

NOTICE OF PRIVACY PRACTICES

Radically Untamed Wellness
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Effective Date of this Notice: 9/1/2025

THIS NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. YOU MAY HAVE ADDITIONAL RIGHTS UNDER STATE AND LOCAL LAW. PLEASE SEEK LEGAL COUNSEL FROM AN ATTORNEY LICENSED IN YOUR STATE IF YOU HAVE QUESTIONS REGARDING YOUR RIGHTS TO HEALTH CARE INFORMATION.

I. MY PLEDGE REGARDING HEALTH INFORMATION:

I understand that health information about you and your health care is personal. I am committed to protecting health information about you. I create a record of the care and services you receive from me. I need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by this mental health care practice. This notice will tell you about the ways in which I may use and disclose health information about you. I also describe your rights to the health information I keep about you, and describe certain obligations I have regarding the use and disclosure of your health information.

I am required by law to:

- Make sure that PHI that identifies you is kept private.
- Give you this notice of my legal duties and privacy practices with respect to 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 the information I have about you. The new Notice will be available upon request, in my office, and on my website.

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 Treatment, Payment, or Health Care Operations: I may use or disclose PHI without your authorization for treatment activities, payment, and operations purposes. Disclosures for treatment are not limited to the minimum necessary standard, as full records may be needed for appropriate care.

Lawsuits and Disputes: If you are involved in a lawsuit, I may disclose health information in response to a court or administrative order, or other lawful process, when permitted by law.

III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:

- Psychotherapy Notes.
- Marketing purposes.
- Sale of PHI.

Any other uses or disclosures not described in this Notice require your written authorization.

IV. USES AND DISCLOSURES THAT DO NOT REQUIRE YOUR AUTHORIZATION:

Subject to certain limitations, I can use and disclose your PHI without your authorization for:

- Appointment reminders and health-related services.
- Public health and safety reporting.
- Health oversight activities (audits, investigations).
- Judicial and administrative proceedings.
- Law enforcement purposes.
- Coroners or medical examiners.
- Research.
- Specialized government functions.
- Workers' compensation purposes.
- Organ and tissue donation requests.

V. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT:

Disclosures to family, friends, or others involved in your care may occur if you agree or do not object. This may also happen in emergencies when consent cannot be obtained.

VI. YOUR RIGHTS REGARDING PHI:

- The Right to Request Limits on Uses and Disclosures of Your PHI.
- The Right to Request Restrictions for Out-of-Pocket Expenses Paid in Full.
- The Right to Choose How I Send PHI to You.
- The Right to See and Get Copies of Your PHI.
- The Right to Get a List of Disclosures.
- The Right to Correct or Update Your PHI.
- The Right to Get a Paper or Electronic Copy of this Notice.
- The Right to Choose Someone to Act For You.
- The Right to Revoke an Authorization.
- The Right to Opt Out of Communications or Fundraising.
- The Right to File a Complaint with me or with HHS Office for Civil Rights.

VII. CHANGES TO THIS NOTICE:

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.

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE:

Under HIPAA, you have certain rights regarding the use and disclosure of your PHI. By

signing below, you are acknowledging that you have received a copy of this Notice of Privacy Practices.

Client Name: _____

Signature: _____

Date: _____