

Notice of Privacy Practices

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The Center for Trauma, Stress, and Anxiety, LLC

139 N. Main St, Suite 301, Bel Air, MD 21014

4211 Blakely Ave, Suite 201, Nottingham, MD 21236

54 Scott Adam Road, Suite 206, Cockeysville MD 21030

NOTICE OF PRIVACY PRACTICES

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

I. OUR PLEDGE REGARDING YOUR HEALTH INFORMATION:

We understand that health information about you and your health care is personal. We are committed to protecting health information about you. This practice creates a record of the care and services you receive from us. We 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 and received by this mental health care practice. This notice will tell you about the ways in which we may use and disclose health information about you. It will also describe your rights to the health information we maintain about you and describe certain obligations we have regarding the use and disclosure of your health information.

II. YOUR RIGHTS

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

- 1. The Right to See and Get Copies of Your PHI.** You have the right to get an electronic or paper copy of your medical record (other than "psychotherapy notes" as explained below) and other information that we have about you. We will provide you with a copy of your record, or a summary of it (if you agree to receive a summary), within 30 days of receiving your written request. We may charge a reasonable, cost-based fee for doing so.

2. **The Right to Correct or Update Your PHI.** If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that we correct the existing information or add the missing information. We may say “no” to your request, but we will tell you why in writing within 60 days of receiving your request.
3. **The Right to Choose How We Send PHI to You.** You have the right to ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will agree to all reasonable requests.
4. **The Right to Request Limits on Uses and Disclosures of Your PHI.** You have the right to ask us not to use or disclose certain PHI for treatment, payment, or health care operations purposes. We are not required to agree to your request, and we may say “no” if we believe it would affect your health care. If we agree to your request, we may still share this information in the event of an emergency.
5. **The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full.** You have the right to request restrictions on disclosures of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full.
6. **The Right to Get a List of the Disclosures We Have Made.** You have the right to request a list of instances in which we have disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided us with an Authorization. We will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list we will give you will include disclosures made in the last six years unless you request a shorter time. We will provide the list to you at no charge, but if you make more than one request in the same year, we will charge you a reasonable cost-based fee for each additional request.
7. **The Right to Get a Paper or Electronic Copy of this Notice.** You have the right get a paper copy of this Notice, and you have the right to get a copy of this notice by e-mail. Even if you have agreed to receive this Notice via e-mail, you also have the right to request a paper copy of it.
8. **Choose Someone To Act For You.** If someone has authority to act as your personal representative, such as if someone has your medical power of attorney or Health Care Directive, or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
9. **The Right To File a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with our practice. To file a complaint with our practice, contact Jennifer L. Stachowiak at (410) 205-4835 and/or jennifer.stachowiak@ctsatherapy.com. All complaints must be submitted in writing. You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>. You will not be penalized in any way for filing a complaint.

III. TYPES OF USES AND DISCLOSURES

A. How We Use and Disclose Health Information Generally.

The following categories describe different ways that we use and disclose health information. For each category of uses or disclosures we will explain what we mean and try to give an example. Not every use

or disclosure in each category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

1. For Your Treatment By Us And By Others. As someone who has a direct treatment relationship with you, we may use or disclose

your health information without your authorization in order to carry out our treatment. We may also disclose your protected health

information for the treatment activities of another health care provider. This too can be done without your written authorization.

For example: If one of our clinicians were to consult with another licensed health care provider about your condition, we would be

permitted to use and disclose your personal health information, which is otherwise confidential, in order to assist the clinician in

diagnosis and treatment of your mental health condition.

2. For Our Operations. We may use or disclose your health information without your authorization in order to carry out our own

payment and health care operations. For example: We may use health information about you to manage your treatment, our

services and payment for them.

3. For Billing Purposes. Subject to other limitations, we may use and share your health information without your authorization in

order to bill and get payment from health plans or other entities. For example: We may give information about you to your health

insurance plan so it will pay for your services.

4. Lawsuits and Disputes. If you are involved in a lawsuit, we may disclose health information in response to a court or administrative order. We may also disclose health information about your child in response to a subpoena, discovery request, or other

lawful process by someone else involved in the dispute subject to applicable law.

5. Other Disclosures. We can share health information about you for the purposes of reporting public health and safety issues,

such as preventing disease, reporting suspected abuse, neglect or domestic violence and preventing or reducing a serious threat to

someone's health or safety. We will also share information about you if state or federal laws require it, including with the Department

of Health and Human Services if it wants to see that we are complying with privacy laws. We may also share information about

you if you provide us with a specific, written authorization, and you may revoke the authorization in writing. If you do, your revocation

will be effective for future uses and disclosures of protected health information. However, the revocation will not be effective for

information that we already have used or disclosed in reliance on your authorization.

B. How We Use and Disclose Information Relating to SUD.

Your medical records may relate to Substance Use Disorder (SUD). If they do, some SUD records have extra federal protections under 42 CFR Part 2, sometimes called "Part 2."

