Notice of Privacy Practices

Wisteria Psychological Services LLC

Phillip Curry, Executive Director
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EFFECTIVE DATE OF THIS NOTICE: October 30, 2026

NOTICE OF PRIVACY PRACTICES

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

I. OUR PLEDGE REGARDING HEALTH INFORMATION

This notice applies to Wisteria Psychological Services LLC and its workforce when providing psychological and behavioral health services, including applied behavior analysis, evaluations, and psychotherapy. Information about your health and care that identifies you is called protected health information, or PHI.

We are required by law to protect the privacy of your PHI, provide this notice, and follow the notice currently in effect. We apply appropriate safeguards to electronic, paper, and spoken information. When the minimum necessary rule applies, we limit information used, requested, or disclosed to what is reasonably needed for the purpose.

We must notify affected individuals following a breach of unsecured PHI. We provide the required notice without unreasonable delay and within the time required by law. The notice will describe the incident, the information involved, protective steps you can take, our response, and how to contact us.

Some mental health information and other sensitive records have additional protections under Georgia or federal law. We follow the more protective requirements when they apply. A permission described in this notice does not override those protections. A subpoena alone does not automatically authorize release of privileged psychological communications.

II. HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

Subject to additional protections in this notice and applicable law, HIPAA permits the following uses and disclosures without a separate written HIPAA authorization:

1. Treatment. We use information to assess your needs, provide services, coordinate care, and consult with treating professionals. For example, your psychologist and behavioral health clinician may coordinate services. We obtain consent when other applicable law requires it; special rules apply to separately maintained psychotherapy notes.

2. Payment. We use and share information to check benefits, obtain prior authorization, submit claims, respond to claim questions, and collect payment. For example, we may send your insurer service dates, diagnosis information, and procedure codes needed to pay a claim. We honor qualifying requests not to disclose fully paid services to your health plan, as explained under Your rights.

3. Health care operations. We use information to operate the practice, evaluate and improve care, train our workforce, manage services, and conduct appropriate quality or compliance reviews. For example, authorized personnel may review records to assess documentation quality. Access is limited according to work responsibilities and applicable law.

4. Service providers. We may engage vendors for functions such as record storage, billing, and practice technology. When a vendor is a business associate, we obtain the required written agreement restricting its use and disclosure of PHI and requiring safeguards. A vendor privacy policy or ordinary confidentiality promise alone does not replace that agreement.

5. Appointments and communications. We may contact you about appointments, care, treatment alternatives, and health-related services we provide, as permitted by law. We use reasonable safeguards and accommodate reasonable confidential-communication requests. We may discuss the privacy risks of email or text and offer another method. Agreeing to email or texting does not waive our HIPAA duties or authorize unrelated disclosures.

III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION

1. Psychotherapy notes. Psychotherapy notes, when maintained separately from the clinical record as defined by HIPAA, receive special protection. Most uses or disclosures require your specific written authorization. Narrow exceptions include the note originator's use for treatment, the practice's own qualifying supervised training, defense of a proceeding you bring, and certain uses or disclosures specifically permitted or required by law. Ordinary progress notes are not automatically psychotherapy notes.

2. Marketing and sale of PHI. We do not sell your PHI or use or disclose it for HIPAA marketing purposes. Permitted service communications described in this notice do not authorize unrelated marketing.

3. Other uses and revoking authorization. Other uses and disclosures not described in this notice will be made only with your written authorization. You may revoke an authorization at any time by notifying Phillip Curry, Executive Director in writing. Revocation does not undo actions already taken in reliance on it; other legal exceptions may apply. A notice acknowledgment, website acceptance, or general SMS opt-in is not a substitute for an authorization required by HIPAA.

IV. OTHER USES AND DISCLOSURES PERMITTED OR REQUIRED BY LAW

These categories do not create unrestricted access to your records. We evaluate all applicable legal conditions, including additional mental health, privilege, and substance use disorder record protections, before disclosure:

1. Public health safety and oversight. We may share information for required public health reporting, reports of suspected abuse or neglect, and legally permitted efforts to prevent or lessen a serious and imminent threat. We may respond to authorized health oversight activities, such as licensing investigations or audits, and to HHS requests to review HIPAA compliance.

2. Other authorized purposes. We may make disclosures allowed by law for workers' compensation; specified law-enforcement purposes; military, national-security, correctional, or other specialized government functions; organ or tissue donation; and authorized duties of coroners, medical examiners, or funeral directors. Only the information and recipients permitted by the applicable rule are included.

3. Lawsuits and administrative proceedings. For lawsuits or administrative proceedings, we review the request before disclosure. A court order is limited to the information it authorizes. A civil subpoena without an order generally requires the legally required notice or protective-order safeguards, or another valid legal basis. Privilege and special record protections may further restrict disclosure.

4. Research. Health research may use PHI only with the required authorization or another legally permitted basis, such as a documented waiver or a qualifying preparatory review. A research purpose alone is not permission to release your records.

