

JOINT NOTICE OF PRIVACY PRACTICES

Centered Mind Counseling Services, PLLC & Centered Connections, PLLC

An Affiliated Covered Entity under HIPAA (45 CFR § 164.504(d))

Effective Date: February 16, 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.

Centered Mind Counseling Services, PLLC (“CMCS”) and Centered Connections, PLLC (“CC”) have designated themselves a single **Affiliated Covered Entity (“ACE”)** under the Health Insurance Portability and Accountability Act (“HIPAA”), 45 CFR § 164.504(d). For privacy and security purposes, the two practices operate under one set of privacy policies and may share your protected health information with each other for treatment, payment, and health care operations as if they were a single entity. Each practice remains a legally distinct business with its own clinicians and services. This Joint Notice applies to both practices, all of their locations, and all members of their workforce. We provide services at our offices in Issaquah and Sammamish, Washington, and by telehealth throughout Washington State.

We create and maintain personal information about you and your health. State and federal law protect your privacy by limiting how we may use and disclose that information. **Protected health information (“PHI”)** is information about you, including demographic information, that may identify you and that relates to your past, present, or future physical or mental health, the health care provided to you, or payment for that care.

Your Rights Regarding Your Health Information

- **Right to Access and Receive a Copy.** You have the right to inspect and receive a copy of the PHI we maintain about you, with limited exceptions. We may charge a reasonable, cost-based fee for copying. If your PHI is maintained electronically, you may request an electronic copy in a readily producible form and format, or in another readable form and format that we agree upon. You may also direct us, in writing, to transmit a copy to a third party you designate.
- **Right to Request an Amendment.** If you believe the PHI we maintain about you is incorrect or incomplete, you may ask us in writing to amend it. We are not required to agree. If we deny your request, you may submit a written statement of disagreement, which we will include with your PHI in future disclosures.
- **Right to an Accounting of Disclosures.** You have the right to request an accounting of certain disclosures we have made of your PHI, as provided by law.
- **Right to Request Restrictions.** You have the right to request, in writing, a restriction on how we use or disclose your PHI for treatment, payment, or health care operations. We are generally not required to agree. However, if you pay for a service or item in full, out of pocket, you may request that we not disclose the related PHI to your health plan, and we will honor that request unless the disclosure is otherwise required by law.
- **Right to Request Confidential Communications.** You have the right to request that we communicate with you in a particular way or at a particular location. We will accommodate reasonable requests and will not ask you the reason for the request.
- **Right to a Paper Copy of This Notice.** You have the right to obtain a paper copy of this Notice upon request, even if you have agreed to receive it electronically.
- **Right to Notification of a Breach.** You have the right to be notified following a breach of your unsecured PHI.

- **Right to File a Complaint.** You have the right to file a complaint if you believe your privacy rights have been violated, as described under “Complaints” below. We will not retaliate against you for filing a complaint.

How We May Use and Disclose Your Health Information

Treatment. We may use and disclose your PHI to provide, coordinate, and manage your health care and related services, including coordination and continuity of care with other licensed professionals who are currently providing your care or to whom you have been referred for evaluation or treatment. Psychotherapy notes are not released without your written authorization.

Appointment Reminders and Health-Related Services. We may use and disclose your PHI to contact you with appointment reminders and to tell you about treatment alternatives or other health-related benefits and services that may be of interest to you.

Prescription Monitoring Program. When prescribing or considering certain medications, our prescribers may review your prescription history in the Washington State Prescription Monitoring Program, a secure state database authorized by chapter 70.225 RCW, accessed through OneHealthPort. Pharmacies report dispensed prescriptions to this database as required by law.

Payment. We may use and disclose your PHI to obtain payment for the services we provide. This may include determining benefit eligibility and coverage and submitting claims to third-party payers. Some services are provided on a private-pay basis. Where you pay in full, out of pocket, you may restrict disclosure to your health plan as described above.

