NOTICE OF PRIVACY PRACTICES
GROW TODAY THERAPY I Effective November, 2026
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This notice describes how health information about you may be used and disclosed, and how you can get access to this information. Please review it carefully.

OUR COMMITMENT

We are required by applicable law to maintain the privacy and security of protected health information (PHI), provide this notice of our legal duties and privacy practices, follow the notice currently in effect, and notify affected individuals following a breach of unsecured PHI as required by law. We will not retaliate against you for exercising privacy rights or filing a complaint.

HOW WE MAY USE OR DISCLOSE INFORMATION

• Treatment: We may use or share information with health professionals involved in your care wlth your approval. Additional state-law restrictions or authorizations may apply.
• Payment: We may use or share information to collect payment, process claims, or address billing matters, subject to applicable law.
• Health care operations: We may use information for practice administration, quality improvement, audits, and authorized support services. Administrative staff and vendors receive access only as needed for their roles.
• Required or permitted by law: Certain disclosures may be required or allowed for reporting suspected abuse or neglect, responding to a serious threat, public health, health oversight, judicial or administrative proceedings, law enforcement, workers' compensation, or other legally specified purposes. State law may provide stronger confidentiality protections.
• Business associates: Service providers such as the electronic health record or billing support may handle information on our behalf under appropriate safeguards and agreements where required.
• Contacting you: We may communicate about appointments, billing, or practice operations through the contact methods you provide, subject to your communication preferences and applicable safeguards.

WHEN YOUR WRITTEN AUTHORIZATION IS GENERALLY REQUIRED

Your privacy matters to us. There are certain situations where we must ask for your written permission before using or sharing your information.

This includes most uses or disclosures of psychotherapy notes, certain marketing activities, and any disclosure of your health information that would be considered a sale under HIPAA.
You can withdraw your permission at any time by notifying us in writing. This will prevent future uses or disclosures covered by that permission, but it will not undo anything we have already done based on your previous authorization.

PSYCHOTHERAPY NOTES AND SENSITIVE MENTAL HEALTH RECORDS

Psychotherapy notes maintained separately from the medical record receive special HIPAA protections. Clinical progress notes are not automatically psychotherapy notes under HIPAA. California and Nevada law may impose additional confidentiality, access, and disclosure restrictions on mental health records, including

records involving couples, families, or minors. We will apply applicable heightened protections.

SUBSTANCE USE DISORDER RECORDS PROTECTED BY 42 CFR PART 2

Certain substance use disorder (SUD) treatment records are protected by federal law at 42 CFR Part 2. If we receive or maintain records subject to Part 2, special consent and disclosure restrictions may apply. Where permitted by a valid Part 2 consent, records may be used or disclosed for treatment, payment, and health care operations and may be redisclosed as permitted by HIPAA, subject to applicable exceptions. Part 2 records generally may not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you without your written consent or an appropriate court order and accompanying legal requirements. You may have additional Part 2 rights, including rights relating to consent and an accounting of certain disclosures. Contact our privacy contact for details applicable to your records.

YOUR PRIVACY RIGHTS

- Request to inspect or receive a copy of records in a designated record set, subject to lawful exceptions and state-specific rules. Reasonable, legally permitted fees may apply.
- Ask us to correct or amend records you believe are inaccurate or incomplete.
- Request an accounting of certain disclosures of your information.
- Request restrictions on certain uses or disclosures. We are not required to agree to every request, but we must honor a qualifying request to restrict disclosure to a health plan for a service you paid for in full out of pocket, where applicable.
- Request confidential communications at a different address or through a different means. We will accommodate reasonable requests as required by law.
- Request a paper copy of this notice at any time, even if you agreed to receive it electronically.
- Choose someone with lawful authority to act for you, subject to applicable law and verification.
- File a complaint without retaliation.

COMPAINTS AND QUESTIONS

Contact Grow Today Therapy at the privacy contact listed above. You may also complain to the U.S. Department of Health and Human Services, Office for Civil Rights, through https://www.hhs.gov/ocr/privacy/hipaa/complaints/ or by contacting HHS OCR. We will not retaliate against you.

CHANGES TO THIS NOTICE

We may change our privacy practices and this notice as allowed by law. A revised notice may apply to information we already hold. The current notice will be available on our website and upon request, and at our physical location as applicable.

ADDITIONAL INFORMATION FOR CALIFORNIA AND NEVADA CLIENTS

California: California medical information and mental health confidentiality laws may provide additional protections, including for certain disclosures and access requests. If a California requirement is more protective than HIPAA and applies to your records, we will follow it.

Nevada: Nevada laws and professional regulations may provide additional protections for mental health records, including special precautions for records involving couples, families, and groups. Applicable Nevada requirements will be followed.

Telehealth: We provide remote services to eligible clients in California and Nevada. We use approved systems and administrative safeguards, but no electronic communication method can be guaranteed completely risk-free. Telehealth informed consent and emergency planning are addressed separately.

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

I acknowledge that I have been offered or provided Grow Today Therapy's Notice of Privacy Practices, effective [DATE], explaining how my protected health information may be used and disclosed and describing my privacy rights. I understand that signing this acknowledgment does not authorize disclosures beyond those permitted by law and does not waive my privacy rights.

BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

Signature Date

Signature Date