



BANYAN BEHAVIORAL HEALTH

This Notice Describes How Health Information May Be Used And Disclosed And How You Can Get Access To This Information. Please Review It Carefully.

I. OUR PLEDGE REGARDING HEALTH INFORMATION:

We understand that health information about you and your health care is personal. We are committed to protecting your health information. We create a record of the care and services you receive from us. We need this record to provide you with quality care and to comply with certain legal requirements.

This Notice applies to all records of your care generated by Banyan Behavioral Health. This Notice describes the ways in which we may use and disclose health information about you. It also describes your rights regarding the health information we maintain about you and our legal obligations concerning the use and disclosure of your health information.

We are required by law to:

- Make sure that protected health information (“PHI”) that identifies you is kept private.
- Provide you with this notice of our legal duties and privacy practices with respect to health information.
- Follow the terms of the Notice that is currently in effect.
- We can change the terms of this Notice, and such changes will apply to all information we have about you. The new Notice will be available upon request.

II. HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:

The following categories describe different ways that we may use and disclose health information. For each category, we explain what we mean and provide examples. Not every use or disclosure in a category will be listed; however, all permitted uses and disclosures will fall within one of these categories.

For Treatment Payment, or Health Care Operations:

Federal privacy rules (regulations) allow healthcare providers who have a direct treatment relationship with the patient/client to use or disclose the patient/client’s personal health information without the patient’s written authorization, to carry out the health care provider’s

own treatment, payment or health care operations. We may also disclose your PHI for the treatment activities of any healthcare provider. This too can be done without your written authorization. For example, if a clinician were to consult with another licensed health care provider about your condition, we would be permitted to use and disclose your personal health information, which is otherwise confidential, in order to assist the clinician in the diagnosis and treatment of your mental health condition.

Disclosures for treatment purposes are not limited to the minimum necessary standard as providers may require access to complete information to deliver quality care. Treatment includes, among other things, coordination and management of care, consultations between providers, and referrals from one health care provider to another.

For Lawsuits and Disputes

If you are involved in a lawsuit or administrative proceeding, we may disclose your health information in response to a court or administrative order, subpoena, or other lawful process as permitted by law. However, if the requested information includes substance use disorder records protected under 42 CFR Part 2, those records may not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you unless you provide written consent or a court issues a specific order after notice and opportunity to be heard, as required by federal law.

III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:

1. **Psychotherapy Notes.** We maintain “psychotherapy notes” as defined in 45 CFR § 164.501. Any use or disclosure of such notes requires your Authorization unless the use or disclosure is:

- a) For our use in treating you.
- b) For our use in training or supervising mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy.
- c) For our use in defending ourselves in legal proceedings instituted by you.
- d) For use by the Secretary of Health and Human Services to investigate our compliance with HIPAA.
- e) Required by law and the use or disclosure is limited to the requirements of such law.
- f) Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes.
- g) Required by a coroner who is performing duties authorized by law.
- h) Required to help avert a serious threat to the health and safety of others.

2. Marketing Purposes. As a psychotherapist, we will not use or disclose your PHI for marketing purposes.

3. Sale of PHI. As a psychotherapist, we will not sell your PHI in the regular course of our business.

IV. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION.

Subject to certain legal limitations, we can use and disclose your PHI without your Authorization for the following reasons:

1. When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.

2. For public health activities, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone's health or safety.

3. For health oversight activities, including audits and investigations.

4. For judicial and administrative proceedings, including responding to a court or administrative order, although our preference is to obtain Authorization from you before doing so.

5. For law enforcement purposes, including reporting crimes occurring on our premises.

6. To coroners or medical examiners, when such individuals are performing duties authorized by law.

7. For research purposes, including studying and comparing the mental health of patients who received one form of therapy versus those who received another form of therapy for the same condition.

8. Specialized government functions, including, ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counter-intelligence operations; or, helping to ensure the safety of those working within or housed in correctional institutions.

9. For workers' compensation purposes. Although our preference is to obtain an Authorization from you, we may provide your PHI in order to comply with workers' compensation laws.

10. Appointment reminders and health-related benefits or services. We may use and disclose your PHI to contact you to remind you that you have an appointment with us. We may also use and disclose your PHI to tell you about treatment alternatives, or other healthcare services or benefits that we offer.

V. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT.

1. Disclosures to family, friends, or others. We may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

VI. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI:

1. The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask me not to use or disclose certain PHI for treatment, payment, or health care operations purposes. We are not required to agree to your request, and we may say “no” if we believe it would affect your health care.

