

NOTICE OF PRIVACY PRACTICES (HIPAA)

Resilience Within Therapy PLLC
Effective Date: January 23, 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 Information. Your Rights. Our Responsibilities.

This Notice explains how Resilience Within Therapy PLLC (“the Practice,” “we,” “us,” or “our”) may use and disclose your **Protected Health Information (“PHI”)**, and describes your rights and our legal duties regarding PHI. We are required by law to maintain the privacy and security of your PHI and to follow the duties and privacy practices described in this Notice.

PHI is information that identifies you and relates to your past, present, or future physical or mental health or condition; the health care provided to you; or payment for that care.

CONTACT / PRIVACY OFFICER (email preferred)

Privacy Officer: Inbal Gurari, LCSW
Email (preferred for all requests): ResilienceWithinTherapyPllc@gmail.com
Phone: 602-824-8006
Website: ResilienceWithinTherapy.com

You may contact the Privacy Officer with questions about this Notice, to exercise your rights, or to file a complaint.

YOUR RIGHTS

When it comes to your health information, you have certain rights. This section explains your rights and how to exercise them.

1) Get a copy of your record

You can ask to see or get an electronic or paper copy of PHI we have about you. We will provide a copy or a summary, usually within 30 days. We may charge a reasonable, cost-based fee as permitted by law.

2) Ask us to correct your record

You can ask us to correct PHI you believe is incorrect or incomplete. We may deny your request in certain circumstances permitted by law, but we will tell you why in writing and explain your options.

3) Request confidential communications

You can ask us to contact you in a specific way (for example, **email only**, or at a particular phone number). We will say “yes” to all reasonable requests.

4) Ask us to limit what we use or share

You can ask us not to use or share certain PHI for treatment, payment, or health care operations. We are not required to agree to your request, and we may say “no” if it would affect your care.

If you pay out-of-pocket in full for a service, you can ask us not to share PHI about that service with your health plan for payment or health care operations. We will say “yes” unless a law requires us to share that information.

5) Get a list of disclosures (an “accounting”)

You can ask for a list of certain disclosures of your PHI we have made during the six (6) years prior to the date you ask, who we shared it with, and why. We will include disclosures except those for treatment, payment, and health care operations and certain other disclosures not subject to accounting. You may receive one accounting in a 12-month period at no charge; we may charge a reasonable, cost-based fee for additional requests.

6) Get a copy of this Notice

You can ask for a paper copy of this Notice at any time, even if you agreed to receive it electronically.

7) Choose someone to act for you

If you have a legal guardian, conservator, or someone with medical power of attorney, that person may exercise your rights and make choices about your PHI after we receive appropriate documentation.

8) Be notified of a breach

You have the right to be notified if there is a breach of unsecured PHI about you.

How to exercise your rights: Please email your written request to **ResilienceWithinTherapyPIIc@gmail.com** (preferred). We may request information to verify your identity before fulfilling requests.

OUR USES AND DISCLOSURES

We may use and share your PHI in the following ways.

1) For treatment

We can use your PHI and share it with other professionals involved in your care when clinically appropriate and permitted by law.

2) For payment

We can use and share your PHI to bill and get payment from health plans or other payers. This may include providing information for eligibility, coverage determinations, claims, utilization review, or payment activities.

3) For health care operations

We can use and share your PHI to run our practice, improve care, and manage operations (for example, quality improvement, internal administration, training, licensing, audits, and business management).

4) Appointment reminders and practice communications

We may contact you about appointments, scheduling, and practice-related matters. You can request your preferred method of communication (for example, **email only**).

5) Business associates (vendors)

We may use service providers who need access to PHI to perform services for us (for example, electronic records systems, billing support, secure communications, or IT services). These vendors are required to protect your PHI.

OTHER WAYS WE MAY USE OR SHARE YOUR PHI (PERMITTED OR REQUIRED BY LAW)

We are allowed or required to share your PHI in other ways—usually in ways that contribute to the public good (public health and safety). We must meet the conditions in the law before we can share your PHI for these purposes.

We may share PHI, as permitted or required by law, for example:

- **As required by law**
- **Public health and safety** (such as reporting certain conditions or events when required)
- **Health oversight activities** (audits, investigations, inspections, licensure)
- **Reporting abuse, neglect, or domestic violence** as required or permitted by law
- **Judicial and administrative proceedings** (court orders, subpoenas, other lawful process)
- **Law enforcement** as required or permitted by law
- **To prevent a serious threat to health or safety** consistent with applicable law and ethical standards
- **Workers' compensation** as authorized by law
- **Coroners, medical examiners, and funeral directors**
- **Organ and tissue donation**
- **Research**, when permitted by law and with required approvals or authorizations when required

DISCLOSURES TO FAMILY AND OTHERS INVOLVED IN YOUR CARE

Unless you object, we may share relevant PHI with a family member, friend, or other person you identify who is involved in your care or payment for your care, consistent with applicable law. If you are not present or unable to agree or object, we may share information if we determine it is in your best interest and share only what is relevant.

USES AND DISCLOSURES THAT REQUIRE YOUR WRITTEN AUTHORIZATION

We will not use or disclose your PHI for purposes not described in this Notice unless you give us written authorization. You may revoke your authorization at any time in writing (email is acceptable).

Psychotherapy notes

“Psychotherapy notes” receive special protection under HIPAA. We generally need your written authorization to use or disclose psychotherapy notes, except as permitted by law.

Marketing and sale of PHI

We will not use your PHI for marketing, and we will not sell your PHI, without your written authorization, except as permitted by law.

SPECIAL NOTES ABOUT CERTAIN RECORD TYPES AND OTHER LAWS

Some records may receive additional protections under federal or state law. When another applicable law provides **greater privacy protection** than HIPAA, we follow the stricter standard.

Substance Use Disorder (SUD) records: Certain SUD records may be subject to additional federal protections (including 42 CFR Part 2 in some settings). If those rules apply to records we create or maintain, uses and disclosures may be more limited than HIPAA’s general treatment/payment/operations permissions and may require specific consent.

Reproductive health privacy rule landscape: HHS has stated that, following a June 18, 2025 court decision, certain NPP provisions tied to the 2024 reproductive health rule were vacated, while other NPP modifications remain with a compliance date of **February 16, 2026**. We will update this Notice as required by applicable law.

OUR RESPONSIBILITIES

We are required by law to:

- Maintain the privacy and security of your PHI
 - Provide you with this Notice
 - Follow the terms of the Notice currently in effect
 - Notify you if a breach occurs that may have compromised the privacy or security of your PHI
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CHANGES TO THIS NOTICE

We may change this Notice, and the changes will apply to all PHI we maintain. The updated Notice will be available on our website and upon request.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with:

Privacy Officer: Inbal Gurari, LCSW
Email (preferred): ResilienceWithinTherapyPllc@gmail.com
Phone: 602-824-8006

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, D.C. 20201
Phone: 1-877-696-6775
Website: hhs.gov/ocr/privacy/hipaa/complaints/

We will not retaliate against you for filing a complaint.