF PRIVACY NOTICE**

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information (PHI).

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## **I. MY PLEDGE REGARDING HEALTH INFORMATION**

I understand that health information about you and your health care is personal. I am committed to protecting health information about you. I create a record of the care and services you receive from me. I need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by this mental health care practice. This notice will tell you about the ways in which I may use and disclose health information about you. I also describe your rights to the health information I keep about you, and describe certain obligations I have regarding the use and disclosure of your health information.

I am required by law to:

- Make sure that PHI that identifies you is kept private.
  - Give you this notice of my legal duties and privacy practices with respect to health information.
  - Follow the terms of the notice that is currently in effect.
  - I can change the terms of this Notice, and such changes will apply to all the information I have about you. The new Notice will be available upon request, in my office, and on my website.
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## **II. HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU**

The following categories describe different ways that I use and disclose health information. For each category of uses or disclosures I will explain what I mean and try to give some examples.

Not every use or disclosure in a category will be listed. However, all of the ways I am permitted to use and disclose information will fall within one of the categories.

For Treatment, Payment, or Health Care Operations:

Federal privacy rules allow health care providers who have a direct treatment relationship with you to use or disclose your PHI without written authorization to carry out treatment, payment, or operations. For example, a consultation with another provider, sending appointment reminders, or managing billing are allowed uses.

Lawsuits and Disputes:

If you are involved in a legal matter, I may disclose PHI in response to a court order, subpoena, discovery request, or other legal processes, provided attempts have been made to notify you or secure a protective order.

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

1. Psychotherapy Notes — Use/disclosure requires your authorization unless:
  - For treatment
  - For clinical supervision or training
  - To defend myself in legal proceedings
  - For investigation by HHS
  - As required by law
  - For health oversight involving the note originator
  - For coroner duties
  - To prevent serious safety threats
2. Marketing Purposes — I will not use your PHI for marketing unless you provide written authorization. If your review includes PHI, I will ask for your HIPAA authorization before using it publicly.
3. Sale of PHI — I do not sell your PHI.

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

PHI may be used or disclosed without your authorization for:

1. Appointment reminders, health-related benefits or services
2. State/federal legal compliance
3. Public health activities (e.g., abuse reporting)
4. Health oversight (e.g., audits, investigations)

5. Court orders or administrative proceedings
  6. Law enforcement purposes (e.g., on-site crimes)
  7. Coroner or medical examiner responsibilities
  8. Research (with safeguards)
  9. Government functions (military, presidential security, corrections)
  10. Workers' compensation
  11. Organ/tissue donation
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## **V. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT**

If you agree, I may disclose your PHI to family or others involved in your care. In emergencies, this may be done retroactively if necessary.

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## **VI. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI**

1. Request Limits — Ask to limit PHI use. I may deny the request.
  2. Restriction for Out-of-Pocket Payment — You may restrict disclosure to insurers if you paid in full.
  3. Communication Preferences — Choose how I contact you.
  4. Access to Records — Get a copy or summary of your record within 30 days.
  5. Disclosure Accounting — Request a list of PHI disclosures for non-routine purposes.
  6. Correct Your Records — Ask for corrections; I may deny but will explain why.
  7. Copy of This Notice — Receive this notice on paper or electronically at any time.
  8. Representative Authority — Your legal representative may act for you.
  9. Revoke Authorization — You may revoke a prior authorization in writing.
  10. Opt Out of Communications or Fundraising
  11. File a Complaint — File with me or HHS Office for Civil Rights (877-696-6775; [www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints)). I will not retaliate.
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## **VII. CHANGES TO THIS NOTICE**

I can change the terms of this Notice at any time. The new Notice will apply to all PHI I maintain and will be available in my office and on my website.

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