2. The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full. You have the right to request restrictions on disclosures of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full.

3. The Right to Choose How We Send PHI to You. You have the right to ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and we will agree to all reasonable requests.

4. The Right to See and Get Copies of Your PHI. Other than “psychotherapy notes,” you have the right to get an electronic or paper copy of your medical record and other information that we have about you. We will provide you with a copy of your record, or a summary of it, if you agree to receive a summary, within 30 days of receiving your written request, and we may charge a reasonable, cost-based fee for doing so.

5. The Right to Get a List of the Disclosures We Have Made. You have the right to request a list of instances in which we have disclosed your PHI for purposes other than treatment, payment, or healthcare operations, or for which you provided us with an Authorization. We will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list we will give you will include disclosures made in the last six years unless you request a shorter time. We will provide the list to you at no charge, but if you make more than one request in the same year, we will charge you a reasonable cost-based fee for each additional request.

6. The Right to Correct or Update Your PHI. If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that we correct the existing information or add the missing information. We may say “no” to your request, but we will tell you why in writing within 60 days of receiving your request.

7. The Right to Get a Paper or Electronic Copy of this Notice. You have the right to get a paper copy of this Notice, and you have the right to get a copy of this notice by e-mail. And, even if you have agreed to receive this Notice via e-mail, you also have the right to request a paper copy of it.

VII. SPECIALLY PROTECTED HEALTH INFORMATION

Certain types of health information, such as HIV-related information, genetic information, mental health records, and other specially protected health information, may be entitled to special confidentiality protections under applicable State and Federal law. We will comply with these protections where applicable.

1. Substance Use Disorder (SUD) Treatment Records

Some health information we create, receive, or maintain may include substance use disorder (SUD) treatment records that are subject to the federal regulations at 42 CFR Part 2. These protections apply only to records created by or received from programs subject to 42 CFR Part 2. These records are entitled to heightened confidentiality protections beyond standard HIPAA protections. In general, SUD treatment records protected under 42 CFR Part 2 generally require your specific written consent before they may be used or disclosed for treatment, payment, or health care operations. Certain uses and disclosures that may be permitted under HIPAA may not be permitted for Part 2-protected SUD records without your written consent or as otherwise authorized under 42 CFR Part 2.

2. Fundraising and SUD Records.

We do not use or disclose substance use disorder treatment records for fundraising purposes. If we were ever to do so, you would be provided a clear and conspicuous opportunity to opt out of receiving any fundraising communications as required by federal law.

3. Restriction on Use of SUD Records in Legal Proceedings.

SUD treatment records subject to 42 CFR Part 2 may not be used or disclosed in any civil, criminal, administrative, or legislative proceeding against you unless: (1) you provide specific written consent; or (2) a court issues an order authorizing the disclosure after providing you, or the holder of the record, with notice and an opportunity to be heard, as provided in 42 CFR Part 2. Any such court order must comply with the requirements of 42 CFR Part 2.

4. More Restrictive Laws.

The uses and disclosures described in this Notice are limited by other applicable laws that may impose greater restrictions than HIPAA. When another applicable law, including 42 CFR Part 2 or the California Confidentiality of Medical Information Act (CMIA, Cal. Civ. Code § 56 et seq.), provides more stringent protections for your health information, we will follow the more restrictive law. Under California law, certain categories of information — including SUD records, mental and behavioral health information, sexual and reproductive health information, and gender-affirming care information — are classified as “sensitive services” and may require your express written authorization before disclosure.

5. Potential for Redisclosure.

Any disclosure of SUD treatment records made with your written consent may be subject to redisclosure by the recipient and may no longer be protected under federal privacy laws.

VIII. CHANGES TO THIS NOTICE

We may change the terms of this Notice, and such changes will apply to all the information we have about you. The new Notice will be available upon request, in our office, and on our website.

If you have any questions or would like further information about this notice, please contact the Practice's Privacy Officer at 408-457-1892.

This notice is effective as of February 16, 2026. This notice was revised to incorporate updated requirements for substance use disorder (SUD) treatment records under 42 CFR Part 2 and the California Confidentiality of Medical Information Act (CMIA).

Acknowledgment of Receipt of Privacy Notice

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By checking the box below, you are acknowledging that you have received a copy of HIPAA Notice of Privacy Practices.

BY CLICKING/SIGNING BELOW, I AM AGREEING THAT I HAVE READ,
UNDERSTOOD, AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.