ALLGAIER
PSYCHIATRY LLC

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Notice of Privacy Practices

Effective date: November 14, 2026

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.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of your health and claims records

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, a particular phone number or email address) or to send mail to a different address.
- We will say "yes" to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.
- If you pay for a service or health care item out of pocket in full, you can ask us not to share that information with your health insurer for payment or our operations. We will say "yes" unless a law requires us to share that information.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but may charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information at the end of this notice.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

Our Uses and Disclosures

We typically use or share your health information in the following ways.

Treat you

We can use your health information and share it with other professionals who are treating you. *Example: Your primary care doctor asks us about your medications so they can avoid harmful drug interactions.*

Run our practice

We can use and share your health information to run our practice, improve your care, and contact you when necessary, including appointment reminders by text message and email. *Example: We use your health information to manage your treatment and services.*

Bill for your services

We can use and share your health information to bill and get payment from health plans or other entities. *Example: We give information about you to your health insurance plan, including Medicaid, so it will pay for your services.*

How else can we use or share your health information?

We are allowed or required to share your information in other ways, usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

- **Help with public health and safety issues**, such as reporting suspected abuse, neglect, or domestic violence; reporting adverse reactions to medications; and preventing or reducing a serious threat to anyone's health or safety.
- **Do research**, when the law's conditions for research are met.
- **Comply with the law**, including sharing information with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
- **Respond to organ and tissue donation requests** and **work with a medical examiner or funeral director**.
- **Address workers' compensation, law enforcement, and other government requests**, such as for workers' compensation claims, for law enforcement purposes or with a law enforcement official, with health oversight agencies for activities authorized by law, and for special government functions such as military, national security, and presidential protective services.
- **Respond to lawsuits and legal actions**, such as in response to a court or administrative order, or in response to a subpoena.

Special Protections for Mental Health and Substance Use Information

Psychotherapy notes

Psychotherapy notes, if kept, are notes recorded by a mental health professional that are kept separately from the rest of your medical record. Most uses and disclosures of psychotherapy notes require your written authorization.

Substance use disorder records

If we receive or keep substance use disorder treatment records protected by federal law (42 C.F.R. Part 2), we will use and share them only as that law allows. Records protected by Part 2 will not be used or shared in any civil, criminal, administrative, or legislative investigation or proceeding against you unless you give written consent or a court orders it after giving you notice and an opportunity to be heard.

Maryland and District of Columbia law

Maryland and District of Columbia laws, including the District of Columbia Mental Health Information Act, may give your mental health information more protection than federal law. When state or local law is more protective of your privacy, we follow the more protective law.

Patients ages 16 and 17

A parent or legal guardian generally may exercise a minor patient's rights under this notice. Where the law allows a minor to consent to their own care, the minor may control the related health information, as permitted by law.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information, visit www.hhs.gov/hipaa/for-individuals/notice-privacy-practices/.

Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.

Contact Us

> **Privacy Officer:** Shola Adebusoye, PMHNP-BC
>
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This notice applies to Allgaier Psychiatry LLC and its providers.