



## Notice of Privacy Practices (NPP)

This Notice of Privacy Practices (the "NPP" or "Notice") informs you about how Perez Behavioral Health & Consultation, LLC ("Perez BH") and the licensed healthcare professionals providing services through this entity ("Perez BH Providers"), collectively referred to as the "Practice," "Perez BH," "we," "us," or "our," may disclose your health information. This agreement also applies to you, the client (referred to here as "Community Member").

### Effective Date of This Notice

This notice goes into effect on September 16, 2025

### Introduction: Our Commitment to Your Privacy

Perez BH is committed to protecting the confidentiality and privacy of the people we serve and the records we maintain. We keep health records to provide high-quality care, meet professional standards, and comply with the Health Insurance Portability and Accountability Act (HIPAA). These records may include Protected Health Information (PHI) from your services at Perez BH and from other providers involved in your care.

This Notice applies to all records created or maintained by Perez BH. HIPAA requires healthcare entities to maintain the privacy of PHI, provide this NPP, notify you of breaches of unsecured PHI, and inform you of any changes. Perez BH reserves the right to change its privacy practices and the terms of this NPP at any time. The most current NPP will always be available upon request, in our office, and on our website at [www.perezbh.com](http://www.perezbh.com). Each version will be dated.

### How Perez BH May Use and Disclose Health Information About You

The following categories describe how Perez BH may use and disclose health information. Not every example is listed, but all uses and disclosures fall within these categories.

### For Treatment, Payment, or Healthcare Operations

We may use or disclose your PHI without written authorization to provide treatment, process payment, or support healthcare operations. For example, if your Perez BH provider consults with another provider about your care, we may share your PHI to ensure proper diagnosis and treatment.

### Uses and Disclosures Requiring Authorization

**Psychotherapy Notes.** Perez BH keeps "psychotherapy notes" as that term is defined in 45 CFR § 164.501, and any use or disclosure of such notes requires your Authorization unless the use or disclosure is:

- a) For our use in treating you.
- b) For our use in training or supervising mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy.
- c) For our use in defending ourselves in legal proceedings instituted by you.
- d) For use by the Secretary of Health and Human Services to investigate our compliance with HIPAA.
- e) Required by law, and the use or disclosure is limited to the requirements of such law.
- f) Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes.
- g) Required by a coroner who is performing duties authorized by law.



h) Required to help avert a serious threat to the health and safety of others.

**Marketing Purposes.** As a Practice, Perez BH will not use or disclose your PHI for marketing purposes.

**Sale of PHI.** As a Practice, Perez BH will not sell your PHI in the regular course of my business.

### **Uses and Disclosures Not Requiring Authorization**

We may use or disclose PHI without authorization when required by law, for public health activities, for health oversight, for judicial proceedings, for law enforcement, to coroners or medical examiners, for research purposes, for workers' compensation, or for appointment reminders. These uses are subject to legal limitations.

Disclosure may occur for the following reasons:

1. 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.
2. 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.
3. For health oversight activities, including audits and investigations.
4. For judicial and administrative proceedings, including responding to a court or administrative order, although our preference is to obtain an Authorization from you before doing so.
5. For law enforcement purposes, including reporting crimes occurring on our premises.
6. To coroners or medical examiners, when such individuals are performing duties authorized by law.
7. 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.
8. For workers' compensation purposes. Although our preference is to obtain an Authorization from you, we may provide your PHI to comply with workers' compensation laws.
9. Appointment reminders. Perez BH may use PHI to remind you of an appointment or follow up instructions or to provide you with information about treatment alternatives or other health related benefits and services that may be of interest to you.

### **Disclosures Requiring Opportunity to Object**

Disclosures to family, friends, or others. Perez BH may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your healthcare, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

### **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, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.



## Your Rights Regarding PHI

1. **The Right to Request Limits on Uses and Disclosures of Your PHI.** You have the right to request that we do not use or disclose certain PHI for treatment, payment, or healthcare operations purposes. While we are not obligated to agree to your request, we may decline if we believe it could impact your healthcare.
2. **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 healthcare operations purposes if the PHI pertains solely to a healthcare item or a healthcare service that you have paid for out-of-pocket in full.
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, and we will agree to all reasonable requests.
4. **The Right to See and Get Copies of Your PHI.** Other than “psychotherapy notes,” you have the right to get an electronic or paper copy of your medical record 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, and we may charge a reasonable, cost-based fee for doing so.
5. **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 healthcare 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.
6. **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.
7. **The Right to Get a Paper or Electronic Copy of this Notice.** You have the right to get a paper copy of this Notice, and you have the right to get a copy of this Notice by e-mail. And, even if you have agreed to receive this Notice via e-mail, you also have the right to request a paper copy of it.

## Filing Complaints

If you believe your privacy rights have been violated, you may submit a complaint to Perez BH and to the U.S. Department of Health & Human Services, Office for Civil Rights (OCR). You will not be retaliated against for filing a complaint.

Perez Behavioral Health & Consultation, LLC  
Email: [hector@perezbh.com](mailto:hector@perezbh.com)  
Phone: (774) 272-8665

U.S. Department of Health & Human Services, Office for Civil Rights  
Website: <https://www.hhs.gov/ocr>  
Phone: 1-800-368-1019



### **Contact Information**

For questions about this Notice or your privacy rights, contact:

Héctor Pérez  
Perez Behavioral Health & Consultation, LLC  
hector@perezbh.com  
(774) 272-8665

### **Acknowledgement of Receipt of Privacy Notice**

By signing below, you are acknowledging that you have received a copy of the HIPAA Notice of Privacy Practices, that you have read it, and that you understand your rights and responsibilities.

**By Signing Below I Am Agreeing That I Have Read, Understood and Agree to the Items Contained in This Document.**