Health Care Operations. We may use and disclose your PHI for our health care operations, such as quality assessment and improvement, staff review and training, licensing and accreditation, and general business management. This may include disclosures to Business Associates who perform services on our behalf.

Sharing Within Our Affiliated Covered Entity. Because CMCS and CC operate as a single Affiliated Covered Entity, we may share your PHI between the two practices for treatment, payment, and health care operations without a separate authorization from you.

Business Associates. We may disclose your PHI to Business Associates that perform services on our behalf, limited to the minimum necessary. We require each Business Associate, by written contract, to safeguard your PHI and to comply with applicable law.

Required by Law. We may use or disclose your PHI when required by law, limited to the relevant requirements of that law. Examples include public health activities; reports of suspected child abuse or neglect; reports of suspected abuse, neglect, or financial exploitation of a vulnerable adult; reports to law enforcement as permitted or required; reports to coroners and medical examiners; and disclosures to the U.S. Department of Health and Human Services to investigate our compliance.

Health Oversight Activities. We may disclose your PHI to a health oversight agency for activities authorized by law, such as professional licensure, audits, and investigations.

To Avert a Serious Threat to Health or Safety. We may use or disclose your PHI when necessary to prevent or lessen a serious and imminent threat to the health or safety of you or others, consistent with our legal and ethical obligations under Washington law.

Legal Proceedings. We may disclose your PHI pursuant to a lawful order of a court. If we receive a subpoena, discovery request, or other legal demand that is not accompanied by a court order or your written authorization, Washington law requires that you receive notice and an opportunity to object, and imposes additional protections on mental health information, before any records may be released. We will not release your records in response to such a demand unless those requirements are satisfied or a court orders disclosure.

Persons Involved in Your Care. In most circumstances, Washington law requires your written authorization before we may disclose your information to a family member, friend, or other person involved in your care. If you would like us to communicate with someone who supports you, we will ask you to sign a release of information identifying that person and what may be shared, and you may revoke it at any time. We may disclose information without your authorization in a medical emergency, or to prevent or lessen a serious and imminent threat to your health or safety or the safety of another person, limited to the information necessary to address the situation.

Deceased Clients. After a client's death, we disclose PHI only to the client's personal representative or as otherwise permitted or required by law (RCW 70.02.140). Federal privacy protections continue to apply to your PHI for 50 years after death.

Special Protections Under Washington Law

Certain categories of information receive additional protection under Washington and federal law. These include **psychotherapy notes; substance use disorder treatment records subject to 42 CFR Part 2 (described in the next section); information about HIV/AIDS and sexually transmitted diseases (RCW 70.02.220); and genetic information.** Many uses and disclosures of these categories require your specific written authorization or consent. Other mental health treatment information is used and disclosed for treatment, payment, and health care operations as described in this Notice, consistent with HIPAA and Washington's Uniform Health Care Information Act, chapter 70.02 RCW. Where Washington law provides greater protection of your information than HIPAA, we will follow Washington law.

Minors. Washington law permits adolescents age 13 and older to consent to their own outpatient mental health and substance use disorder treatment. When a minor lawfully consents to their own care, information about that care generally may not be disclosed to a parent or guardian without the minor's permission, except as permitted or required by law (chapter 71.34 RCW; RCW 70.02.240).

Substance Use Disorder Treatment Records (42 CFR Part 2)

We may receive, create, or maintain records relating to substance use disorder ("SUD") diagnosis or treatment that are protected by the federal confidentiality regulations at 42 CFR Part 2 ("Part 2"). This includes records we receive from a Part 2 treatment program, such as an intensive outpatient SUD program, in connection with your care. Part 2 records receive protections in addition to those that apply to your other PHI, as described in this section.

Written Consent. In general, we may not use or disclose your Part 2 records without your written consent. A single, signed consent permits us to use and disclose your Part 2 records for all future treatment, payment, and health care operations until you revoke that consent in writing. For example, with your consent we may share your SUD treatment records with another provider involved in your care or submit them to your health plan to obtain payment. Records disclosed with your consent for treatment, payment, or health care operations may be redisclosed by the recipient as permitted by HIPAA, except as described under "Protection in Legal Proceedings" below. We will not condition your treatment on whether you sign a consent.

