



0. Notice of Privacy Practices - 2026

Your Information. Your Rights. Our Responsibilities

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.

Your Rights

You have certain rights regarding your health information. These include the right to obtain a copy of your paper or electronic health record, ask us to correct your health record, request confidential communications, ask us to limit certain uses or disclosures, receive an accounting of certain disclosures, obtain a copy of this Notice, choose someone who is legally authorized to act for you, and file a complaint if you believe your privacy rights have been violated.

Get an electronic or paper copy of your health record

You may ask to see or receive an electronic or paper copy of your health record and other health information we maintain about you. Ask us how to make this request. We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee when permitted by law.

Ask us to correct your health record

You may ask us to correct health information about you that you believe is incorrect or incomplete. Ask us how to make this request. We may deny your request in certain circumstances, but if we do, we will tell you why in writing, generally within 60 days.

Request confidential communications

You may ask us to contact you in a specific way, such as at a particular phone number, or to send mail to a different address. We will accommodate reasonable requests.

Ask us to limit what we use or share

You may ask us not to use or share certain health information for treatment, payment, or our health care operations. We are generally not required to agree to your request. If we agree, we will follow the restriction except in certain circumstances, such as when the information is needed for emergency treatment.

If you pay for a health care service out of pocket in full, you may ask us not to share information about that service with your health plan for payment or health care operations. We will honor that request unless the law requires us to share the information.

Get a list of certain disclosures of your information

You may ask for a list, called an accounting of disclosures, showing certain times we shared your health information during the six years before the date of your request, including who received it and why. The accounting will not include certain disclosures, such as those made for treatment, payment, or health care operations. We will provide one accounting in any 12-month period at no charge. We may charge a reasonable, cost-based fee for additional requests within the same 12-month period.

Get a copy of this privacy notice

You may ask for a paper copy of this Notice at any time, even if you have agreed to receive it electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

If someone has legal authority to act as your personal representative, such as a legal guardian or a person with appropriate health care decision-making authority, that person may exercise your rights and make choices about your health information. We will verify that the person has the appropriate authority before allowing them to act on your behalf.

File a complaint if you believe your privacy rights have been violated

You may file a complaint with Endeavor Psychotherapy Associates if you believe we have violated your privacy rights. You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights. We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you may tell us your preferences about what we share. If you have a clear preference about how we share your information in the situations described below, tell us what

you want us to do and we will follow your instructions when required by law.

You may tell us whether you want us to share relevant information with family members, close friends, or others involved in your care or payment for your care, or in a disaster-relief situation.

If you are unable to tell us your preference, such as in an emergency or if you are incapacitated, we may share information when permitted by law and when, using professional judgment, we believe doing so is in your best interest. We may also share information when necessary to lessen a serious and imminent threat to health or safety.

We will not use or disclose your health information for marketing purposes, sell your health information, or disclose psychotherapy notes in circumstances requiring authorization unless you give us written authorization.

Our Uses and Disclosures

How we typically use or share your health information

We may use and share your health information for treatment, payment, and health care operations as permitted by law.

Treatment: We may use your health information and share it with other health care professionals who are treating you. For example, with appropriate legal protections, your therapist may communicate with another treating provider to coordinate your care.

Health care operations: We may use and share your health information to operate the practice, manage your care, improve our services, conduct quality review, and contact you when necessary.

Payment: We may use and share your health information to bill for services and obtain payment from you, a health plan, or another responsible payer, when applicable.

How else may we use or share your health information?

We may use or share your health information in other circumstances when permitted or required by law. These uses and disclosures are subject to applicable legal requirements and limitations and may include:

- Public health and safety activities, such as preventing disease, reporting certain adverse events, and reporting suspected abuse, neglect, or domestic violence when permitted or required by law.
- Health oversight activities, such as audits, investigations, inspections, and licensing activities.
- Complying with federal, state, or local law.
- Responding to workers' compensation claims when applicable.
- Responding to certain lawful requests from law enforcement or other government authorities.
- Working with a medical examiner, coroner, or funeral director when permitted by law.
- Responding to a court or administrative order, subpoena, discovery request, or other lawful process when the applicable legal requirements have been met.
- Research when the requirements of applicable law have been satisfied.

Substance use disorder records

To the extent that we have substance use disorder patient records that are protected by 42 CFR Part 2, additional federal confidentiality protections apply. We will not use or disclose information from those records in civil, criminal, administrative, or legislative investigations or proceedings against you unless you provide written consent or the use or disclosure is authorized by a court order and subpoena as required by law.

Our Responsibilities

We are required by law to maintain the privacy and security of your protected health information.

We will notify you as required by law if a breach occurs that may have compromised the privacy or security of your information.

We must follow the duties and privacy practices described in this Notice and provide you with a copy of it.

We will not use or disclose your health information other than as described in this Notice unless you authorize us to do so in writing or another use or disclosure is permitted or required by law. If you provide written authorization, you may revoke that authorization in writing at any time, subject to applicable legal limitations.

Changes to the Terms of This Notice

We may change the terms of this Notice, and the changes may apply to all health information we maintain about you. If we make a material change, the revised Notice will be available upon request, at our office, and on our website.

Effective Date

This Notice of Privacy Practices is effective September 1, 2026.

Questions, Privacy Requests, or Complaints

Dana Lynn, Practice Manager and Privacy Officer

Endeavor Psychotherapy Associates

800 Woodbury Road, Suite I

Woodbury, NY 11797

Phone: 516-558-7232

Email: info@endeavorpsychotherapy.com

Complaints to the U.S. Department of Health and Human Services

You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights if you believe your privacy rights have been violated. You may submit a complaint through the HHS Office for Civil Rights complaint process, by mail, or by contacting HHS for assistance. We will not retaliate against you for filing a complaint.