



## **HIPAA Privacy Notice**

**Effective Date:** May 1, 2025

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.

### **Our Commitment to Your Privacy**

Your privacy is important to us. As part of your care, we create records regarding the services you receive. We are required by law to maintain the privacy of your Protected Health Information (PHI) and to provide you with this Notice of our legal duties and privacy practices with respect to your PHI.

### **How We May Use and Disclose Your Information**

We may use or disclose your PHI for the following purposes:

- **Treatment:** To provide, coordinate, or manage your mental health care and related services.
- **Payment:** To obtain payment for services provided to you.
- **Healthcare Operations:** For administrative and quality improvement activities, such as audits, training, and internal evaluation.

We may also use or disclose your information in the following situations without your authorization:

- When required by law (e.g., court orders, legal proceedings)
- To prevent a serious threat to health or safety
- To report abuse, neglect, or domestic violence (as required by law)
- For public health activities or health oversight agencies
- To coroners or medical examiners (in case of death)

### **Uses and Disclosures That Require Your Written Authorization**

We will not use or disclose your PHI for purposes such as marketing, selling your information, or sharing psychotherapy notes without your written consent. You may revoke any authorization in writing at any time.

## **Your Rights Regarding Your Health Information**

You have the right to:

- Request restrictions on how we use or disclose your PHI (we may not be required to agree)
- Receive confidential communications in the manner or location of your choice
- Inspect and obtain a copy of your records (some exceptions apply)
- Request an amendment to your health record if you believe it is incorrect or incomplete
- Receive an accounting of disclosures of your PHI
- Receive a paper copy of this notice upon request

## **Our Responsibilities**

We are required by law to:

- Maintain the privacy and security of your PHI
- Provide you with this Notice of our privacy practices
- Abide by the terms of this Notice
- Notify you in the event of a breach involving your unsecured PHI

## **Changes to This Notice**

We reserve the right to change this Notice and make the revised or changed notice effective for PHI we already have about you as well as any information we receive in the future. The current notice will be posted on our website and available upon request.

**In addition to federal privacy protections under HIPAA, state laws in Pennsylvania and Ohio may provide additional safeguards for your mental health or substance use treatment information. We comply with both federal and state laws to protect your privacy.**

## **Questions or Complaints**

If you believe your privacy rights have been violated, you may contact us directly or file a complaint with the U.S. Department of Health and Human Services. You will not be retaliated against for filing a complaint.

## **Contact Information:**

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