

AHP Psych NP, PC

NOTICE OF PRIVACY PRACTICES

Effective Date: January 1, 2026

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

YOUR RIGHTS

You have the right to:

- Get a copy of your medical record (paper or electronic)
 - Request corrections to your record
 - Request confidential communication (e.g., different phone/email)
 - Request limits on how your information is used or shared
 - Get a list of disclosures
 - Choose someone to act for you (medical power of attorney)
 - File a complaint without retaliation
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OUR RESPONSIBILITIES

AHP Psych NP, PC is required by law to:

- Maintain the privacy and security of your Protected Health Information (PHI)
- Provide you with this Notice
- Follow the terms of this Notice
- Notify you if a breach of your information occurs

We may update this Notice at any time. The updated version will be available on our website and upon request.

HOW WE USE AND SHARE YOUR INFORMATION

We may use and disclose your health information without your written authorization for the following purposes:

1. Treatment

To provide, coordinate, or manage your care
(*Example: consulting with another provider*)

2. Payment

To bill and receive payment for services
(*Example: submitting claims to insurance*)

3. Healthcare Operations

To run our practice
(*Example: scheduling, quality improvement, audits*)

ADDITIONAL USES AND DISCLOSURES

We may also share your information when required or permitted by law:

- Public health and safety concerns
 - Abuse or neglect reporting (Arizona mandatory reporting laws)
 - Legal proceedings (court orders, subpoenas)
 - Law enforcement requests
 - Health oversight agencies
 - Workers' compensation
 - To prevent serious harm to you or others
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TELEHEALTH PRIVACY

As a telehealth provider:

- Sessions are conducted through secure, HIPAA-compliant platforms
 - You are responsible for ensuring your environment is private
 - We cannot guarantee complete security of internet-based communication, but we take all reasonable precautions
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USES THAT REQUIRE YOUR WRITTEN AUTHORIZATION

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

- Marketing purposes
- Use of identifiable information in reviews/testimonials

- Release of psychotherapy notes (with limited exceptions under federal law)
- Sale of your health information (we do not sell PHI)

You may revoke authorization at any time in writing.

PSYCHOTHERAPY NOTES

Psychotherapy notes are kept separate from your medical record and receive additional protection under HIPAA. These notes will not be disclosed without your authorization except in limited legal circumstances.

DISCLOSURES TO FAMILY OR OTHERS

We may share information with family members or others involved in your care **only if you give permission**, except in emergencies.

SPECIAL PROTECTIONS (ARIZONA & FEDERAL LAW)

Certain records receive extra protection, including:

- Mental health records
- Substance use treatment records (42 CFR Part 2, if applicable)
- HIV-related information

We will comply with all applicable Arizona and federal confidentiality laws.

YOUR RIGHT TO FILE A COMPLAINT

If you believe your privacy rights have been violated, you may file a complaint:

With our practice:

AHP Psych NP, PC
1910 S Stapley Dr. Suite 120 Mesa, AZ 85204

AHP@apsychnp.com

Or with the U.S. Department of Health & Human Services:

Office for Civil Rights

 1-877-696-6775

 <https://www.hhs.gov/ocr/privacy/hipaa/complaints>

You will **not** be penalized for filing a complaint.

CONTACT INFORMATION

If you have questions about this Notice:

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<https://kellypsychnp.clientsecure.me>