

A'new Child and Family Guidance Center PLLC

NOTICE OF PRIVACY PRACTICES

Healing, Renewal, and New Beginnings for Children and Families

Effective date: September 10, 2026

> **THIS NOTICE DESCRIBES HOW MENTAL HEALTH AND OTHER HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

Our Commitment to Your Privacy

A'new Child and Family Guidance Center PLLC ("A'new," "we," "us," or "our") currently provides outpatient behavioral health services through virtual/telehealth appointments to clients located in Virginia. If we expand services to other states, we will follow the laws applicable to the client's location and update our policies and notices as needed. We are committed to protecting the privacy of your protected health information ("PHI"). PHI is information that identifies you and relates to your

past, present, or future physical or mental health, the care you receive, or payment for that care.

This Notice explains our legal duties, how we may use and disclose PHI, and your rights concerning your information. We are required by law to maintain the privacy and security of PHI, provide this Notice, follow the Notice currently in effect, and notify affected individuals following a breach of unsecured PHI when required by law. We use or disclose only the information permitted by law and, where the minimum-necessary rule applies, limit information to what is reasonably necessary for the purpose.

1. How We May Use and Disclose Your Information

For treatment

We may use and disclose PHI to provide, coordinate, or manage your care. For example, a clinician may consult with another treating professional or coordinate care with a provider involved in your treatment, when permitted by law.

For payment

We may use and disclose PHI to obtain payment for services, determine insurance eligibility or benefits, submit claims, obtain authorization or payment, and respond to payment or utilization-review questions. For example, information may be sent to your health plan to process a claim or determine whether a service is covered.

For health care operations

We may use and disclose PHI for activities needed to operate and improve our services, such as quality review, care coordination, credentialing, compliance, auditing, business planning, and administrative services. We may share information with service providers who perform functions for us, such as electronic health record, telehealth, billing, or secure communications vendors, when permitted by law and subject to appropriate safeguards and contractual requirements.

Appointments and service communications

We may use your contact information to schedule appointments, send reminders, communicate about services, and provide information related to your care. You may ask us to use a particular phone number, email address, portal, or other reasonable

confidential communication method. Please tell us if a particular method or message could put your privacy at risk.

2. Uses and Disclosures That Usually Require Your Written Authorization

For uses or disclosures not described in this Notice, we will obtain your written authorization when required by law. Examples may include certain disclosures to an employer, disclosures for marketing where authorization is required, or disclosures of psychotherapy notes maintained separately from the general medical record. Some uses and disclosures of psychotherapy notes are subject to special protections under federal law.

You may revoke an authorization in writing at any time, except to the extent we have already acted in reliance on it or another legal exception applies. Revocation does not undo a disclosure already made in reliance on the authorization.

3. Situations Where the Law May Permit or Require Disclosure Without Authorization

We may use or disclose PHI without your written authorization when applicable federal or state law permits or requires it. Examples include:

- **Required by law:** disclosures required by a statute, regulation, court order, or other legal process.
- **Public health and safety:** disclosures for legally authorized public health activities or to prevent or lessen a serious and imminent threat to health or safety, as permitted by law.
- **Abuse, neglect, or exploitation:** reports to appropriate authorities when reporting is required or permitted by applicable law, including laws concerning children or protected adults.
- **Health oversight:** disclosures to agencies authorized to conduct audits, investigations, inspections, or licensing activities.
- **Judicial and administrative proceedings:** disclosures in response to qualifying court or administrative orders or other lawful process, subject to applicable confidentiality protections.

- **Law enforcement and government functions:** disclosures permitted by law for specified law-enforcement, correctional, national-security, or government purposes.
- **Workers' compensation:** disclosures authorized by laws governing workers' compensation or similar programs.
- **People involved in your care:** information may be shared with a family member, caregiver, or other person involved in your care or payment for care when you agree, do not object where applicable, or the law otherwise permits it.
- **Emergency circumstances:** disclosures needed for emergency treatment or other legally recognized emergency situations.

Confidentiality rules for mental health records, minors, and other specially protected information may impose additional limits. We will follow the laws that apply to the particular record and situation.

4. Substance Use Disorder Records

If A'new creates or receives substance use disorder records protected by federal law, including 42 CFR Part 2, those records may be subject to additional confidentiality requirements. We will use and disclose such records only as permitted by the applicable rules, including any required consent or qualifying court order. Part 2 protections may limit the use of these records in investigations or legal proceedings against a patient. The specific protections that apply depend on the type of record and the circumstances.

5. Telehealth and Electronic Communications

Because our outpatient services are provided virtually, your information may be created, received, stored, or transmitted through telehealth platforms, electronic health records, patient portals, secure email, telephone, text messaging, and other technology used in providing or administering care. We use reasonable administrative, technical, and physical safeguards designed to protect PHI and require appropriate safeguards from vendors when required by law.

- Please participate in sessions from a private location when possible and use a device and internet connection you consider secure.
- Other people near you may be able to hear or see a session if you do not have privacy.

- Standard email or text messages may not be fully secure. Please ask us about available secure communication options and tell us your communication preferences.
- We cannot guarantee the privacy or security of networks, devices, or applications outside our control.
- We will not record a therapy session unless the recording is authorized and handled in accordance with applicable law and our policies.

