

NOTICE OF PRIVACY PRACTICES
Effective Date: February 18, 2026

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

I. OUR COMMITMENT TO YOUR PRIVACY

We understand that information about your health is personal and sensitive. We are committed to protecting your privacy and maintaining the confidentiality of your health information.

This Notice describes how we may use and disclose your protected health information (PHI) and your rights under:

The Health Insurance Portability and Accountability Act (HIPAA), and
When applicable, federal confidentiality protections for substance use disorder (SUD) treatment records under 42 C.F.R. Part 2.

In some situations, professional ethical standards governing mental health professionals require stricter privacy protections than those required by law. We follow both legal and ethical obligations.

II. OUR LEGAL DUTIES

We are required by law to:

Maintain the privacy and security of your PHI

Provide you with this Notice of our legal duties and privacy practices

Follow the terms of the Notice currently in effect

Notify you promptly if a breach occurs that may have compromised the privacy or security of your information

III. HOW WE MAY USE AND DISCLOSE YOUR INFORMATION (HIPAA)

Under HIPAA, we may use and disclose your PHI without your written authorization for the following purposes, with the following ethical caveats:

1. Treatment

To provide, coordinate, or manage your health care. Unless it is an emergency, we will get a release of information from you in writing before doing so.

2. Payment

To bill and collect payment for services, when applicable. For example, we may give information about you to your health insurance plan so it will pay for your services.

3. Health Care Operations

For internal administrative activities such as quality assurance, recordkeeping, training, licensing, and compliance.

4. Business Associates

We may share PHI with third parties who perform services on our behalf (e.g., our electronic health records platform), but only under written agreements requiring them to safeguard your information and sign a HIPAA Business Associate Agreement.

5. Required by Law

We may disclose information when required by federal or state law, court order, or lawful subpoena. However, we will do our best to protect your confidentiality.

6. Abuse or Neglect Reporting

We may disclose information when required to report suspected abuse, neglect, or exploitation.

7. Serious Threat to Health or Safety

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

8. Health Oversight

We may disclose information to health oversight agencies for audits, investigations, licensure,

or regulatory activities.

When we use or disclose information, we make reasonable efforts to limit it to the minimum necessary to accomplish the intended purpose, consistent with law and professional ethics.

NOTICE: No mobile information or contact information will be shared with third parties/affiliates for marketing/promotional purposes. All the above categories exclude text messaging originator opt-in data and consent; this information will not be shared with any third parties.

IV. SPECIAL CONFIDENTIALITY FOR SUBSTANCE USE DISORDER (SUD)

RECORDS

(42 C.F.R. Part 2)

If we provide diagnosis, treatment, or referral for treatment of a substance use disorder, certain records may be protected by federal law under 42 C.F.R. Part 2.

1. General Rule

Substance use disorder records may not be disclosed without your written consent, even for treatment, payment, or health care operations, unless a specific exception permitted by law applies.

2. Consent Requirements

Your written consent must meet specific legal requirements. You may revoke your consent in writing at any time, except to the extent that action has already been taken in reliance on it.

3. Redisclosure Prohibition

Federal law prohibits the unauthorized redisclosure of substance use disorder treatment information. Any disclosure made with your consent must include a statement prohibiting further redisclosure unless expressly permitted by law.

4. Anti-Discrimination Protections

Federal law prohibits discrimination against individuals based on information related to substance use disorder treatment.

5. Emergencies

Limited disclosures may be made without consent in bona fide medical emergencies as permitted by law.

V. PSYCHOTHERAPY NOTES

Psychotherapy notes receive special protection under HIPAA.

We do not disclose psychotherapy notes without your written authorization except in very limited circumstances permitted by law.

Ethical standards may further restrict access to or disclosure of psychotherapy notes beyond what HIPAA allows.

VI. OTHER USES AND DISCLOSURES REQUIRE AUTHORIZATION

Any use or disclosure not described in this Notice requires your written authorization.

You may revoke an authorization at any time in writing, except to the extent that action has already been taken.

We will never sell your information.

We will not use or disclose your information for marketing purposes, as this violates our ethics code.

VII. YOUR RIGHTS

You have the right to:

1. Inspect and Obtain Copies

You may inspect and obtain a copy of your PHI in paper or electronic form.

2. Obtain This Notice

You may obtain this Notice in paper or electronic form.

3. Request Corrections

You may request that we amend your information if you believe it is incorrect or incomplete.

4. Request Restrictions

You may request restrictions on certain uses and disclosures.

If you pay for a service in full out-of-pocket, you have the right to request that we not disclose information related to that service to your health plan for payment or health care operations.

5. Request Confidential Communications

You may request that we communicate with you in a specific way or at a specific location.

6. Receive an Accounting of Disclosures

You may request a list of certain disclosures we have made of your information.

7. Designate a Personal Representative

You may designate a personal representative to exercise your rights as permitted by law.

VIII. COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with us by contacting the Practice using the following information:

Atlanta CBT

834 Inman Village Parkway, Suite 220

Attn: Dr. Leah Farrell-Carnahan, owner and clinical director

404-710-6605

- You can 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 www.hhs.gov/ocr/privacy/hipaa/complaints/.

- The Practice will not retaliate against you for filing a complaint.

You may also file a complaint with:

U.S. Department of Health and Human Services

Office for Civil Rights

You will not be retaliated against for filing a complaint.

IX. CHANGES TO THIS NOTICE

We reserve the right to change this Notice. Changes will apply to all information we maintain.

The revised Notice will be available upon request.