LIPIN PSYCHOLOGY, LLC

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NOTICE OF PRIVACY PRACTICES

Effective Date: 05/07/2025

This notice describes how your health information may be used and disclosed, and how you can access this information. Please review it carefully. You may have additional rights under state and local law. If you have questions about your rights to health care information, please consult with an attorney licensed in your state.

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

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

I. MY PLEDGE REGARDING HEALTH INFORMATION

At Lipin Psychology, LLC, your health information is personal and protected. We maintain records of the care and services you receive to ensure quality treatment and to meet legal requirements. This notice applies to all records maintained by this practice.

We are legally required to:

- Keep your PHI private.
- Provide this notice of our legal duties and privacy practices.
- Follow the terms of the notice currently in effect.
- Update this notice as necessary and make the new version available to you upon request, in our office, or on our website.

II. HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

We may use or disclose your PHI without your written authorization for treatment, payment, and healthcare operations. This includes coordination with other providers, sending appointment reminders, billing, and more. These uses are not restricted to the "minimum necessary" standard, as full access to information may be required to deliver proper care.

We may also disclose your PHI under legal conditions such as court orders, subpoenas, or to avert serious threats to health or safety.

III. USES AND DISCLOSURES THAT REQUIRE YOUR AUTHORIZATION

You must provide written authorization for:

- 1. Use of psychotherapy notes (with limited exceptions).
- 2. Use of your PHI for marketing or public sharing (e.g., testimonials or reviews).
- 3. Any sale of your PHI.

You may withdraw authorization in writing at any time.

IV. USES AND DISCLOSURES THAT DO NOT REQUIRE AUTHORIZATION

We may use or disclose your PHI without your authorization for:

- Appointment reminders or treatment alternatives.
- Reporting abuse or threats to health and safety.
- Health oversight and audits.
- Legal proceedings.
- Law enforcement (under specific conditions).
- Research (with protections in place).
- Specialized government functions.
- Workers' compensation claims.
- Organ and tissue donation.

V. DISCLOSURES YOU MAY OBJECT TO

You have the right to object to sharing information with friends, family, or caregivers involved in your treatment or payment. If you are unable to agree (e.g., unconscious), we may share information when it is in your best interest.

VI. YOUR RIGHTS REGARDING PHI

You have the right to:

- 1. Request restrictions on certain uses and disclosures (we may not be required to agree).
- 2. Request restrictions on disclosures for items/services paid in full out-of-pocket.
- 3. Receive communications in a specific manner or location.
- 4. Inspect or receive a copy of your records.
- 5. Request an accounting of disclosures.

- 6. Request corrections to your records.
- 7. Receive a paper or electronic copy of this notice.
- 8. Designate someone to act on your behalf (e.g., power of attorney).
- 9. Revoke previous authorizations.
- 10. Opt out of fundraising or marketing communications.
- 11. File a complaint without fear of retaliation.

To file a complaint, contact:

- Lipin Psychology, LLC at the address listed above
- U.S. Department of Health and Human Services Office for Civil Rights 200 Independence Avenue, S.W., Washington D.C. 20201

Phone: (877) 696-6775

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

VII. CHANGES TO THIS NOTICE

We reserve the right to change this notice and apply the changes to all PHI we maintain. Updated notices will be available at our office and on our website.