SUD Counseling Notes. SUD counseling notes, meaning a clinician's notes documenting or analyzing the contents of conversation during an SUD counseling session that are kept separate from the rest of the record, require your specific written consent and are not covered by a general consent for treatment, payment, or health care operations.

Uses and Disclosures Without Your Consent. Federal law permits us to use or disclose Part 2 records without your consent only in limited circumstances, including: to medical personnel in a bona fide medical emergency; to qualified personnel for audit, evaluation, or scientific research that meets regulatory requirements; to report suspected child abuse or neglect as required by state law; to report a crime committed on our premises or against

our personnel; when authorized by a court order that meets the special requirements of Part 2; and to public health authorities, provided the information does not identify you.

Protection in Legal Proceedings. Your Part 2 records, and testimony conveying information contained in those records, may not be used or disclosed in any civil, criminal, administrative, or legislative investigation or proceeding against you unless you provide specific written consent or a court issues an order after making the findings required by Part 2.

Your Rights Regarding Part 2 Records. You may revoke a Part 2 consent in writing at any time, except to the extent we have already acted in reliance on it. The rights described in this Notice, including breach notification, the right to request restrictions, and the right to an accounting of certain disclosures, apply to your Part 2 records. If you believe your rights under Part 2 have been violated, you may file a complaint with our Privacy Officer or with the Secretary of the U.S. Department of Health and Human Services. We will not retaliate against you, and we will not condition your treatment on whether you file a complaint.

Uses and Disclosures That Require Your Written Authorization

Other than the uses and disclosures described in this Notice, we will use or disclose your PHI only with your written authorization. This includes most uses and disclosures of **psychotherapy notes**, any use or disclosure for **marketing**, and any disclosure that constitutes a **sale of PHI**. You may revoke an authorization in writing at any time, except to the extent we have already taken action in reliance on it. Substance use disorder treatment records subject to 42 CFR Part 2 require your written consent as described in the section above.

Uses and Disclosures We Do Not Make. We do not use or disclose your PHI for research, marketing, or fundraising. We do not sell your PHI. We do not maintain a facility directory for public disclosure. We do not receive payment in exchange for recommending any health care product or service.

Our Responsibilities

- We are required by law to maintain the privacy and security of your PHI.
- We are required to provide you with this Notice of our legal duties and privacy practices and to abide by the terms of the Notice currently in effect.
- Where a more stringent state or federal law applies to your PHI, we will follow the more stringent law.
- We will notify you following a breach of your unsecured PHI.
- We maintain administrative, technical, and physical safeguards to protect your PHI, including encrypted communications, access controls, and regular staff privacy training.

Changes to This Notice

We reserve the right to change the terms of this Notice at any time. Any revised Notice will be effective for all PHI we maintain at that time. We will make a revised Notice available by providing a copy upon your request, by providing a copy at your next appointment, and by posting it on our websites: www.centeredmindcounseling.com and www.centeredconnections.support.

Complaints

If you believe your privacy rights have been violated, you may file a written complaint with our Privacy Officer using the contact information below, or with the Secretary of the U.S. Department of Health and Human Services, Office for Civil Rights. Complaints to the Office for Civil Rights must be filed within 180 days of when you knew of the violation. **We will not retaliate against you for filing a complaint.**

Contact Information

Privacy Officer: Rebecca Pearce, Assistant Director

Centered Mind Counseling Services, PLLC & Centered Connections, PLLC

22717 SE 29th Street, Suite D-101, Sammamish, WA 98075

CMCS: (425) 269-3277 | CC: (425) 600-2235

Email: privacy@centeredmindcounseling.com | privacy@centeredconnections.support

Websites: www.centeredmindcounseling.com | www.centeredconnections.support

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