



Parhelia Wellness, PC
3558 Round Barn Suite 200
Santa Rosa, CA 95403

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION PURSUANT TO FEDERAL REGULATIONS. PLEASE REVIEW IT CAREFULLY.

At Parhelia Wellness, PC (“Practice”), we understand that health information about you and your care is personal, including both medical and mental health information. We are committed to protecting health information about you. We create a record of the care and services you receive directly from one of our providers, including services provided by licensed medical and mental health providers whether delivered in person or via telehealth. We need this record to provide you with quality care and to comply with certain legal requirements.

Practice is required by law to

- make sure that protected health information (“PHI”) that identifies you is kept private;
- give you this notice of Practice legal duties and privacy practices with respect to health information;
- follow the terms of the notice that is currently in effect;

This Notice of Privacy Practices (“Notice”)

- applies to all the records of your care generated by Practice;
- tells you about the ways in which Practice may use and disclose your protected health information (“PHI”);
- describes your rights and certain obligations Practice has regarding the use and disclosure of PHI.

Please read this Notice carefully. The following categories describe different ways that Practice may use and disclose health information. For each category of uses or disclosures, Practice will explain what is meant and provide examples where appropriate. Not every use or disclosure in a category will be listed; however, all permitted uses and disclosures will fall within one of these categories. Practice may change the terms of this Notice, and such changes will apply to all information Practice maintains about you. Updated versions of this Notice will be available upon request and on our website.



RIGHTS.

You have the following rights regarding your PHI:

Restrictions.

You may request that Practice restrict the use and disclosure of your PHI. To request restrictions, you must make your request in writing to our Privacy Officer using the applicable Practice form. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the restrictions to apply, for example, disclosures to your spouse.

Alternative Communications.

You have the right to request that communications of PHI to you from Practice be made by particular means or at particular locations. For instance, you might request that communications be made at your work address, instead of your home address. Your requests must be made in writing using Practice's form and sent to the Privacy Officer. Practice will accommodate your reasonable requests.

Inspect and Copy.

Generally, you have the right to inspect and copy your PHI that Practice maintains, provided you make your request in writing to Practice's Privacy Officer. If you request copies of your PHI, we may impose a reasonable fee to cover copying and postage. If we deny access to your PHI, we will explain the basis for denial and your opportunity to have your request and the denial reviewed by a licensed health care professional (who was not involved in the initial denial decision) designated as a reviewing official. If Practice does not maintain the PHI you request and if we know where that PHI is located, we will tell you how to redirect your request.

Amendment.

If you believe that your PHI maintained by Practice is incorrect or incomplete, you may ask us to correct your PHI. Your request must be made in writing, and it must explain why you are requesting an amendment to your PHI. We can deny your request if your request relates to PHI: (i) not created by Practice; (ii) not part of the records Practice maintains; (iii) not subject to being inspected by you; or (iv) that is accurate and complete. If your request is denied, we will provide you a written denial that explains the reason for the denial and your rights to: (i) file a statement disagreeing with the denial; (ii) if you do not file a statement of disagreement, submit a request that any future disclosures of the relevant PHI be made with a copy of your request and Practice's denial attached; and (iii) complain about the denial.

Accounting of Disclosures.

You generally have the right to request and receive a list of the disclosures of your PHI we have made at any time during the six (6) years prior to the date of your request (provided that such a list would not include disclosures made prior to April 14, 2003). The list will not include disclosures made at your request, with your authorization, and does not include certain uses and disclosures to which this Notice already applies, such as those: (i) for treatment, payment and



health care operations; (ii) made to you; (iii) for Practice’s patient list; (iv) for national security or intelligence purposes; or (v) to law enforcement officials. You should submit any such request to Practice’s Privacy Officer. Practice will provide the list to you at no charge, but if you make more than one request in a year you will be charged a fee of the costs of providing the list.

Right to Copy of Notice.

You have the right to receive a paper or electronic copy of this notice upon request. To obtain a paper copy of this notice, please contact the Privacy Officer at the address and contact information stated at the end of this notice.

Psychotherapy Notes.

Certain mental health providers within the Practice may maintain “psychotherapy notes,” as defined under 45 CFR §164.501. These notes are kept separately from the rest of your record and may receive additional protections under applicable California law.

Any use or disclosure of psychotherapy notes requires your written authorization, except in limited circumstances, including:

- For your provider’s use in treating you
- For training or supervision of mental health professionals
- To defend against a legal action brought by you
- For use by the Secretary of Health and Human Services to investigate compliance
- As required by law
- To prevent or lessen a serious threat to health or safety

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU.

Practice may use or disclose your PHI for the purposes described below without obtaining written authorization from you. In addition, Practice and the members of its medical and allied health professional staff who participate in the organized health care arrangement described below may share your PHI with each other as necessary to carry out their treatment, payment and health care operations related to the organized health care arrangement. While certain uses and disclosures of PHI are permitted or required by law without your written authorization, Practice values your privacy and will make reasonable efforts to limit disclosures and obtain your authorization when appropriate.

For Treatment.

Federal privacy rules (regulations) allow health care providers who have 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. Based on this, Practice may use and disclose PHI while providing, coordinating or managing your treatment, including the disclosure of PHI for treatment activities of another health care provider. This can be done without your written



authorization. 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.

Because effective care may require coordination between providers, disclosures for treatment purposes are not limited to the “minimum necessary” standard. Providers involved in your care may need access to relevant information from your record in order to provide safe, high-quality treatment, including coordination between medical and mental health providers. For example, if a clinician were to consult with another licensed health care provider about your condition, we would be permitted to use and disclose your personal health information, which is otherwise confidential, in order to assist the clinician in diagnosis and treatment of your mental health condition.

For Payment.

