Andre Peri, PhD, LP

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND HEALTH INFORMATION ABOUT YOU IS PROTECTED, HOW IT MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

The following information is provided to explain my privacy policies and practices. My general policy is to maintain the privacy of confidential health information and records related to the services that I provide. I may use or disclose your protected health information ("PHI") for purposes of treatment, payment, and health care operations as permitted or required by law.

Protected Health Information (PHI) refers to information in your health record that identifies you or could reasonably be used to identify you.

Substance Use Disorder Patient Records maintained by me is or may be protected as PHI by special federal law and regulations in addition to HIPAA. Generally, I may not say to a person outside of the practice that a client is or has received services from me, or disclose any information identifying a client as having or having had a substance use disorder unless:

1. The client consents in writing;
2. The disclosure is allowed by a court order; or
3. The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

Violation of the federal law and regulations governing substance use disorder client records is or may be a crime. Suspected violations may be reported to appropriate authorities in accordance with federal regulations: https://www.hhs.gov/hipaa/filing-a-complaint/index.html

For opioid treatment programs (previously known as methadone programs), reports can also be made to SAMHSA Center for Substance Abuse Treatment, 5600 Fishers Lane, Rockville, MD 20857, Phone 877-SAMHSA-7 (877-726-4727).

Federal law and regulations do not protect any information about a crime committed by a client either at my office or against any person who works for me or about any threat to commit such a crime. Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities. (See 42 U.S.C. 290dd-2 and 42 U.S.C. 290ee-3 for Federal laws and 42 CFR Part 2 for Federal regulations.)

Treatment involves the provision, coordination, or management of your psychological care and related services. For example, this may include consultation with another licensed health care provider involved in your care.

Billing and involve activities undertaken to obtain reimbursement for services provided to you. This may include submitting information to your health insurance company or to contracted business associates such as billing services or claims processors to determine eligibility or coverage.

Business and Health Care Operations are activities related to the operation of my practice, including quality assurance, administrative services, audits, case management, and care coordination.

Use applies to activities within my practice, such as accessing, analyzing, or maintaining information that identifies you.

Disclosure applies to activities outside of my practice, such as releasing or providing access to your information to other parties.

Telehealth and Electronic Communications

I provide services to you through telehealth technologies, including secure video platforms, electronic health record systems, secure messaging, and electronic billing systems. Your PHI may be transmitted electronically for treatment, payment, and health care operations. Reasonable safeguards are used to protect the privacy and security of these communications.

II. Uses and Disclosures Requiring Authorization

I may use or disclose your PHI for purposes other than treatment, payment, or health care operations only when your written authorization is obtained. An authorization is a specific written permission allowing a particular use or disclosure.

I will obtain your authorization before releasing information for purposes not otherwise permitted by law. I will also obtain your authorization before releasing **psychotherapy notes**, except as permitted by law. Psychotherapy notes are notes recorded by me documenting or analyzing the contents of counseling sessions and are maintained separately from your medical record. Psychotherapy notes receive a higher level of protection under federal law.

You may revoke an authorization at any time in writing, except to the extent that (1) I have relied on the authorization, or (2) the authorization was obtained as a condition of insurance coverage and the insurer has a legal right to contest a claim.

III. Uses and Disclosures Without Consent or Authorization

I may use or disclose PHI without your consent or authorization in the following circumstances, as required or permitted by law:

Maltreatment of Minors: If I know or have reason to believe that a child is being maltreated, as defined in Minnesota Statute Section 260E.03, or has been maltreated within the preceding three years, I must report that information to the appropriate child protection agency or law enforcement.

Maltreatment of Vulnerable Adults: If I have reason to believe that a vulnerable adult, as defined in Minnesota Statute Section 626.5572, Subd. 21, is being or has been maltreated, or if I have knowledge that a vulnerable adult has sustained a physical injury which is not reasonably explained, I must report that information to the appropriate adult protection agency and may report it to law enforcement.

Health Oversight Activities: The Minnesota Board of Psychology or other authorized oversight agencies may subpoena records if relevant to an investigation.

Judicial and Administrative Proceedings: Information related to your treatment is ordinarily privileged and otherwise protected under federal and state law and ordinarily is not to be disclosed without your written authorization, a court order or some other legal basis. This protection does not apply in certain judicial, administrative and workers' compensation proceedings, particularly those involving court-ordered evaluations or third-party evaluations. You will be informed if I am being asked to make disclosures in those situations.

Serious Threat to Health or Safety: If you communicate a specific and serious threat of physical violence against an identifiable person, I may disclose information to protect the potential victim or notify law enforcement. I may also disclose information necessary to protect you from a serious risk of self-harm.

Other Situations. The list above is not exhaustive. The informed consent agreement that you are being asked to sign describes additional situations in which I may be required to disclose otherwise private health information and/or records even if you have not authorized me to do so.

IV. Your Rights Regarding Your Health Information

In addition to the rights described above, you have the following rights with respect to your PHI:

Right to Request Restrictions: You may request restrictions on certain uses or disclosures of PHI. I am not required to agree to requested restrictions.

Right to Confidential Communications: You may request that communications be made by alternative means or at alternative locations.

Right to Inspect and Copy: You have the right to inspect or obtain a copy of PHI maintained in your mental health and billing records that is used to make decisions about you. Psychotherapy notes are excluded from this right except as

otherwise required by law. Certain access requests may be denied, and you may request a review of such denials.

Right to Amend: You may request an amendment to PHI maintained in your record. Requests may be denied under certain circumstances.

Right to an Accounting of Disclosures: You have the right to receive an accounting of certain disclosures of PHI for which authorization was not required.

Right to a Paper Copy: You have the right to obtain a paper copy of this notice upon request, even if you have agreed to receive it electronically.

V. Psychologist's Duties

I am required by law to maintain the privacy of your PHI, to provide you with this notice of my legal duties and privacy practices, and to abide by the terms of this notice.

I am required to notify you following a breach of your unsecured PHI.

I reserve the right to change the terms of this notice. Any revised notice will apply to all PHI that I maintain and will be made available to you upon request.

VII. Questions and Complaints

If you have questions about this notice or concerns about your privacy rights, you may contact:

Andre Peri, Ph.D., LP
Phone: (703) 957-8801

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

Secretary of the U.S. Department of Health and Human Services
Office for Civil Rights

200 Independence Avenue, S.W.
Washington, D.C. 20201
Phone: 1-877-696-6775

You will not be retaliated against for filing a complaint.

VIII. Effective Date

This notice is effective **June 15, 2026**.

Receipt of this notice may be acknowledged in writing. You are not required to sign an acknowledgment in order to receive services.