

NOTICE OF PRIVACY PRACTICES

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Effective Date: September 28, 2026

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

My Commitment

Health information about you and your care is personal, and I am committed to protecting it. I create and maintain a record of the care I provide, both to serve you well and to meet legal requirements. This notice applies to all records of your care generated by this practice.

I am required by law to keep your protected health information private, to give you this notice of my legal duties and privacy practices, and to follow the terms of the notice currently in effect.

I may change this notice. If I do, the new version will apply to all information I hold about you, and will be available on request and at my office.

How I May Use and Disclose Your Information

Treatment, payment, and health care operations. Federal privacy rules allow me to use and disclose your information without written authorization in order to provide treatment, obtain payment, and run my practice. For example, if I consult with another licensed provider about your care, I may share information necessary for that consultation.

Disclosures for treatment purposes are not limited to the minimum necessary standard, because providers need complete information to deliver quality care. Treatment includes coordination with other providers and referrals.

Court orders and legal proceedings. If I receive a subpoena for your records or testimony, I will assert therapist-client privilege on your behalf. I will release information only with your written authorization or a valid court order.

Information With Additional Protection

Certain categories of information carry protections beyond those described elsewhere in this notice and require specific written authorization before disclosure. These include HIV-related information, information about alcohol and drug use, and psychotherapy notes.

Psychotherapy notes, as defined at 45 CFR § 164.501, are notes about our sessions that I may keep separately from your clinical record. Most uses and disclosures of these notes require your written authorization, subject to limited exceptions permitted by law. They are not included when you request a copy of your record.

Marketing. I will not use or disclose your information for marketing purposes.

Sale of information. I will not sell your information.

Uses and Disclosures That Do Not Require Your Authorization

Subject to limits in the law, I may use or disclose your information without authorization:

- When required by state or federal law
- For public health activities, including reporting suspected abuse or neglect of children, elders, or vulnerable adults, and preventing or reducing a serious threat to anyone's health or safety
- For health oversight activities, including audits and investigations
- For judicial and administrative proceedings, in response to a court order
- For law enforcement purposes, including reporting a crime occurring on my premises
- To coroners or medical examiners performing duties authorized by law
- For specialized government functions, including military missions, protective services, and correctional institutions
- For workers' compensation purposes, as required by law
- To remind you of appointments, and to tell you about treatment options or services I offer
- In the course of a civil, criminal, or disciplinary proceeding arising from our work together, where I am a defendant or respondent

Uses and Disclosures Where You May Object

Family, friends, and others involved in your care. I may share your information with a family member, friend, or other person you indicate is involved in your care or in paying for it, unless you object. In an emergency, I may obtain your agreement afterward.

Couples and Family Records

Records of couples and family therapy contain information about more than one person. I will not release these records without written authorization from every adult who participated. This is described further in my Informed Consent.

Your Rights

To request limits on how I use and share your information. You may ask me not to use or disclose certain information for treatment, payment, or operations. I am not required to agree, and I may decline if I believe it would affect your care.

To request restrictions for services you paid for out of pocket. If you pay in full for a service, you may ask me not to disclose information about it to a health plan.

To choose how I contact you. You may ask me to reach you in a specific way, or at a specific address. I will accommodate reasonable requests.

To see and receive a copy of your record. Other than psychotherapy notes, you may request an electronic or paper copy of your record. I will provide it, or a summary if you agree to one, within 30 days of your written request. I may charge a reasonable, cost-based fee.

To receive a list of disclosures. You may request a list of times I have disclosed your information for purposes other than treatment, payment, or operations, or for which you gave authorization. I will respond within 60 days. The list will cover the previous six years unless you ask for a shorter period. The first request in a year is free; I may charge a reasonable fee for additional requests.

To correct or update your information. If you believe something in your record is incorrect or incomplete, you may ask me to correct it or add to it. I may decline, and if I do I will tell you why in writing within 60 days.

To revoke an authorization. If you have authorized me to release information, you may revoke that authorization at any time in writing. Revoking it does not undo disclosures I already made while it was in effect.

To receive a paper or electronic copy of this notice. You may request a paper copy at any time, even if you agreed to receive it electronically.

To be notified of a breach. If your unsecured protected health information is breached, I will notify you as required by law.

Questions and Complaints

If you have questions about this notice or about how your information is handled, please contact me at (865) 257-9424 or matt@deharttherapy.com.

If you believe your privacy rights have been violated, you may file a complaint with me, with the Tennessee Board for Licensed Professional Counselors, Licensed Marital and Family Therapists,

and Licensed Clinical Pastoral Therapists, or with the U.S. Department of Health and Human Services, Office for Civil Rights, 200 Independence Avenue SW, Washington, DC 20201, or at [hhs.gov/ocr/privacy/hipaa/complaints](https://www.hhs.gov/ocr/privacy/hipaa/complaints).

I will not retaliate against you in any way for filing a complaint.