NOTICE OF PRIVACY PRACTICES
SANDERSON PSYCHOLOGICAL, LLC

Elizabeth
95 Enterprise Street, Suite 104
Elizabeth, PA 15037
412-754-1100 (call or text)

Washington
50 Berry Road, Suite 1
Washington, PA 15301
412-754-1100 (call or text)

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.

EFFECTIVE DATE: September 2, 2026

YOUR PRIVACY IS IMPORTANT TO US

This Notice of Privacy Practices explains how Sanderson Psychological, LLC may use and disclose your protected health information (PHI), your rights regarding your PHI, and our responsibilities regarding the privacy of your health information.

We are required by law to maintain the privacy of your PHI, provide you with this Notice describing our legal duties and privacy practices, and follow the terms of the Notice currently in effect.

This Notice applies to services provided by Sanderson Psychological, LLC, including psychotherapy, psychological testing, and psychiatric medication management.

WHAT IS PROTECTED HEALTH INFORMATION?

Protected Health Information (PHI) is information about your health, treatment, or payment for healthcare that identifies you or could reasonably be used to identify you.

Depending on the services you receive, your PHI may include information such as:

- Your name and contact information
- Information about your physical or mental health
- Your reason for seeking treatment and presenting concerns
- Medical and mental health history
- Family, social, academic, occupational, and substance-use history
- Diagnoses and treatment recommendations
- Treatment plans and progress notes
- Psychological testing information and results
- Medication information
- Information received from or shared with other healthcare providers
- Appointment and scheduling information
- Billing, payment, and insurance information

HOW WE MAY USE AND DISCLOSE YOUR PHI

The following are some of the ways we may use or disclose your PHI without obtaining a separate written authorization from you when permitted by applicable law.

Treatment: We may use and disclose your PHI to provide, coordinate, or manage your healthcare. For example, we may communicate with other healthcare providers who are involved in your treatment, such as your primary care provider, psychiatrist, therapist, psychologist, or other treating professional. We may also use or disclose information to coordinate services within Sanderson Psychological, LLC when reasonably necessary for your treatment.

Payment: We may use and disclose your PHI to obtain payment for services we provide. For example, we may submit claims to your health insurance company and provide information necessary to determine coverage, process claims, or obtain payment. This may include information such as your diagnosis, services provided, dates of service, and other information requested by your insurer when permitted by law.

Healthcare Operations: We may use and disclose your PHI for activities necessary to operate our practice and provide quality care.

Examples include:

- Quality assessment and improvement
- Reviewing the performance of our providers
- Business planning and administrative activities
- Credentialing and compliance activities
- Auditing and other activities necessary to operate the practice
- Using services provided by our business associates

Appointment Reminders and Communications: We may use your PHI to contact you regarding appointments, scheduling, treatment-related matters, or other healthcare services. You may request in writing that we contact you in a particular way or at a particular location if you believe doing so would better protect your privacy. We will accommodate reasonable requests as required by law.

Treatment Options and Health-Related Services: We may use and disclose your PHI to provide information about treatment options, alternatives, or other health-related services that may be of interest or benefit to you.

Business Associates: We may disclose PHI to individuals or organizations that perform services on our behalf and require access to PHI to perform those services. These individuals or organizations are known as business associates. Business associates are required to appropriately safeguard your PHI and use or disclose it only as permitted by law and their agreements with us.

OTHER USES AND DISCLOSURES PERMITTED OR REQUIRED BY LAW

We may use or disclose your PHI without your written authorization when permitted or required by applicable federal or Pennsylvania law.

Examples may include:

When Required by Law: We may disclose PHI when federal, state, or local law requires us to do so.

Public Health Activities: We may disclose PHI for certain public health activities permitted or required by law.

Abuse, Neglect, or Exploitation: We may disclose PHI when reporting is required or permitted by applicable law, including certain reports of suspected current or past child abuse, neglect, or exploitation and certain reports involving vulnerable individuals.

Health Oversight Activities: We may disclose PHI to government agencies authorized to conduct activities such as licensing, investigations, audits, or other oversight of the healthcare system.

Legal Proceedings and Law Enforcement: We may disclose PHI in response to a valid court order, subpoena, warrant, or other lawful process when permitted or required by law. We may also disclose PHI for certain law-enforcement purposes when the requirements of applicable law are met.

Serious Threats to Health or Safety: We may use or disclose PHI when permitted or required by law to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

Workers' Compensation: We may disclose PHI as authorized by and to the extent necessary to comply with laws relating to workers' compensation or similar programs.

Coroners, Medical Examiners, and Funeral Directors: We may disclose PHI as permitted by law to coroners, medical examiners, or funeral directors when necessary for their legally authorized duties.

Specialized Government Functions: We may disclose PHI when permitted or required for certain specialized government functions, including certain military, veterans, correctional, national security, or protective services activities.

Organ and Tissue Donation: We may disclose PHI as permitted by law for organ, eye, or tissue donation and transplantation purposes.

