

SHEBDEB PSYCHIATRY & BEHAVIORAL HEALTH

**THIS NOTICE EXPLAINS HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED OR DISCLOSED
AND HOW YOU MAY ACCESS THIS INFORMATION.**

PLEASE REVIEW THIS NOTICE CAREFULLY.

NOTICE OF PRIVACY PRACTICES

This HIPAA Notice of Privacy Practices (the "Notice") contains important information about your medical information and privacy rights. ShebDeb Psychiatry & Behavioral Health will make its current Notice available through the practice and, when applicable, through its website or patient-facing electronic resources. You have the right to receive a paper copy of this Notice at any time, including when the Notice was originally provided electronically. Questions about this Notice should be directed to the contact identified in Part 8 below.

The Health Insurance Portability and Accountability Act of 1996 ("HIPAA") establishes requirements governing the use and disclosure of certain individually identifiable health information. This Notice describes how ShebDeb Psychiatry & Behavioral Health and its clinicians and workforce ("we," "us," or "our") may use and disclose your protected health information for treatment, payment, health care operations, and other purposes permitted or required by law. It also explains your rights to access and control your protected health information.

"Protected Health Information" ("PHI") means information maintained or transmitted by us that may identify you and that relates to your past, present, or future physical or mental health or condition, health care services, or payment for health care. When confidential medical information is maintained electronically, it is referred to as "Electronic Protected Health Information" ("ePHI").

We recognize that information about your health is personal. We are committed to protecting it and, where the minimum-necessary standard applies, will limit the information used, disclosed, or requested to the amount reasonably necessary to accomplish the intended purpose.

1. USES AND DISCLOSURES

There are circumstances in which we may use your confidential medical information or disclose it to other persons or organizations. This Notice applies to PHI and ePHI relating to your care that we create or receive. It also applies to personal or general information received from patients, including identifying information contained on documents such as driver's licenses.

We will make a good-faith effort to obtain your written acknowledgment that you received our Notice of Privacy Practices. Except for uses and disclosures permitted without a separate authorization as described below, other uses or disclosures of PHI may require your written Authorization. Disclosures required by law or made in certain emergency circumstances may occur without your acknowledgment or authorization. When the minimum-necessary standard applies, we will limit the information disclosed to what is reasonably necessary for the intended purpose.

1.A. Uses and Disclosures for Treatment, Payment, or Health Care Operations

We will attempt in good faith to obtain your signed acknowledgment that you received this Notice. A separate written authorization is not generally required for us to use or disclose PHI for treatment, payment, or health care operations.

Treatment.

We may use your medical information to make decisions about the provision, coordination, or management of your health care, including diagnosing a condition and determining appropriate treatment. When appropriate, we may share medical information with another health care provider involved in or consulted regarding your care.

Payment.

We may use or disclose information from your medical record to obtain payment or reimbursement from you, your health insurance plan, or another insurer for services provided. Payment activities may include eligibility or coverage determinations, pre-certification, pre-authorization, utilization or reimbursement review, billing, claims management, collections, and related health care data processing.

Health Care Operations.

Your medical information may be used for practice planning and development, improvement of our methods of operation, general administrative functions, compliance activities, medical review, quality assurance, and arrangements for legal and

auditing functions. Disclosures will be limited to the minimum necessary when that standard applies or to information contained in an appropriate limited data set.

Appointment and Service Communications.

From time to time, we may contact you with appointment reminders or information about treatment alternatives, health-related benefits, or services that may be of interest to you. Depending on the contact information and communication preferences you provide, reminders may include mailed notices or telephone calls, including messages left on an answering system or with a person answering the telephone.

1.B. Other Uses and Disclosures That Do Not Require Your Consent or Authorization

Certain circumstances permit or require us to use or disclose medical information without first obtaining your acknowledgment or authorization. These circumstances may include public health and health oversight activities, law enforcement activities, judicial or administrative proceedings, and disclosures relating to a person's death.