This Notice does not replace the separate informed consent for telehealth or any consent required for treatment, release of information, or electronic communications.

6. Your Rights Regarding Your Health Information

Access to records

You may request to inspect or obtain an electronic or paper copy of health information maintained in your designated record set, subject to limited legal exceptions. We generally respond within the time required by law. A reasonable, cost-based fee may apply where permitted.

Request an amendment

You may ask us to correct information you believe is inaccurate or incomplete. We may deny a request for reasons allowed by law and will provide a written explanation when required.

Request confidential communications

You may ask us to contact you in a specific way or at a specific location, such as by calling a designated number or using a particular email address. We will accommodate reasonable requests as required by law.

Request restrictions

You may ask us to limit how we use or disclose certain PHI for treatment, payment, or health care operations. We are not required to agree to every request. If you pay for a service or item in full out of pocket, you may ask us not to disclose information about that service or item to your health plan for payment or health care operations, and we must honor that request unless disclosure is required by law.

Accounting of disclosures

You may request a list of certain disclosures of your PHI made during the six years before your request. The list does not include all disclosures; exceptions include many disclosures for treatment, payment, and health care operations, disclosures you authorized, and other exceptions allowed by law.

Paper copy of this Notice

You may request a paper copy of this Notice at any time, even if you agreed to receive it electronically.

Privacy, Consent, and Confidentiality for Minors

For clients under age 18 receiving services in Virginia, A'new follows applicable Virginia and federal laws governing consent to treatment, access to records, and confidentiality. In general, A'new seeks consent from a parent or legal guardian before providing treatment to a minor when required by law. Virginia law also allows a minor to consent independently to certain services in specified circumstances, including outpatient treatment for mental illness or emotional disturbance and substance use disorder treatment. Whether a minor may consent independently depends on the circumstances and applicable law.

When a minor consents to services independently under applicable Virginia law, the minor may also have legal rights to access or authorize disclosure of records related to those services. In other situations, a parent or legal guardian may have authority to participate in treatment decisions or access records. A'new will verify the legal authority of any parent, guardian, or representative and will disclose information only as permitted or required by law.

Confidentiality is not absolute. Information may be disclosed when required or permitted by law, including in certain circumstances involving suspected abuse or neglect, serious safety concerns, or court orders. A'new will explain applicable privacy and confidentiality expectations to the minor and parent or guardian, as appropriate, before or during treatment. If A'new begins serving clients in another state, the consent and confidentiality rules applicable to that client's location will apply.

Confidentiality of HIV/AIDS-Related Information

A'new protects the confidentiality of information related to HIV, AIDS, HIV testing, and related diagnosis or treatment in accordance with applicable federal and Virginia law.

We will not use or disclose this information except as authorized by the individual or the individual's legally authorized representative, or as otherwise permitted or required by law. Certain disclosures may be permitted or required in circumstances such as public health reporting or other situations established by law. We take reasonable steps to protect this information from unauthorized access, use, or disclosure.

Personal representative

A person legally authorized to act for you may exercise your rights when applicable law permits. We will verify that person's authority before acting on the request.

File a complaint

You may complain to us or to the U.S. Department of Health and Human Services if you believe your privacy rights have been violated. We will not retaliate against you for filing a complaint.

7. Our Responsibilities and Changes to This Notice

We are required to maintain the privacy and security of your PHI, provide this Notice, follow the Notice currently in effect, and notify you if a breach compromises the privacy or security of your information when notification is required by law. We will not use or disclose your PHI in ways not described in this Notice unless you authorize us in writing or the law permits or requires the use or disclosure.

We may change the terms of this Notice. Any revised Notice will apply to PHI we maintain, as permitted by law. We will make the current Notice available on our website and provide a copy upon request.

8. Contact the Privacy Officer

To request records, ask a privacy question, request a restriction or amendment, or submit a complaint, contact:

A'new Child and Family Guidance Center PLLC — Privacy Officer

Phone: 703-270-1013

Email: admin@anewchildfamilyguidance.com

Website: http://anewchildfamilyguidance.com/

U.S. Department of Health and Human Services, Office for Civil Rights: 200 Independence Avenue, S.W., Washington, D.C. 20201; 1-877-696-6775; or https://www.hhs.gov/hipaa/filing-a-complaint/

Receipt and Acknowledgment of Notice of Privacy Practices

I acknowledge that I have received or been offered a copy of the Notice of Privacy Practices for A'new Child and Family Guidance Center PLLC. I understand that this acknowledgment confirms receipt of the Notice; it is not an authorization for uses or disclosures that otherwise require my separate written authorization.

For a parent, guardian, or personal representative signing for a client, please identify your relationship to the client. A parent's access to a minor's records may be limited by applicable law.

Client/Patient Full Name

Date of Birth

Parent/Guardian/Personal Representative Name (if applicable)

Relationship to Client (if applicable)

Client or Representative Signature **Date Signed**

☐ I received or was offered a copy of this Notice of Privacy Practices.

If acknowledgment cannot be obtained: Staff documentation — record the date, method, and reason acknowledgment was not obtained.

Staff Name/Initials **Date and Reason**