OLD TOWN PSYCHOLOGY, INC.

Notice of Privacy Practices

Effective Date: January 1, 2026

Last Updated: May 15, 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.

Our Commitment to Your Privacy

Old Town Psychology, Inc. ("Old Town Psychology," "we," "our," or "us") is committed to protecting the privacy of your protected health information ("PHI"). We are required by the Health Insurance Portability and Accountability Act of 1996 and its implementing regulations (collectively, "HIPAA") to maintain the privacy of your PHI, to provide you with this Notice of our legal duties and privacy practices, and to abide by the terms of the Notice currently in effect.

This Notice applies to all records of your care generated by Old Town Psychology, whether created by our psychologists, therapists, trainees, administrative staff, or contractors acting on our behalf.

What Is Protected Health Information?

Protected Health Information (PHI) is information about you, including demographic information, that may identify you and that relates to your past, present, or future physical or mental health condition, the provision of health care to you, or the payment for that care. Examples include your name, address, date of birth, diagnoses, test results, evaluation reports, therapy notes, billing records, and treatment recommendations.

How We May Use and Disclose Your PHI Without Your Authorization

HIPAA permits us to use and disclose your PHI without your written authorization for the following purposes:

Treatment

We may use your PHI to provide, coordinate, or manage your psychological care. For example, we may share information with another healthcare provider involved in your treatment, such as your primary care physician, psychiatrist, or school, when clinically appropriate and consistent with applicable law.

Payment

We may use and disclose your PHI to obtain payment for the services we provide. Because Old Town Psychology operates as a private-pay practice, this most commonly involves processing your credit card

or other payment, providing you with a superbill for submission to your health plan, or, with your authorization, communicating directly with your health plan about claims you have submitted.

Health Care Operations

We may use and disclose your PHI for activities necessary to run our practice, such as quality assessment, training of students and staff, business management, customer service, internal audits, and licensing or accreditation activities.

Required by Law

We will disclose your PHI when required by federal, state, or local law. For example, we are required to report suspected abuse or neglect of children, elderly persons, or vulnerable adults to the appropriate authorities.

To Avert a Serious Threat to Health or Safety

We may disclose your PHI when necessary to prevent or lessen a serious and imminent threat to your health and safety or to the health and safety of another person or the public. Disclosure will be made only to a person or persons reasonably able to prevent or lessen the threat.

Health Oversight Activities

We may disclose PHI to a health oversight agency for activities authorized by law, including audits, investigations, inspections, licensure actions, and other proceedings related to oversight of the health care system.

Judicial and Administrative Proceedings

If you are involved in a court or administrative proceeding, we may disclose PHI in response to a court order, subpoena, discovery request, or other lawful process, provided that applicable legal requirements are met.

Law Enforcement

We may disclose PHI for law enforcement purposes as required by law, such as in response to a court order, warrant, or grand jury subpoena, or to report certain types of injuries.

Coroners, Medical Examiners, and Funeral Directors

We may disclose PHI to a coroner, medical examiner, or funeral director as necessary to carry out their duties.

Workers' Compensation

We may disclose PHI as authorized by, and to the extent necessary to comply with, laws relating to workers' compensation or similar programs.

Public Health Activities

We may disclose PHI for public health activities, such as preventing or controlling disease, reporting reactions to medications, or notifying persons who may have been exposed to a communicable disease.

Specialized Government Functions

We may disclose PHI for specialized government functions, such as military and veterans' activities, national security, and protective services for the President and others.

Business Associates

We may share your PHI with third-party "business associates" that perform services for us, such as electronic health record providers, billing services, attorneys, accountants, and IT vendors. These business associates are contractually required to protect your PHI in accordance with HIPAA.

Appointment Reminders and Practice Communications

We may contact you to provide appointment reminders, test results, billing statements, or information about treatment alternatives or other health-related services that may be of interest to you, using the contact methods you have provided.

Special Protections for Certain Types of Information

Psychotherapy Notes

"Psychotherapy notes" are notes recorded by a mental health professional documenting or analyzing the contents of a counseling session, and are kept separate from the rest of your medical record. With limited exceptions permitted by law (such as use by the originator for treatment, defense in a legal action you bring against us, or as required by law), we will not use or disclose your psychotherapy notes without your written authorization.

Minors

If you are the parent or legal guardian of a minor who receives services from us, you generally have access to your child's PHI. However, Virginia law and professional ethics impose certain limits on parental access, particularly where a minor has independently consented to treatment under applicable law or where disclosure would, in our clinical judgment, be reasonably likely to cause substantial harm to the minor or another person. We will discuss our confidentiality practices for minors with you at the outset of treatment.

Substance Use Disorder Records

Records relating to the diagnosis or treatment of substance use disorders may be subject to additional federal protections under 42 C.F.R. Part 2 and may require your specific written consent before disclosure, even for purposes otherwise permitted under HIPAA.

HIV/AIDS, Genetic, and Other Sensitive Information

Information concerning HIV/AIDS status, genetic testing, and certain other categories of information may be subject to additional confidentiality protections under Virginia and federal law. We will follow those heightened requirements where applicable.

Uses and Disclosures That Require Your Written Authorization

Except as described above or as otherwise permitted or required by law, we will not use or disclose your PHI without your written authorization. In particular, your written authorization is required for:

- Most uses and disclosures of psychotherapy notes;
- Uses and disclosures for marketing purposes;
- Disclosures that constitute a sale of PHI; and
- Other uses and disclosures not described in this Notice.

You may revoke any written authorization at any time, in writing, except to the extent that we have already taken action in reliance on it. Revocation will not affect disclosures already made.

Your Rights Regarding Your PHI

You have the following rights regarding the PHI we maintain about you. To exercise any of these rights, please submit a written request to the contact information at the end of this Notice.

- **Right to Inspect and Copy.** You have the right to inspect and obtain a copy of your PHI contained in a designated record set, including in electronic form where readily producible. We may charge a reasonable, cost-based fee. In limited circumstances permitted by law, we may deny access; in such cases, you may request review of the denial.
- **Right to Request an Amendment.** If you believe PHI we have about you is incorrect or incomplete, you may request that we amend it. We may deny your request under certain circumstances; if we do, we will provide a written explanation and you may submit a statement of disagreement.
- **Right to an Accounting of Disclosures.** You have the right to request a list of certain disclosures we have made of your PHI for purposes other than treatment, payment, health care operations, or disclosures you authorized. The first accounting in any 12-month period is free; we may charge a reasonable, cost-based fee for additional requests within that period.
- **Right to Request Restrictions.** You have the right to request a restriction on the PHI we use or disclose for treatment, payment, or health care operations, or to family members or others involved in your care. We are not required to agree to most requested restrictions; however, we must agree to a request to restrict disclosure of PHI to a health plan when the disclosure is for purposes of payment or health care operations (not treatment) and the PHI pertains solely to a health care item or service for which you, or someone on your behalf, has paid us in full.

- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about health matters in a certain way or at a certain location (for example, only by mail, or only at a particular phone number). We will accommodate reasonable requests.
- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this Notice at any time, even if you have agreed to receive it electronically.
- **Right to Be Notified of a Breach.** You have the right to be notified in the event of a breach of your unsecured PHI, as required by law.
- **Right to 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 PHI. We will verify the authority of any such person before taking action.

Our Responsibilities

Old Town Psychology is required by law to:

- Maintain the privacy and security of your PHI;
- Provide you with this Notice of our legal duties and privacy practices with respect to PHI;
- Notify you promptly if a breach occurs that may have compromised the privacy or security of your PHI;
- Follow the terms of the Notice currently in effect; and
- Obtain your written authorization for uses and disclosures not described in this Notice, and inform you that you may revoke that authorization.

Changes to This Notice

We reserve the right to change this Notice at any time and to make the revised Notice effective for all PHI we maintain, including PHI we created or received before the changes. The current Notice will be posted in our office and on our website at www.oldtownpsychology.com. You may also request a paper copy at any time.

Complaints

If you believe your privacy rights have been violated, you may file a written complaint with Old Town Psychology using the contact information below, or with the Secretary of the U.S. Department of Health and Human Services, Office for Civil Rights:

U.S. Department of Health and Human Services

Office for Civil Rights

200 Independence Avenue, S.W.

Washington, D.C. 20201

1-877-696-6775

www.hhs.gov/ocr/privacy/hipaa/complaints/

We will not retaliate against you for filing a complaint.

Contact Information

If you have questions about this Notice, wish to exercise any of your rights, or wish to file a complaint, please contact our Privacy Officer:

Old Town Psychology, Inc.

Attn: Privacy Officer

Phone: 571-478-9499

Email: info@oldtownpsychology.com

Website: www.oldtownpsychology.com