USES AND DISCLOSURES THAT REQUIRE YOUR AUTHORIZATION

Certain uses and disclosures of PHI require your written authorization.

For example, an authorization is generally required for uses or disclosures of psychotherapy notes that are maintained separately from the medical record, certain uses or disclosures for marketing, and other uses or disclosures for which HIPAA requires authorization. Clinical documentation maintained as part of the medical record, such as progress notes, is not considered psychotherapy notes under HIPAA.

If we ask you to sign an authorization, the authorization will describe the information that may be used or disclosed, who may receive it, the purpose of the disclosure, and when the authorization expires.

You may revoke an authorization in writing at any time. Revocation does not affect information that has already been used or disclosed based on your authorization.

A Notice of Privacy Practices does not itself authorize a use or disclosure that otherwise requires your written authorization.

YOUR RIGHTS REGARDING YOUR PHI

You have the following rights regarding your protected health information, subject to certain legal limitations.

Right to Inspect and Obtain a Copy: You generally have the right to inspect and obtain a copy of health information about you that we maintain in your medical or clinical records, subject to certain legal limitations. You may be required to submit your request in writing. We may charge a reasonable, cost-based fee where permitted by law.

Right to Request an Amendment: If you believe information in your record is incorrect or incomplete, you may request that we amend the information. Requests for amendments must be made in writing and should explain why you believe the information should be amended. We may deny an amendment request when permitted by law, but you have the right to receive a written explanation of the decision.

Right to Request Confidential Communications: You may request in writing that we communicate with you about your health information in a particular way or at a particular location. For example, you may ask us to contact you at a specific telephone number or address. We will accommodate reasonable requests as required by applicable law.

Right to Request Restrictions: You may request restrictions in writing on how we use or disclose your PHI for treatment, payment, or healthcare operations. We are not required to agree to every restriction request. However, when you pay for a service completely out of pocket and request that the information relating to that service not be disclosed to your health plan for payment or healthcare operations purposes, we will honor the request when required by law.

Right to Receive a Copy of This Notice: You have the right to receive a paper or electronic copy of this Notice at any time. You may request a copy from our office, and the current Notice will also be made available on our website.

Right to File a Complaint: If you believe your privacy rights have been violated, you may file a complaint with Sanderson Psychological, LLC by contacting our Privacy Officer at 412-754-1100. You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. You will not be retaliated against for filing a privacy complaint.

Right to Receive an Accounting of Disclosures: You generally have the right to request an accounting of certain disclosures of your PHI that we have made during the six years before your request. This does not include disclosures made for purposes such as treatment, payment, or healthcare operations, or certain other disclosures excluded by law. You may request an accounting in writing. One accounting in any 12-month period is provided without charge; we may charge a reasonable, cost-based fee for additional requests within the same 12-month period, as permitted by law.

Right to Choose Someone to Act for You: If you have a personal representative, such as a parent, legal guardian, or other person legally authorized to act on your behalf, that person may be able to exercise your privacy rights and make decisions regarding your PHI as permitted by law. We will verify the person's authority before taking action on your behalf.

OUR RESPONSIBILITIES

Sanderson Psychological, LLC is required by law to:

- Maintain the privacy and security of your PHI
- Provide you with this Notice describing our legal duties and privacy practices
- Follow the terms of the Notice currently in effect
- Notify you as required by law if a breach occurs that compromises the privacy or security of your PHI
- Provide you with information about how to exercise your privacy rights
- Make this Notice available to you upon request

We reserve the right to change our privacy practices and this Notice when permitted or required by law.

If we make a material change to our privacy practices, we will update this Notice. The revised Notice will be available upon request and posted as required by law.

ADDITIONAL PROTECTIONS FOR CERTAIN HEALTH INFORMATION

Certain types of health information may be subject to additional federal or Pennsylvania privacy protections.

For example, substance use disorder treatment records maintained by certain programs may be subject to additional protections under federal law, including 42 CFR Part 2.

When applicable, Sanderson Psychological, LLC will comply with the additional requirements governing the use and disclosure of such information.

QUESTIONS OR PRIVACY CONCERNS

If you have questions about this Notice, our privacy practices, or your privacy rights, please contact:

Sanderson Psychological, LLC
Privacy Officer: Brooke Sanderson, Owner
Phone: 412-754-1100

We are available to answer questions about how your health information is used and disclosed and how you may exercise your privacy rights.

ACKNOWLEDGMENT OF RECEIPT

I acknowledge that I received and had the opportunity to review Sanderson Psychological, LLC's Notice of Privacy Practices.

I understand that this acknowledgment confirms receipt of the Notice. It does not constitute authorization for any use or disclosure of my protected health information beyond what is permitted by law.

Client Name: _____

Signature of Client or Authorized Representative:_____

Printed Name of Authorized Representative (if applicable): _____

Relationship to Client: _____

Date: _____