For example, applicable law may require reports to designated agencies concerning certain communicable diseases, sexually transmitted diseases, or HIV/AIDS status. In jurisdictions where required, a health practitioner who knows or reasonably suspects that a patient has suffered injuries resulting from a firearm, assaultive conduct, or abuse may be required to report that information. We may also be required or permitted to disclose information to appropriate agencies or law enforcement when you or another person faces an immediate threat of danger to health or safety arising from violent activity. We must provide medical-record information when a valid court order or other applicable legal requirement compels disclosure.

The HIPAA Privacy Rule permits covered health care providers to share PHI without a separate patient authorization in specified circumstances. For example, a clinician may receive laboratory results or communicate with another treating provider about your case. PHI may also be disclosed to business associates that perform functions or services involving PHI on our behalf, subject to applicable HIPAA requirements. ShebDeb Psychiatry & Behavioral Health will not disclose details of your treatment or medical record to non-HIPAA third parties without your written authorization unless the disclosure is otherwise authorized or required by law.

1.C. Other Uses and Disclosures Requiring Written Authorization

Except for uses and disclosures otherwise permitted or required by law and described in this Notice, your medical information will not be used or disclosed to another person or organization without your written Authorization.

In particular, except where disclosure has been made to governmental entities that are required by law to maintain confidentiality, information concerning mental health treatment, substance or alcohol use treatment, HIV/AIDS, or sexually transmitted diseases contained in your medical record will not be further disclosed when specific written consent or authorization is required by applicable law.

We likewise will not disclose medical-record information to an employer for employment decisions, to a liability insurer or attorney in connection with injuries sustained in an automobile accident, or to educational authorities without your written authorization when such authorization is required. Your medical information will not be sold to a third party or used or disclosed for marketing purposes when HIPAA requires your authorization.

If you give us written permission to use or disclose information, you may revoke that permission in writing at any time. A revocation cannot undo disclosures already made in reliance on your authorization, and we must retain records of care provided to you as required by law.

2. YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION

You have certain rights regarding your PHI and ePHI, including the following:

1. You may ask us to restrict uses or disclosures of your medical information for treatment, payment, or health care operations, including restrictions involving your care or payment for that care. We are not generally required to agree to a requested restriction. If we agree, we will comply except in an emergency, when disclosing information to you, or when applicable law requires a disclosure that cannot be restricted.
2. You may request that we not disclose PHI to a health plan for payment or health care operations when the disclosure relates solely to a health care item or service for which you, or another person on your behalf other than the health plan, paid us out of pocket in full. This restriction does not apply to services for which the health plan is being billed.
3. For ePHI maintained in a designated record set, you may request an electronic copy in the form and format you request if it is readily producible in that form and format. If it is not readily producible as requested, we will provide the information in another readable form or format as required by applicable law. A direction asking us to transmit PHI or

ePHI to another person or location must be in writing, signed by you, and clearly identify the designated recipient and destination. We will act on access requests within the time required by applicable law.

4. You have the right to request confidential communications of medical information by an alternative means or at an alternative location. You must specify the alternative address or method of contact and, when applicable, how payment will be handled. Any fee associated with a special accommodation will be assessed only as permitted by applicable law.
5. You have the right to inspect and obtain copies of medical records and to request amendments to them, subject to legal limitations. Access may exclude psychotherapy notes and information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding, as well as information for which access is otherwise restricted by law. We may charge a reasonable, cost-based fee permitted by law for copies, postage, or preparation of an agreed summary or explanation.
6. We may deny a request to amend PHI or ePHI if the request is not made in writing or does not include a reason supporting the amendment. We may also deny an amendment if the information was not created by us, unless the originator is no longer available to act on the request; is not part of the designated record set maintained by us; is not information to which you have a right of access; or is already accurate and complete. If an amendment is denied, we will provide a written denial explaining the basis and your right to submit a written statement of disagreement.
7. Requests to inspect, copy, or amend information in your medical records must be submitted in writing and addressed to the Privacy Officer at the practice contact address. We will respond within the time required by applicable law.
8. You have the right to request an accounting of certain disclosures of your medical information made to other persons or entities. The accounting generally does not include disclosures for treatment, payment, or health care operations; disclosures made pursuant to your Authorization; certain incidental disclosures; or other disclosures excluded from the accounting requirement by law. We will not charge for the first accounting in a 12-month period. A reasonable fee may apply to additional accounting requests within the same 12-month period, as permitted by law.
9. If this Notice was initially provided electronically, you have the right to obtain a paper copy and may retain a copy for your records.
10. Requests concerning the rights described in this Notice should be made in writing and directed to the Privacy Officer using the practice contact information provided below.
11. You have the right to receive notification from us following a breach of your unsecured PHI when notification is required by law.

