NP IN PSYCHIATRY PLLC

NOTICE OF PRIVACY PRACTICES

Vanessa Menjivar, NP in Psychiatry, PLLC

Effective Date: 09/01/2026

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.

This is the Notice of Privacy Practices of Vanessa Menjivar, NP in Psychiatry, PLLC. HIPAA is a federal law that requires me to maintain the privacy of your protected health information and to provide you with notice of my legal duties and privacy practices with respect to your protected health information. In addition to HIPAA, I am bound by the confidentiality protections of New York Mental Hygiene Law § 33.13 and other applicable New York law, which may provide protections greater than federal law. I am required by law to abide by the terms of this Notice.

Your Protected Health Information

Your "protected health information" (PHI) broadly includes any health information — oral, written, or recorded — that is created or received by me or other healthcare providers and that could be used to identify you. We collect the following types of PHI:

- Demographic and contact information
- Medical and psychiatric history, treatment records, and medications
- Billing and payment information
- Laboratory or diagnostic results and appointment records
- Communications sent through the client portal and any other information relevant to your clinical care

How We May Use or Disclose Your Protected Health Information

Generally, I may not use or disclose your PHI without your permission, and I must use or disclose your PHI in accordance with your permission. In all cases, I limit such uses or disclosures to the minimum amount of PHI reasonably required.

Without Your Written Authorization: Treatment, Payment, and Health Care Operations

Treatment activities include providing psychiatric evaluation, diagnosis, treatment, and care coordination; prescribing medications; reviewing laboratory or medical information; scheduling appointments; and communicating with you about your care, including appointment reminders.

Payment activities include processing your payments and managing your account. This is a private-pay practice that does not submit claims to insurance. If you request a statement ("superbill") to seek out-of-network reimbursement on your own, I will provide it to you directly; I do not transmit claims to insurers on your

behalf. Payment activities may also include disclosures to collection agencies as necessary to collect unpaid fees, provided that I notify you in writing before making collection efforts.

Health care operations include maintaining clinical documentation, general administrative duties, and internal quality control. This may involve disclosures to legal counsel, accountants, bookkeepers, and electronic practice-management systems (such as SimplePractice) with whom I maintain a Business Associate Agreement.

Insurance Participation Status

This practice is currently private-pay and is not participating with, or credentialed by, any health insurance plan. I am in the process of pursuing credentialing with one or more insurance plans; that process is administered by each insurer and generally takes approximately three to six months to complete. This section will be updated, or removed, once — and if — credentialing with a given plan is approved. Until you are notified otherwise, this practice remains out-of-network with all insurers, and the payment and superbill provisions described elsewhere in this Notice continue to apply.

Third Parties With Whom PHI May Be Shared

- Pharmacies, laboratories, or diagnostic service providers
- SimplePractice (our secure practice-management and telehealth platform)
- Other healthcare providers actively involved in your clinical care
- Billing, collection, or professional-services vendors under a Business Associate Agreement
- For minor clients, foster parents, caseworkers, and agencies with legal custody or supervisory authority, such as the applicable child welfare agency, and any court-appointed representative for the minor, when legally authorized

For minor clients whose parents are separated or divorced, or who are in foster care or under the care, custody, or supervision of the applicable child welfare agency, additional information about consent, disclosures, and coordination of care is set out in the Practice's Minors: Custody, Guardianship, and Child Welfare Addendum.

UNLESS YOU REQUEST OTHERWISE, AND I AGREE TO YOUR REQUEST, I WILL USE OR DISCLOSE YOUR PHI FOR TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS AS DESCRIBED ABOVE WITHOUT WRITTEN AUTHORIZATION FROM YOU.

Without Your Written Authorization: Special Situations and as Required by Law

In limited circumstances, I may use or disclose your PHI without your written authorization, in accordance with HIPAA, New York law, or as otherwise required by law. Examples include:

- Reports of child abuse or neglect to the appropriate authorities
- Disclosures concerning an imminent risk of danger you present to yourself or others
- Health oversight activities, including audits, investigations, inspections, and licensure or disciplinary actions

- Judicial and administrative proceedings, in response to a court order or other lawful process
- Workers' compensation claims
- Disclosures required by the Secretary of Health and Human Services to investigate compliance
- To family members or others involved in your care, but only if you are present and give oral permission

Minimum Necessary. For the purposes above, I will release only the minimum necessary amount of PHI to accomplish the purpose.

Uses and Disclosures Requiring Your Written Authorization

Except as described above, I may not use or disclose your PHI without your written authorization. Written authorization is specifically required for most uses and disclosures of psychotherapy notes, for any marketing, and for any sale of PHI. I will not sell your PHI or use it for paid marketing or fundraising; I do not plan to use your PHI in marketing or fundraising. You may revoke your authorization at any time in writing.

Special Handling of Psychotherapy Notes. "Psychotherapy notes" are records of communications during counseling sessions maintained separately from the medical record. They are released only with your specific written authorization, except in limited instances permitted by law (for example, my defense of a complaint or lawsuit you bring, a compliance investigation, lawful health-oversight, or to protect against a serious imminent risk of danger).

Data Security and Storage Measures

To protect the confidentiality and integrity of your records, I employ industry-standard safeguards, including:

- Encrypted telehealth and messaging platforms
- Password-protected clinical and administrative systems
- Secure, access-controlled electronic medical-records storage
- Limited physical and digital access to records, so only authorized personnel have contact with your PHI
- Secure communication practices across all digital touchpoints

Your Rights With Respect to Your Protected Health Information

Right to Request Restrictions. You may request restrictions on certain uses and disclosures of your PHI. I am not required to agree, but if I do, I am bound by it except in emergencies. Because this is a private-pay practice and I do not bill insurance, payment-related disclosures to insurers do not occur. To request restrictions, submit a written request through the secure client portal specifying the information, the type of restriction, to whom it applies, and the reason. I will respond in writing within 30 days.

Right to Confidential Communications. You may request to receive communications by alternative means or at alternative locations. I must accommodate reasonable requests, and I must agree if you tell me that a certain means of communication would place you in danger.

Right to Inspect and Copy. You have the right to inspect and obtain a copy of your PHI, including in electronic format (excluding psychotherapy notes or information compiled in anticipation of legal proceedings). Submit a written request through the secure client portal or contact the practice directly. A copying fee not to exceed $0.75 per page (the New York statutory maximum for paper records) may apply. I may deny access only as permitted by law and will provide a written explanation and information about how to appeal. I will act on your request within 60 days of receipt.

Right to Amend. You may request that I amend your PHI for as long as I maintain the record. I may deny a request if the information is accurate and complete or was not created by this practice. Submit a written request through the secure client portal with a supporting reason. If denied, you may submit a written statement of disagreement. I will act on your request within 60 days of receipt.

Right to an Accounting of Disclosures. You may request a written accounting of certain disclosures of your PHI for up to six years prior to the request. Accountings are not required for disclosures made for treatment, payment, and health care operations, or directly to you.

Right to Breach Notification. If there is a breach of your unsecured PHI, I will follow HIPAA requirements to investigate, document, and, where required, notify you and the Department of Health and Human Services.

Right to a Paper Copy. You have the right to a paper copy of this Notice upon request, even if you have agreed to receive it electronically.

Business Associates

Business associates are entities that obtain access to your PHI in the course of providing services to my practice (e.g., the practice-management platform). They may use or view your PHI on my behalf but are prohibited from re-disclosing it except as permitted by law. I enter into binding Business Associate Agreements with these entities to protect your information.

Complaints

You may file a complaint with me or with the Secretary of the U.S. Department of Health and Human Services if you believe your privacy rights have been violated. Submit any complaint to me in writing at the address below. You will not be retaliated against for filing a complaint. To file with the Secretary, write or call: U.S. Department of Health & Human Services, Office for Civil Rights, 200 Independence Avenue SW, Washington, DC 20201; phone 877-696-6775.

Changes to This Notice

I reserve the right to revise or amend this Notice at any time, and to make the revised Notice effective for all PHI I maintain, including information created or received before the effective date of the change. I will provide you with a copy of the most current Notice upon request.

Contact Information — HIPAA Privacy/Security Officer

For further information regarding the privacy of your PHI or to file a complaint, please contact the Privacy/Security Officer:

Privacy/Security Officer: Vanessa Menjivar, NP in Psychiatry

Mailing Address: 16 East 34th Street, 18 Fl New York, NY 10016

Telephone: 917 727 9670 · **Email:** vmpsychiatry@vmpsychiatry.com

Acknowledgment of Receipt

By signing below, I acknowledge that I have received the Notice of Privacy Practices of Vanessa Menjivar, NP in Psychiatry, PLLC.

Client / Authorized Representative Signature: _____ Date: _____

Office Use Only — Acknowledgment was not obtained from client _____ due to: ___ refusal ___ lack of understanding ___ emergency ___ other: _____

Provider Name: Vanessa Menjivar, NP in Psychiatry

Provider Signature: _____ Date: _____