

# Notice of Privacy Practices

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## Cheshire Wellness LLC NOTICE OF PRIVACY PRACTICES

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

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### I. MY PLEDGE REGARDING HEALTH INFORMATION

I understand that health information about you and your healthcare is personal. I am committed to protecting the confidentiality of your health information, whether you receive services online or in person. This includes all digital communications, such as video sessions, secure messaging, or email correspondence.

I create a record of the care and services you receive from me to provide quality care and comply with certain legal requirements. This notice applies to all of the records of your care generated by this practice.

I am required by law to:

- Make sure that protected health information ("PHI") that identifies you is kept private.
- Give you this notice of my legal duties and privacy practices regarding health information.
- Follow the terms of the notice that is currently in effect.

I can change the terms of this Notice, and such changes will apply to all information I have about you. The new Notice will be available upon request, in my office, and on my website.

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### II. HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

The following categories describe different ways that I use and disclose health information. For each category of uses or disclosures, I will explain what I mean and give some examples. Not every use or disclosure in a category will be listed, but all uses will fall within one of these categories.

- **For Treatment, Payment, or Health Care Operations**  
I may use and disclose your health information for treatment purposes (e.g., collaborating with other health care providers to improve your care) or for administrative purposes, such as billing. Disclosures for treatment purposes are not limited to the minimum necessary standard to ensure comprehensive care.
  - **For Legal and Administrative Requests**  
I may disclose your health information in response to a subpoena or court order as required by law.
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### III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION

- **Session Notes**  
Session notes require your written consent unless they fall under specific exceptions, such as use for treatment or legal defense.
  - **Marketing and Sale of PHI**  
I will not use or disclose your PHI for marketing purposes or for the sale of PHI.
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### IV. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION

I may use and disclose your PHI without your authorization for the following:

- **Required by Law:** Disclosures mandated by federal or state law, such as reporting suspected abuse or preventing harm to yourself or others.
- **Public Health and Safety:** Including sharing information to prevent disease, reduce threats to health or safety, or report crimes.

**V. YOUR RIGHTS WITH RESPECT TO YOUR PHI**

- **The Right to Request Limits**

You can ask me to limit certain uses and disclosures of your health information, and I will review those requests in line with your care.

- **The Right to Access Your PHI**

You have the right to access your health records, and you may receive a copy in paper or electronic form.

- **The Right to Request Communication by Alternative Methods**

For telehealth clients, this includes requesting alternative means of communication (e.g., email or phone).

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**EFFECTIVE DATE OF THIS NOTICE**

This notice went into effect on **10/18/2024**.

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**Acknowledgement of Receipt of Privacy Notice**

By checking the box below, you acknowledge that you have received a copy of this Notice of Privacy Practices.