

Dr. Flanigan-Landeros OCD and Psychological Services, Inc.

DBA: Hummingbird Psych Care

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NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. YOU MAY HAVE ADDITIONAL RIGHTS UNDER STATE AND LOCAL LAW. PLEASE SEEK LEGAL COUNSEL FROM AN ATTORNEY LICENSED IN YOUR STATE IF YOU HAVE QUESTIONS REGARDING YOUR RIGHTS TO HEALTH CARE INFORMATION.

EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on **January 23, 2026**.

ACKNOWLEDGEMENT 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 ("PHI"). This Notice is provided to you electronically. You may request a paper copy of this Notice at any time by contacting the practice using the information above.

I. MY PLEDGE REGARDING HEALTH INFORMATION

I understand that health information about you and your health care is personal. I am committed to protecting health information about you. I create a record of the care and services you receive from me. I 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 **Dr. Flanigan-Landeros OCD and Psychological Services, Inc., DBA Hummingbird Psych Care**.

This notice explains the ways in which I may use and disclose health information about you, your rights regarding the health information I maintain about you, and my obligations concerning the use and disclosure of your health information.

I am required by law to: - Ensure that PHI that identifies you is kept private. - Provide you with this notice of my legal duties and privacy practices regarding your health information. - Follow the terms of the notice currently in effect.

I may change the terms of this Notice. Any changes will apply to all information I maintain about you. The updated Notice will be available upon request, in my office, and on my website.

II. HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

The following categories describe different ways I may use and disclose health information. Not every use or disclosure within each category is listed; however, all permitted uses and disclosures fall within one of these categories.

For Treatment, Payment, or Health Care Operations

Federal privacy regulations allow health care providers who have a direct treatment relationship with a patient to use or disclose PHI without written authorization for treatment, payment, and health care operations.

I may use or disclose your PHI for treatment activities, including consultation with other licensed health care providers regarding your care. I may also use your PHI for health care operations, including appointment reminders, billing, and administrative documentation.

Disclosures for treatment purposes are not limited to the minimum necessary standard because health care providers may need access to complete information to provide quality care. Treatment includes coordination and management of care, consultations, and referrals.

Lawsuits and Disputes

If you are involved in a legal proceeding, I may disclose PHI in response to a court or administrative order. I may also disclose PHI in response to a subpoena or lawful request if reasonable efforts have been made to notify you or obtain a protective order.

III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION

Psychotherapy Notes

I maintain psychotherapy notes as defined by 45 CFR § 164.501. Use or disclosure of psychotherapy notes requires your written authorization except when: - Used by me for your treatment; - Used for training or supervising mental health practitioners; - Used in my defense in legal proceedings initiated by you; - Required for HHS investigations of HIPAA compliance; - Required by law for specified oversight activities; - Required by a coroner or medical examiner; - Necessary to avert a serious threat to health or safety.

Marketing Purposes

I will not use or disclose your PHI for marketing purposes without your written authorization. If I request a testimonial or review that may include PHI, you will be provided with a HIPAA authorization prior to any use or disclosure. You may revoke this authorization in writing at any time. Upon receipt of revocation, I will remove the material from platforms under my control; however, I cannot guarantee removal by third parties.

Sale of PHI

I do not sell your PHI.

IV. USES AND DISCLOSURES THAT DO NOT REQUIRE YOUR AUTHORIZATION

Subject to legal limitations, I may use or disclose PHI without authorization for: - Appointment reminders and information about treatment alternatives or services I offer; - Disclosures required by state or federal law; - Public health activities, including reporting abuse or neglect or preventing serious threats to health or safety; - Health oversight activities such as audits and investigations; - Judicial or administrative proceedings as permitted by law; - Law enforcement purposes; - Coroners or medical examiners; - Research activities as permitted by law; - Specialized government functions; - Workers' compensation purposes; - Organ and tissue donation requests.

V. USES AND DISCLOSURES REQUIRING OPPORTUNITY TO OBJECT

Disclosures to Family, Friends, or Others

You may authorize me to share PHI with individuals involved in your care or payment for care. In emergency situations, consent may be obtained retroactively to mitigate serious and immediate threats to health or safety.

VI. YOUR RIGHTS REGARDING YOUR PHI

You have the right to: - Request restrictions on certain uses and disclosures of PHI (I am not required to agree); - Request restrictions for services paid out-of-pocket in full; - Request confidential communications; - Inspect and obtain copies of your PHI (with limited exceptions); - Request an accounting of disclosures; - Request amendment of your PHI; - Obtain a paper or electronic copy of this Notice; - Designate a personal representative; - Revoke authorizations; - Opt out of communications or fundraising; - File a complaint without retaliation.

Complaints may be filed with me using the contact information above or with the U.S. Department of Health and Human Services, Office for Civil Rights, 200 Independence Avenue, S.W., Washington, D.C. 20201, (877) 696-6775, or www.hhs.gov/ocr/privacy/hipaa/complaints.

VII. CHANGES TO THIS NOTICE

I reserve the right to change this Notice. Any changes will apply to all PHI I maintain. Updated versions will be available upon request, in my office, and on my website.

This Notice of Privacy Practices applies to services provided by Dr. Flanigan-Landeros OCD and Psychological Services, Inc., DBA Hummingbird Psych Care.