

NOTICE OF PRIVACY PRACTICES

This Notice describes how your medical information may be used and disclosed and how you can access this information. Please review it carefully.

OUR COMMITMENT TO YOUR PRIVACY

[Your Company Name] is committed to protecting the privacy and confidentiality of your mental health information. We are required by law to maintain the privacy of your Protected Health Information (PHI) and to provide you with this Notice of our legal duties and privacy practices.

HOW WE MAY USE AND DISCLOSE YOUR INFORMATION

We may use and share your information in the following ways:

1. For Treatment

We may use your information to provide, coordinate, or manage your mental health care and related services.

2. For Payment

We may use and disclose your information to bill and receive payment from health plans or other entities.

3. For Healthcare Operations

We may use your information for administrative purposes, quality improvement, staff training, and business operations.

4. As Required by Law

We will disclose your information when required to do so by federal, state, or local law.

5. To Prevent Harm

We may disclose information if necessary to prevent a serious threat to your health and safety or the safety of others.

6. Public Health and Safety Activities

We may share information for public health purposes such as preventing disease or reporting abuse or neglect.

7. Legal Proceedings

We may disclose information in response to a court or administrative order, or in response to a subpoena (when permitted by law).

USES AND DISCLOSURES THAT REQUIRE YOUR AUTHORIZATION

We will not use or disclose your information for the following purposes without your written authorization:

- Psychotherapy notes (in most cases)
- Marketing purposes
- Sale of your information

You may revoke your authorization at any time in writing.

YOUR RIGHTS REGARDING YOUR INFORMATION

You have the right to:

- **Access and obtain a copy** of your records
- **Request corrections** to your records
- **Request confidential communications**
- **Request restrictions** on certain uses or disclosures
- **Receive a list of disclosures** we have made
- **Obtain a paper copy** of this Notice upon request

OUR RESPONSIBILITIES

We are required to:

- Maintain the privacy and security of your information
- Notify you promptly if a breach occurs
- Follow the terms of this Notice

CHANGES TO THIS NOTICE

We reserve the right to change this Notice at any time. Updated versions will be posted on our website and available upon request.

CONTACT INFORMATION

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

Compliance Officer
1st Choice Mental Health LLC
120 N Bell Ave, Shawnee, OK 74801
405-296-8538

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with us or with the U.S. Department of Health and Human Services. You will not be penalized for filing a complaint.

NOTICE OF PRIVACY PRACTICES – TELEHEALTH SERVICES

Effective Date: [Insert Date]

This Notice describes how your medical and mental health information may be used and disclosed, including when services are provided via telehealth, and how you can access this information. Please review it carefully.

OUR COMMITMENT TO YOUR PRIVACY

[Your Company Name] is committed to protecting the privacy, confidentiality, and security of your Protected Health Information (PHI), including information shared during telehealth sessions.

We comply with the HIPAA Privacy Rule and applicable Oklahoma laws governing mental health records and telehealth services.

TELEHEALTH-SPECIFIC PRIVACY PRACTICES

Telehealth involves the use of secure electronic communications (video, audio, or messaging) to provide care.

- **We use secure, encrypted platforms designed to protect your information**
- **Sessions are conducted in private settings to ensure confidentiality on both ends**
- **You have the right to withdraw from telehealth services at any time**
- **We do not record sessions without your explicit written consent**

Telehealth services are required to maintain the same level of privacy and security as in-person care under Oklahoma law.

HOW WE MAY USE AND DISCLOSE YOUR INFORMATION

1. Treatment

We use your information to provide mental health care, including telehealth therapy, care coordination, and referrals.

2. Payment

We may use your information to bill and receive payment from insurance providers or other payers.

3. Healthcare Operations

We use your information for quality improvement, staff training, licensing, and internal operations.

4. As Required by Law

We may disclose your information when required by federal or Oklahoma law.

5. Duty to Warn / Prevent Harm

We may disclose information if necessary to prevent serious harm to you or others.

6. Public Health and Safety

We may report abuse, neglect, or certain health conditions as required by law.

OKLAHOMA MENTAL HEALTH CONFIDENTIALITY

Under Oklahoma law, your mental health information is confidential and privileged, including your identity as a client.

We will not disclose this information without your authorization except as permitted or required by law.

USES THAT REQUIRE YOUR WRITTEN AUTHORIZATION

We will not use or disclose your information without your written permission for:

- **Psychotherapy notes (in most cases)**
- **Marketing purposes**
- **Sale of your information**
- **Recording telehealth sessions**

You may revoke your authorization at any time in writing.

YOUR RIGHTS

You have the right to:

- Access and receive copies of your records
- Request corrections to your records
- Request confidential communication methods (e.g., email vs. phone)
- Request restrictions on certain disclosures
- Receive an accounting of disclosures
- Receive a paper or electronic copy of this Notice
- Be notified in the event of a data breach

TELEHEALTH CONSENT & RIGHTS

By participating in telehealth services, you acknowledge:

- You understand the risks and benefits of telehealth, including potential technical issues
- You are responsible for choosing a private location for your sessions
- You may request in-person services when available

For minors, parental or guardian consent is required under Oklahoma law.

OUR RESPONSIBILITIES

We are required to:

- Maintain the privacy and security of your information
- Provide this Notice to you
- Follow the terms of this Notice
- Notify you of any breach of unsecured PHI

CHANGES TO THIS NOTICE

We reserve the right to update this Notice. Changes will apply to all information we maintain and will be posted on our website.

CONTACT INFORMATION

Compliance Officer
1st Choice Mental Health LLC
120 N Bell Ave, Shawnee, OK 74801
405-296-8538

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ACKNOWLEDGMENT OF RECEIPT

I acknowledge that I have received this Notice of Privacy Practices.

Client Name: _____

Signature: _____

Date: _____