Practice may use and disclose PHI to bill and collect payment for the health care services provided to you. For example, Practice may need to give PHI to your health plan to be reimbursed for the services provided to you. Practice may also disclose PHI to its business associates, such as billing companies, claims processing companies and others that assist in processing health claims. Practice may also disclose PHI to other health care providers and health plans for the payment activities of such providers or health plans.

For Health Care Operations.

Practice may use and disclose PHI as part of its operations, including for quality assessment and improvements, such as evaluating the treatment and services you receive and the performance of staff and physicians in caring for you, patient surveys, provider training, underwriting activities, compliance and risk management activities, planning and development, credentialing and peer review activities, and health care fraud and abuse detection or compliance, and management and administration. Practice may disclose PHI to doctors, nurses, technicians, students, attorneys, consultants, accountants and others for review and learning purposes, to help make sure Practice is complying with all applicable laws, and to help Practice continue to provide quality health care to its patients.

Practice may also use and disclose PHI to contact you with appointment reminders, information about treatment alternatives, or other health-related services that may be of interest to you.

As Required by Law and Law Enforcement.

Practice may use or disclose PHI when required to do so by applicable laws and when ordered to do so in a judicial or administrative proceeding. Practice may also use or disclose PHI upon a properly documented and limited request from law enforcement agencies, including reporting crimes occurring on Practice premises. If you are involved in a lawsuit, Practice may disclose health information in response to a court or administrative order. Practice may also disclose health information about your child 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.



Worker's Compensation.

Practice may disclose PHI in connection with a workers' compensation claim or similar legal proceeding, as authorized by law or with your written permission when required.

For Public Health Activities and Public Health Risks.

Practice may disclose PHI to government officials in charge of collecting information about births and deaths, preventing and controlling disease, or notifying a person who may have been exposed to a communicable disease or may be at risk of contracting or spreading a disease or condition.

This may also include reporting suspected abuse or neglect of children, elders, or dependent adults, or situations involving a serious risk to your safety or the safety of others, as required by applicable law.

For Health Oversight Activities.

Practice may disclose PHI to the government for oversight activities authorized by law, such as audits, investigations, inspections, licensure or disciplinary actions, and other proceedings, actions or activities necessary for monitoring the health care system, government programs and compliance with civil rights laws.

Coroners, Medical Examiners and Funeral Directors.

Practice may disclose PHI to coroners, medical examiners and funeral directors for the purpose of identifying a decedent, determining a cause of death or otherwise as necessary to enable these parties to carry out their duties consistent with applicable law

Research.

Under certain circumstances, Practice may use and disclose PHI for medical research purposes. For example, research may involve comparing the health and recovery of patients who received one medication with those who received another for the same condition, or studying how patients respond to different medical, behavioral, or mental health treatments or approaches.

To Avoid a Serious Threat to Health or Safety.

Practice may use and disclose PHI to law enforcement personnel or other appropriate persons to prevent or lessen a serious threat to the health or safety of a person or the public.

Specialized Government Functions.

Practice may use and disclose PHI of military personnel and veterans under certain circumstances. Practice may also disclose PHI to authorized federal officials for intelligence, counterintelligence, and other national security activities, and for the provision of protective services to the president or other authorized persons or foreign heads of state or to conduct special investigations.

Disclosures to You or for HIPAA Compliance Investigations.

Practice may disclose your PHI to you or to your personal representative and is required to do so in certain circumstances described below in connection with your rights of access to your PHI and to an accounting of certain disclosures of your PHI. Practice must disclose your PHI to the secretary of the United States Department of Health and Human Services (the "Secretary") when requested by



the Secretary in order to investigate Practice's compliance with privacy regulations issued under the federal Health Insurance Portability and Accountability Act of 1996.

Patient List; Marketing.

Practice does not sell your PHI. Practice may contact you regarding appointments, care coordination, treatment alternatives, or other services related to your care.

Disclosures to Individuals Involved in Your Health Care or Payment for Your Health Care.

Unless you object, Practice may disclose your PHI to a family member, other relative, friend, or other person you identify as involved in your health care or payment for your health care. In emergency situations, we may use our professional judgment to determine whether disclosure is in your best interest, and permission may be obtained retroactively when appropriate.

Restrictions for Out-of-Pocket Payments.

You have the right to request restrictions on disclosures 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.

OTHER USES AND DISCLOSURES.

Other types of uses and disclosures of your PHI not described above will be made only with your written authorization, which with some limitations; you have the right to revoke your authorization in writing. If you revoke your authorization, Practice will no longer use or disclose PHI about you for the reasons covered in your written authorization. Please understand that Practice is unable to recover any disclosures already made with your authorization, and that Practice is required to retain records of the care provided to you.

RIGHT TO FILE A COMPLAINT.

At Practice, we value the relationships we develop with our patients, our patients' privacy, and the trust our patients have in us. As such, we make every effort to remedy any issues or concerns you may have. We take your privacy concerns seriously and will make every reasonable effort to address any concerns you raise. You may submit any complaint regarding your privacy rights to:

Privacy/Security Officer: Jessica Clifton, PhD Psychologist, jclifton@parheliawellness.com; 707-341-6829.

You also have the right to file a complaint with the secretary of the Department of Health and Human Services, Office for Civil Rights. You will not be penalized for filing a complaint. You may contact the Office for Civil Rights at:

Office for Civil Rights
U.S. Department of Health and Human Services
Information for regional offices



PLEASE CONTACT THE PRIVACY OFFICER IF YOU HAVE ANY QUESTIONS REGARDING THIS NOTICE OF PRIVACY PRACTICES OR YOUR PRIVACY RIGHTS.

EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on **[May 1, 2026]**

Acknowledgement of Receipt of Privacy Notice

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