

EVERGREEN THERAPEUTIC COLLECTIVE

New York, NY

connect@evergreencollective.com

NOTICE OF PRIVACY PRACTICES

This Notice describes how your health information may be used, disclosed, and accessed. Please read carefully. Additional rights may apply under New York State law. For legal advice specific to your situation, please consult a licensed attorney.

EFFECTIVE DATE: April 23, 2025

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

Under the Health Insurance Portability and Accountability Act of 1996 (hereafter, "HIPAA"), you have certain rights regarding the use and disclosure of your protected health information (hereafter, "PHI").

I. OUR COMMITMENT TO YOUR PRIVACY

At Evergreen Therapeutic Collective, your privacy is our priority. We create and maintain records about your care for the purposes of providing treatment, receiving payment, and ensuring high-quality operations. We are legally required to:

- Protect the confidentiality of your Protected Health Information (PHI)
- Provide you with this Notice
- Follow the terms of this Notice currently in effect
- Inform you of any material changes to our privacy practices

We may amend this Notice at any time. Updated versions will be made available in our office and on our website.

II. HOW WE MAY USE AND DISCLOSE YOUR PHI

We may use or disclose your PHI for the following purposes without your written authorization:

Treatment, Payment, and Healthcare Operations:

We may use PHI to coordinate your care across providers, submit billing claims, and support clinical operations such as quality review. For example, your therapist may consult with another licensed clinician about your treatment plan. We may also contact you with appointment reminders and administrative communications.

Note: Full access to your medical record may be required for effective treatment; therefore, the “minimum necessary” rule does not apply to these disclosures.

Legal Compliance:

We may disclose PHI when required by federal, state, or local law, including in response to:

- Court or administrative orders
 - Valid subpoenas (with attempts to notify you or protect the data)
 - Mandatory reporting of abuse or neglect
 - Law enforcement investigations of crimes committed on our premises
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III. USES AND DISCLOSURES REQUIRING YOUR WRITTEN AUTHORIZATION

We will never share your PHI without your written authorization for the following:

- **Psychotherapy Notes**, except in rare circumstances (e.g., legal defense or regulatory audit)
- **Marketing or Advertising**, including sharing testimonials or reviews
- **Sale of PHI** – *We do not and will not sell your information*

If you authorize a use or disclosure, you may revoke that authorization in writing at any time. However, any prior disclosures made under your consent will not be undone.

IV. OTHER USES THAT DO NOT REQUIRE AUTHORIZATION

We may use or disclose your PHI without written authorization in limited situations:

- **Appointment Reminders and Treatment Alternatives**
 - **Public Health and Safety**, including abuse reporting or to prevent serious threats
 - **Health Oversight** (audits, investigations, inspections)
 - **Research** with proper review and de-identification where required
 - **Specialized Government Functions**, such as military operations or national security
 - **Workers’ Compensation**
 - **Organ and Tissue Donation**
 - **Disaster Relief**, to communicate with emergency contacts if necessary
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V. USES WHERE YOU MAY OBJECT

We will give you the opportunity to object before disclosing your PHI:

- To family members, close friends, or others involved in your care
- In disaster relief efforts, unless doing so would interfere with response efforts

In emergencies, we may make these disclosures without your consent if necessary for your safety or the safety of others. We will notify you of such disclosures as soon as reasonably possible.

VI. YOUR RIGHTS REGARDING PHI

You have the right to:

- **Request Limits** on how your PHI is used/disclosed (we may deny requests that limit treatment, payment, or operations)
 - **Restrict Disclosures** to insurers when services are paid out-of-pocket in full
 - **Receive Confidential Communications**, including how and where we contact you
 - **Inspect and Copy** your health records (we may charge a reasonable fee)
 - **Request Amendments** to your records if you believe they are incorrect or incomplete
 - **Receive an Accounting** of PHI disclosures made in the past six years, except for treatment/payment/operations
 - **Get a Copy of This Notice**, even if you previously agreed to receive it electronically
 - **Designate a Personal Representative**, such as someone with medical power of attorney
 - **Revoke an Authorization** at any time in writing
 - **Opt Out of Certain Communications**, including fundraising or promotional outreach
 - **File a Complaint** with us or the U.S. Department of Health & Human Services without fear of retaliation
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VII. QUESTIONS OR COMPLAINTS

If you have any questions about this Notice or believe your privacy rights have been violated, contact:

Privacy Officer

Evergreen Therapeutic Collective
connect@evergreencollective.com

Or file a complaint with:

U.S. Department of Health & Human Services
Office for Civil Rights
200 Independence Avenue, S.W.
Washington, D.C. 20201
Phone: (877) 696-6775
Website: www.hhs.gov/ocr/privacy/hipaa/complaints