5. Substance use disorder records. If we receive or maintain records protected by 42 CFR Part 2, we apply its additional limits. Those records, or testimony about their contents, may not be used or disclosed in civil, criminal, administrative,

or legislative investigations or proceedings against you without your qualifying written consent or an appropriate court order following required notice and opportunity to be heard, together with a subpoena or other legal requirement compelling disclosure.

6. Redisclosure. Information lawfully disclosed to a recipient may be redisclosed and may no longer be protected by HIPAA. Other laws, including Part 2 when applicable, may continue to restrict its use or disclosure.

V. CERTAIN DISCLOSURES GIVE YOU AN OPPORTUNITY TO OBJECT

1. Family members and others involved in care. When permitted by law, we may share information directly relevant to a family member, friend, or other person involved in your care or payment if you agree, have an opportunity to object and do not object, or the circumstances reasonably show your agreement. If you cannot express a preference, we may use professional judgment to share relevant information in your best interests. Similar conditions apply to permitted disaster-relief disclosures.

2. Parents guardians and personal representatives. We verify a representative's identity and legal authority before allowing that person to exercise rights or receive information. Parents and guardians often act for a minor, but exceptions and limits may apply under law or court orders, including certain minor-consented care and abuse or endangerment situations. We apply those rules rather than assuming every listed caregiver has the same access.

VI. YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION

To ask questions or exercise these rights, contact Phillip Curry, Executive Director, at the phone number, email, or mailing address on the first page. We may verify your identity and authority. If a written request is needed, we will explain how to submit it securely.

1. Inspect or obtain records. You may request access to or an electronic or paper copy of medical, billing, and other records in your designated record set. Some records, including separately maintained psychotherapy notes, are excluded. We act within 30 days, or sooner if applicable law requires. If a legally permitted extension is needed, we explain the reason and completion date in writing. Copying fees, if any, are limited to amounts permitted by law. We explain any denial and any right to review. We provide a summary instead only if you agree in advance.

2. Request an amendment. You may ask us in writing to correct or add to information you believe is inaccurate or incomplete, with your reason. We act within 60 days, subject to a permitted written extension. If we deny the request, we explain why and how to submit a statement of disagreement. An amendment does not necessarily remove the original entry.

3. Request confidential communications. You may request a different contact method or location, such as a particular phone number or mailing address. We accommodate reasonable requests. You do not have to explain why you need confidential communications. Tell us the alternative method or address and, when relevant, how payment will be handled.

4. Request limits on sharing. You may ask us to restrict certain uses or disclosures for treatment, payment, operations, or involvement of others in care. We generally need not agree. However, we must honor a request not to disclose to your health plan for payment or operations information solely about an item or service paid in full by you or someone other than that plan, unless disclosure is required by law. Please tell us before a claim is submitted whenever possible. Other agreed restrictions may have emergency-treatment exceptions.

5. Request an accounting and a notice copy. You may request an accounting of covered disclosures during the preceding six years. Certain disclosures are excluded, including most for treatment, payment, operations, or your authorization. We act within 60 days, subject to a permitted written extension. The first accounting in a 12-month period is free; we explain any permitted fee for another and allow you to change or withdraw the request. You may obtain a paper copy of this notice promptly, even if you agreed to electronic delivery.

VII. QUESTIONS AND COMPLAINTS

For questions, privacy requests, or complaints, contact Phillip Curry, Executive Director, by phone at 470-613-2630, by email at admin@wisteriapsych.com, or by mail to 2250 N Druid Hills NE, Ste 280, Atlanta, GA 30329. Call or write to describe your concern and how we can reach you. Ask about a secure method before sending sensitive details; avoid detailed health information in an ordinary email subject line.

You may also complain directly to the U.S. Department of Health and Human Services Office for Civil Rights at https://www.hhs.gov/hipaa/filing-a-complaint/index.html or by mail to 200 Independence Avenue SW, Washington, DC 20201. You do not have to complain to us first. We will not retaliate against you for filing a complaint with us or with HHS.

VIII. CHANGES TO THIS NOTICE

We may revise this notice and make the revised terms apply to all PHI we maintain, including information already held. Changes must comply with law. We make the new notice available with its effective date in our office, on our website, and upon request. A website policy or text-message opt-in does not expand the permissions in this notice.

ACKNOWLEDGMENT OF RECEIPT OF PRIVACY NOTICE

I acknowledge receiving the Notice of Privacy Practices effective October 30, 2026. My signature confirms receipt only. It does not mean I agree to additional uses or disclosures, waive privacy rights, or authorize marketing or disclosure of psychotherapy notes. I may ask questions or request another copy.

Patient name: _____

Person signing and relationship or legal authority: _____

Signature: _____ Date: _____

If acknowledgment is not obtained, staff must document the date and method of providing the notice, good faith efforts to obtain acknowledgment, and the reason it was not obtained. Refusal to acknowledge receipt does not waive the patient's rights or permit additional disclosures.