1. To the extent we create, receive, maintain, or transmit records that are actually subject to Part 2, we will use and disclose those records only as permitted by Part 2 and other applicable law, even when HIPAA would otherwise permit a use or disclosure. The rules governing our disclosure of Part 2 records are not the same as those governing other PHI. Additional limits apply to SUD patient records protected by Part 2, including:

2. Part 2 records and fundraising. We do not use or disclose SUD patient records protected by Part 2 for fundraising purposes. If that were ever to change, we will first provide you a clear and conspicuous opportunity to opt out of receiving any fundraising communications.

3. Part 2 records and court proceedings. To the extent we have SUD treatment records protected by Part 2 (including Part 2 records we may receive from a Part 2 program), those records and testimony relating their content may not be used or disclosed in any civil, criminal, administrative, or legislative proceeding against you unless: (1) you provide written consent for that purpose; or (2) a court issues a Part 2-compliant court order (including required notice and an opportunity to be heard), and that order is accompanied by a subpoena or similar legal mandate compelling disclosure.

C. How We Use and Disclose Psychotherapy Notes.

Psychotherapy notes are notes recorded by a mental health professional documenting or analyzing the contents of a conversation during a counseling session, and that are kept separate from the rest of your medical record. They are notes of the professional's impressions, and not simply information about medication prescription and monitoring, session start and stop times, modalities and frequencies of treatment, results of tests, or summaries of diagnosis and treatment plans or progress.

1. HIPAA does not give you a right to inspect or obtain a copy of psychotherapy notes. However, they are still protected and

disclosure may still require your authorization.

2. As a general rule, we do not use or disclose psychotherapy notes for payment (including billing and claims) or routine health care operations; sharing with health plans; sharing with other providers; or sharing with family members or others involved in your care unless you give us your written authorization.

3. As described below, there are limited circumstances where HIPAA permits or requires us to use or disclose health information without your authorization. This may include psychotherapy notes.

D. Other Uses. We do not use health information for fundraising or marketing, nor do we sell health information to others.

IV. OUR RESPONSIBILITIES:

A. Our Disclosures May Be Limited.

For uses and disclosures other than treatment purposes, we make reasonable efforts to limit your health information to the minimum necessary to accomplish the intended purpose. We may share your protected health information with third-party "business associates" that perform various activities for the practice. For example: We may use another company to perform billing services on our behalf. Whenever an arrangement between our office and a business associate involves the use or disclosure of your PHI, we will have a written contract that contains terms that will protect the privacy of your information.

Disclosures for treatment purposes are not limited to the minimum necessary standard. "Treatment" includes, among other things, the coordination and management of health care providers with a third party, consultations between health care providers and referrals of a patient for health care from one health care provider to another. For example: Therapists and other health care providers need access to the full record and/or full and complete information in order to provide quality treatment.

B. Our Disclosures May Require Your Authorization. You may authorize the disclosure of your health information in writing. Our preference is to have a written authorization or release of information signed by you before disclosing health information. Subject to certain limitations in the law, we may use and disclose your PHI without your authorization for the following reasons:

- When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.
- Use by the therapist/counselor who wrote the psychotherapy notes for your treatment.
- For activities related to the oversight of the therapist/counselor who wrote the psychotherapy notes (for example, audits, investigations, inspections, licensure or disciplinary actions).
- Use or disclosure for our own training programs, where students, trainees, or practitioners in mental health learn under supervision to practice or improve their counseling skills.
- Use or disclosure to defend ourselves in a legal action or other proceeding that you bring against us.
- For a request by the U.S. Department of Health and Human Services for a lawful HIPAA compliance investigation or enforcement purposes.
- For public health activities, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone's health or safety.
- For public health and safety, to avert a serious and imminent threat to your health or safety or the health and safety of others.
- For judicial and administrative proceedings, including responding to a properly authorized court or administrative order.
- For law enforcement purposes, including reporting crimes occurring on our premises.
- To coroners or medical examiners, when such individuals are performing duties authorized by law.
- For research purposes, including studying and comparing the mental health of patients who received one form of therapy versus those who received another form of therapy for the same condition.

- Specialized government functions, including, ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counter-intelligence operations; or, helping to ensure the safety of those working within or housed in correctional institutions.
- For workers' compensation purposes.
- Appointment reminders and health related benefits or services. For example, we may use your PHI to contact you to remind you that you have an appointment, to tell you about treatment alternatives, or other health care services or benefits that we offer.

C. **Our Disclosures May Be Governed By State Law.** In addition to federal privacy protections, Maryland law provides additional safeguards for mental health information. Where Maryland law is more protective of your privacy than federal law, we will follow the more stringent state requirements.

D. **Breach Notification.** In the event of breach that compromises the privacy or security of your health information, we will provide you notification of such breach as required by law or where we otherwise deem appropriate.

E. **Changes To This Notice.** We reserve the right to change the terms of this Notice and to make the new Notice provisions effective for all PHI that we maintain. This Notice of Privacy Practices is available on our website. Our staff will respond if you have questions or concerns regarding your privacy rights.

This notice is effective as of February 16, 2026. BY CHECKING THE BOX BELOW, YOU ACKNOWLEDGE THAT YOU HAVE RECEIVED A COPY OF THE UPDATED NOTICE OF PRIVACY PRACTICES. Your acknowledgment helps us document that we have provided you with this notice as required by law. Although we are required to make this Notice available to you, you are not required to sign this acknowledgment in order to receive care from our practice.

I consent to sharing information provided here.