3. OUR DUTIES

1. We are required by law to maintain the privacy of your PHI and to provide you with this Notice describing our legal duties and privacy practices concerning that information.
2. We are required to follow the terms of the Notice currently in effect. We will notify you following a breach that may have compromised the privacy or security of your information when notification is required by law.
3. We reserve the right to revise the terms of this Notice and to make the revised provisions effective for PHI and medical records we already maintain as well as information we receive in the future. Revised Notices will be made available through the practice and displayed or provided as required by law.

4. BREACH NOTIFICATION

We understand that your medical information is personal and are committed to protecting it. Following discovery of a "breach" of unsecured PHI, as defined under the Health Information Technology for Economic and Clinical Health Act of 2009 ("HITECH Act") and applicable regulations, we will provide notification when required by law.

A required Notice of Breach will be provided in writing by first-class mail or, if you have agreed to receive such notices electronically, by email. Notice will be provided without unreasonable delay and no later than the time permitted by applicable law. To the extent possible, the notice will include:

- A description of what happened, including the nature of the breach.
- A description of the types of information involved in the breach.
- Steps you should consider taking to protect yourself from potential harm.
- A brief description of the steps we are taking to investigate the breach, mitigate harm, and reduce the risk of further breaches.

- Relevant contact information for ShebDeb Psychiatry & Behavioral Health.

If substitute notice is required through a website posting or major print or broadcast media, the notice will include the contact information required by applicable law, including a toll-free number when required, so affected individuals can determine whether their PHI was involved.

5. COMPLAINTS

If you believe your privacy rights regarding PHI or ePHI have been violated, you may submit a written complaint to ShebDeb Psychiatry & Behavioral Health or to the Secretary of the U.S. Department of Health and Human Services. Complaints submitted to the practice should be addressed to the Privacy Officer. You will not be penalized or retaliated against for filing a complaint.

Federal privacy-rights complaints may be submitted to the U.S. Department of Health and Human Services, Office for Civil Rights. Information about filing a HIPAA complaint is available through HHS at www.hhs.gov/ocr/hipaa. Mailing address: U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Washington, DC 20201.

6. CHANGES TO THIS NOTICE

We may change the terms of this Notice at any time. Revised terms may apply to all medical information we already maintain about you as well as information received in the future. When the Notice is revised, we will make the revised Notice available and provide or distribute it as required by law.

7. EFFECTIVE DATE

Effective Date: 08/08/2026

Revision Date(s): 08/08/2026

8. CONTACT PERSON / PRIVACY OFFICER

All correspondence, questions, requests, or complaints relating to this Notice should be directed to:

Privacy Officer

ShebDeb Psychiatry & Behavioral Health

Address: 3432 Wavecrest Lane, Denton TX 76208

Email: shebdebinterprises.headway@gmail.com

Telephone: 1.214.531.3487

ACKNOWLEDGMENT

By signing below, I acknowledge receipt of the ShebDeb Psychiatry & Behavioral Health Notice of Privacy Practices.

Signature:

Print Name:

Date:
