

NOTICE OF PRIVACY PRACTICES

GRIT THERAPY, PLLC (“WE,” “OUR,” OR “US”) IS COMMITTED TO PROTECTING YOUR PRIVACY AND MAINTAINING THE CONFIDENTIALITY OF YOUR PERSONAL AND HEALTH INFORMATION. THIS PRIVACY POLICY (“NOTICE”) EXPLAINS HOW YOUR INFORMATION MAY BE COLLECTED, USED, DISCLOSED, AND SAFEGUARDED WHEN YOU ACCESS OUR WEBSITE, MOBILE APPLICATIONS, ONLINE PLATFORMS, OR TELEHEALTH SERVICES. IT ALSO OUTLINES YOUR RIGHTS AND HOW YOU MAY ACCESS YOUR INFORMATION.

FOR PURPOSES OF THIS NOTICE, “SERVICES” REFERS TO ANY SERVICES PROVIDED BY GRIT THERAPY, PLLC THROUGH OUR WEBSITE, MOBILE APPLICATIONS, OR OTHER DIGITAL PLATFORMS. “YOU” OR “YOUR” REFERS TO ANY INDIVIDUAL WHO ACCESSES OR USES OUR SERVICES.

PLEASE REVIEW THIS NOTICE CAREFULLY. YOU MAY HAVE ADDITIONAL RIGHTS UNDER APPLICABLE STATE AND LOCAL LAWS. IF YOU HAVE QUESTIONS ABOUT YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION, YOU ARE ENCOURAGED TO CONSULT WITH A LICENSED ATTORNEY IN YOUR STATE. THIS PRIVACY POLICY APPLIES TO OUR WEBSITE AND ALL RELATED SERVICES. BY ACCESSING OR USING OUR SERVICES, YOU ACKNOWLEDGE AND CONSENT TO THE PRACTICES DESCRIBED IN THIS NOTICE.

EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on 31 MARCH 2026

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

Under the Health Insurance Portability and Accountability Act of 1996 (hereafter, “HIPAA”), you have certain rights regarding the use and disclosure of your protected health information (hereafter, “PHI”).

I. Our PLEDGE REGARDING HEALTH INFORMATION:

We understand that your health information and your health care are personal. We are committed to protecting your health information. We create a record of the care and services you receive from us. We 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 how we may use and disclose your health information. We also describe your rights to the health information we keep about you, and describe certain obligations we have regarding the use and disclosure of your health information.

We are required by law to:

- Make sure that PHI that identifies you is kept private.
- Give you this notice of our legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect.
- We can change the terms of this Notice, and such changes will apply to all the information we have about you. The new Notice will be available upon request, via email, and on our website.

II. HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:

The following categories describe different ways we use and disclose health information. For each category of uses or disclosures, we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

For Treatment Payment, or Health Care Operations: Federal privacy rules (regulations) allow health care providers who have a direct treatment relationship with the patient/client to use or disclose the patient/client's personal health information without the patient's written authorization, to carry out the health care provider's own treatment, payment, or health care operations. We may also disclose your PHI to any health care provider for treatment activities. This too can be done without your written authorization. For example, if a clinician consulted with another licensed health care provider about your condition, we would be permitted to use and disclose your PHI, which is otherwise confidential, to assist the clinician in diagnosing and treating your health condition. We may also use your PHI for operational purposes, including sending you appointment reminders, billing invoices, and other documentation.

Disclosures for treatment purposes are not limited to the minimum necessary standard. Because therapists and other health care providers need access to the full record and/or complete information to provide quality care. The word "treatment" includes, among other things, the coordination and management of health care providers with a third party, consultations between health care providers, and referrals of a patient for health care from one health care provider to another.

Lawsuits and Disputes: If you are involved in a lawsuit, we may disclose health information in response to a court or administrative order. We may also disclose health information about you or your minor child(ren) in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:

1. **Psychotherapy Notes.** We do keep "psychotherapy notes" as that term is defined in 45 CFR § 164.501, and any use or disclosure of such notes requires your Authorization unless the use or disclosure is:
 - a. For our use in treating you.
 - b. For our use in training or supervising mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy.
 - c. For our use in defending ourselves in legal proceedings instituted by you.
 - d. For use by the Secretary of the Department of Health and Human Services (HHS) to investigate our compliance with HIPAA.
 - e. Required by law, and the use or disclosure is limited to the requirements of such law.
 - f. Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes.
 - g. Required by a coroner who is performing duties authorized by law.
 - h. Required to help avert a serious threat to the health and safety of others.
2. **Marketing Purposes.** We will not use or disclose your PHI for marketing purposes without your prior written consent. For example, if we request a review from you and plan to share it publicly online or elsewhere to advertise our services or practice, we will provide you with a release form and a HIPAA authorization. The HIPAA authorization is required in the instance that your review contains PHI (i.e., your name, the date of the service you received, the kind of treatment you are seeking, or other personal health details). Because you may not realize which information you provide is considered "PHI," we will send you a HIPAA authorization and request your signature regardless of the content of your review. Once you complete the HIPAA authorization, we will have the legal right to use your review for advertising and marketing purposes, even if it contains PHI. You may withdraw this consent at any time by submitting a written request to us via the email address we keep on file or via certified mail to our address. Once we have received your written withdrawal of consent, we will remove your review from our website and from any other places where we have posted it. We cannot guarantee that others who may have

copied your review from our website or elsewhere will also remove it. This is a risk that we want you to be aware of, should you give us permission to post your review.

3. **Sale of PHI.** We will not sell your PHI.

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

Subject to certain limitations in the law, we can use and disclose your PHI without your Authorization for the following reasons. We have to meet certain legal conditions before we can share your information for these purposes:

1. Appointment reminders and health-related benefits or services. We may use and disclose your PHI to contact you to remind you of your appointment with me. We may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that we offer.
2. When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.
3. For public health activities, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone's health or safety.
4. For health oversight activities, including audits and investigations.
5. For judicial and administrative proceedings, including responding to a court or administrative order or subpoena, although our preference is to obtain an Authorization from you before doing so if we are so allowed by the court or administrative officials.
6. For law enforcement purposes, including reporting crimes occurring on our premises.
7. To coroners or medical examiners, when such individuals are performing duties authorized by law.
8. For research purposes, including studying and comparing the mental health of patients who received one form of therapy versus those who received another form of therapy for the same condition.
9. Specialized government functions, including ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counterintelligence operations; or helping to ensure the safety of those working within or housed in correctional institutions.
10. For workers' compensation purposes. Although our preference is to obtain your Authorization, we may disclose your PHI to comply with workers' compensation laws.
11. For organ and tissue donation requests.

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

Disclosures to family, friends, or others: You have the right and choice to tell us that we may provide your PHI to a family member, friend, or other person whom you indicate is involved in your care or the payment for your health care, or to share your information in a disaster relief situation. The opportunity to consent may be obtained retroactively in emergency situations to mitigate a serious and immediate threat to health or safety, or if you are unconscious.

VI. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI:

1. The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask us not to use or disclose certain PHI for treatment, payment, or health care operations purposes. We are not required to agree to your request, and we may say "no" if we believe it would affect your health care.
2. The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full. You have the right to request restrictions on the disclosure of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full.
3. The Right to Choose How We Send PHI to You. You have the right to ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and we will agree to all reasonable requests.

4. The Right to See and Get Copies of Your PHI. Other than in limited circumstances, you have the right to obtain an electronic or paper copy of your medical record and any other information we have about you. Ask us how to do this. We will provide you with a copy of your record, or if you agree, a summary of it, within 30 days of receiving your written request. We may charge a reasonable cost-based fee for doing so.
5. The Right to Get a List of the Disclosures We Have Made. You have the right to request a list of instances in which we have disclosed your PHI for purposes other than treatment, payment, or health care operations, and other disclosures (such as any you ask us to make). Ask us how to do this. We will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list we will give you will include disclosures made in the last six years unless you request a shorter time. We will provide the list to you at no charge, but if you make more than one request in the same year, we will charge you a reasonable cost-based fee for each additional request.
6. The Right to Correct or Update Your PHI. If you believe there is a mistake in your PHI or that important information is missing from it, you have the right to request that we correct the existing information or add the missing information. We may say “no” to your request, but we will explain why in writing within 60 days of receiving it.
7. The Right to Get a Paper or Electronic Copy of this Notice. You have the right to get a paper copy of this Notice, and you have the right to get a copy of this notice by email. If you have agreed to receive this Notice via email, you also have the right to request a paper copy.
8. The 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 make choices about your health information.
9. The Right to Revoke an Authorization.
10. The Right to Opt Out of Communications and Fundraising from our Organization.
11. The Right to File a Complaint. If you believe your privacy rights have been violated, you can file a complaint by contacting us using the information on page one or by filing a complaint with the [Washington State Department of Health](#) or the [U.S. Department of Health and Human Services](#). You will not be retaliated against for filing a complaint.

VII. CHANGES TO THIS NOTICE

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