

NOTICE OF PRIVACY PRACTICES

Effective Date: _____ **Last Revised:** January 2026

This notice explains how your mental health information may be used and shared, and your rights regarding that information.

LEGAL RESPONSIBILITIES

I am required by law to protect the privacy of your health information, provide this notice, follow its terms, maintain physical, electronic, and administrative safeguards, and notify you of any breach of unsecured protected health information.

HOW YOUR INFORMATION MAY BE USED

Treatment: To provide and coordinate your mental health care.

Payment: For billing, insurance claims, and payment processing.

Operations: To operate the practice including supervision, training, quality review, and legal services.

WHEN INFORMATION MAY BE SHARED WITHOUT AUTHORIZATION

As required by law, for safety and duty to warn under Oklahoma law, to report abuse or neglect, and for lawful legal or administrative purposes.

OKLAHOMA DISCLOSURE NOTICE

Health information may include mental health information and may indicate the presence of communicable or noncommunicable disease as required by Oklahoma law.

USES REQUIRING WRITTEN AUTHORIZATION

Psychotherapy notes, marketing, sale of information, and other uses not permitted by law require written authorization. Authorization may be revoked in writing.

YOUR RIGHTS

You have the right to access, amend, restrict, request confidential communication, receive an accounting of disclosures, obtain a copy of this notice, and designate a personal representative. Requests must be submitted in writing.

QUESTIONS OR COMPLAINTS

You may file a complaint with this practice or the U.S. Department of Health and Human Services without retaliation.

ACKNOWLEDGMENT OF RECEIPT

Client Name: _____

Signature: _____

Date: _____