

INTAKE - Warrior2Veteran LLC - Notice of Privacy Practices

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NOTICE OF PRIVACY PRACTICES

Plain-Language Summary

This notice explains how **David Preston, LCSW** protects your health information, how it may be used, and what rights you have. Please read it and ask questions anytime.

Your Privacy Matters

Your health information is private. I am legally and ethically committed to protecting it.

I keep records so I can provide good care and meet legal requirements. This notice explains:

- How your information may be used or shared
- When it cannot be shared
- What rights you have

I am required by law to:

- Protect your health information
- Give you this notice
- Follow what this notice says

If this notice ever changes, the updated version will apply to all records and will be available in the office and on the website.

How Your Information May Be Used or Shared (Without Extra Permission)

For Treatment, Payment, and Practice Operations

Your information may be used or shared:

- With other healthcare providers involved in your care (with appropriate safeguards)
- To bill insurance or receive payment
- For required business or legal operations (such as audits or compliance reviews)

Safety and Legal Reasons

Your information may be shared **only when required or permitted by law**, including:

- If there is suspected abuse or neglect of a child, elder, or vulnerable person
- If there is a serious and immediate risk to your safety or someone else's
- In response to a court order or legal subpoena
- For certain law enforcement or government purposes
- For workers' compensation claims when applicable

Appointments and Care Updates

I may contact you to:

- Remind you of appointments
 - Share information related to your treatment or services
-

Uses That Require Your Written Permission

Your information will **not** be used or shared without your written permission for:

- **Psychotherapy notes** (with limited legal exceptions)
- **Marketing purposes**
- **Sale of your information** (this never happens)

You can withdraw your permission at any time, in writing.

Your Rights

You have the right to:

1. Ask for Limits on Sharing

You may ask that certain information not be shared.

I may decline if it affects your care, **except** when you pay fully out-of-pocket and request the information not be shared with insurance.

2. Choose How I Contact You

You can request how and where I contact you (phone, email, address, etc.). Reasonable requests are honored.

3. See or Get Copies of Your Records

You may request a copy of your records (excluding psychotherapy notes).

- Available within 30 days
- A reasonable fee may apply

4. Receive a List of Certain Disclosures

You may request a list of non-routine disclosures made in the past six years.

- One free request per year

5. Request Corrections

If you believe something in your record is wrong or incomplete, you may ask for a correction.

- If denied, you'll receive a written explanation

6. Get This Notice Anytime

You can request a paper or electronic copy of this notice at any time.

Sharing With Family or Others

With your permission, I may share limited information with people involved in your care (such as a partner or family member).

You may object at any time.

In emergencies, information may be shared when necessary for safety.

Acknowledgment

By signing or checking the acknowledgment box, you confirm that:

- You received this Notice of Privacy Practices
- You understand your rights
- You know you can ask questions at any time