HIPAA NOTICE | EFFECTIVE SEPTEMBER 23, 2026

Notice of Privacy Practices

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

You have the right to:

- Get an electronic or paper copy of your health record. We will provide a copy or summary, usually within 30 days, and may charge a reasonable cost-based fee.
- Ask us to correct health information you believe is incorrect or incomplete. We may deny the request, but we will explain why in writing, usually within 60 days.
- Ask us to contact you in a specific way or at a different address. We will accommodate reasonable requests.
- Ask us to limit what we use or share for treatment, payment, or health care operations. We are not generally required to agree. If you pay in full out of pocket, you may ask us not to disclose information about that service to a health plan, and we will agree unless disclosure is required by law.
- Receive a list of certain disclosures made during the six years before your request. The first accounting in a 12-month period is free; a reasonable cost-based fee may apply to additional requests.
- Receive a paper copy of this notice at any time, even if you agreed to receive it electronically.
- Choose someone to act for you, such as a medical power of attorney or legal guardian, when that person has legal authority.
- File a complaint without retaliation if you believe your privacy rights have been violated.

Your choices

For certain information, you may tell us your preferences about what we share. If you cannot tell us your preference, we may share information when we believe it is in your best interest or when necessary to lessen a serious and imminent threat to health or safety.

- You may direct us to share relevant information with family members, close friends, or others involved in your care or payment for care.
- We will not use your information for marketing, sell your information, or share psychotherapy notes when authorization is required unless you give written permission. You may revoke an authorization in writing, except to the extent we have already relied on it.

How we may use and disclose your information

We may use or disclose your protected health information without written authorization when HIPAA and other applicable law permit or require it, including:

- Treatment: to provide, coordinate, or manage your care and consult with other health care professionals involved in your treatment.
- Payment: to bill for services, collect payment, or provide documentation you request for reimbursement, such as a superbill.

- Health care operations: to operate the practice, improve services, train or supervise, conduct quality review, and manage professional or legal responsibilities.
- Public health, safety, and legal duties: to report suspected abuse or neglect, prevent or lessen a serious threat, comply with health oversight activities, respond to lawful court or administrative orders, comply with workers' compensation laws, or meet other requirements of law.
- Business associates: to service providers who perform functions for the practice and are contractually required to protect the information.
- Other legally permitted purposes, including certain law-enforcement, correctional, medical examiner, organ donation, national security, and disaster-relief activities when applicable.

Our responsibilities

- We are required by law to maintain the privacy and security of protected health information.
- We will notify you 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 the notice currently in effect.
- We will not use or disclose your information other than as described here unless you authorize it in writing.

Changes to this notice

We may change this notice, and the revised notice may apply to information we already maintain. The current notice will be available at www.dylanmaberry.com and upon request.

Questions and complaints

Contact the practice using the information below. You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, 200 Independence Avenue SW, Washington, DC 20201; 1-877-696-6775; or hhs.gov/ocr/privacy/hipaa/complaints. We will not retaliate against you for filing a complaint.

Privacy contact

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Source framework: 45 C.F.R. 164.520 and the U.S. Department of Health and Human Services Model Notice of Privacy Practices for HIPAA Covered Health Care Providers, hhs.gov/hipaa.