NOTICE OF PRIVACY PRACTICES

Paraview Behavioral Health
178 Thomas Johnson Drive, Suite 103
Frederick, MD 21702
Effective Date: October 29, 2026
Privacy Officer
Phone: (301) 524-4659
Email: privacy@paraviewhealth.com

YOUR INFORMATION. YOUR RIGHTS. OUR RESPONSIBILITIES.

This Notice describes how medical and behavioral health information about you may be used and disclosed and how you can obtain access to this information. Please review it carefully. This Notice applies to Paraview Behavioral Health and its clinicians and staff. Paraview Behavioral Health provides services to patients located in **Maryland, Virginia, Utah, the District of Columbia, and West Virginia**.Your protected health information, or PHI, includes information that identifies you and relates to your physical or mental health, healthcare services you receive, or payment for those services.

YOUR RIGHTS

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities.

Get an Electronic or Paper Copy of Your Medical Record

You may ask to see or receive an electronic or paper copy of your medical record and other health information we maintain about you.
We will generally provide a copy or summary of your health information within the time required by applicable law. We may charge a reasonable, cost-based fee when permitted by law.

Ask Us to Correct Your Medical Record

You may ask us to correct health information about you that you believe is incorrect or incomplete.

We may deny your request in certain circumstances. If we do, we will explain the reason in writing as required by law.

Request Confidential Communications

You may ask us to contact you in a specific way or at a specific location.
For example, you may ask that we contact you only at a particular phone number, email address, or mailing address.
We will accommodate reasonable requests.
Paraview Behavioral Health may communicate with patients through:

- Telephone calls
- Voicemail
- Text messaging
- Email
- Postal mail
- Secure Patient Portal

You may request reasonable alternative methods of communication.

Ask Us to Limit What We Use or Share

You may ask us not to use or disclose certain health information for treatment, payment, or healthcare operations.We are not required to agree to every request. If we agree to a restriction, we will follow that restriction except when disclosure is necessary for emergency treatment or otherwise permitted or required by law.If you pay for a healthcare service completely out of pocket, you may ask us not to disclose information about that service to your health plan for payment or healthcare operations. We will honor that request unless disclosure is required by law.

Get a List of Certain Disclosures

You may request an accounting of certain disclosures of your health information made during the six years before your request.
The accounting generally will not include disclosures for treatment, payment, healthcare operations, or disclosures you specifically authorized. We will provide one accounting during a 12-month period at no charge. A reasonable, cost-based fee may apply to additional requests during the same 12-month period.

Get a Copy of This Notice

You may request a paper copy of this Notice at any time, even if you previously received it electronically. The current Notice is also available on the Paraview Behavioral Health website and through our electronic intake process.

Choose Someone to Act for You

If someone has legal authority to act on your behalf, such as a healthcare power of attorney, legal guardian, or other legally authorized personal representative, that person may exercise your privacy rights as permitted by law.
We may request documentation establishing that person's authority before acting on a request. For patients who are minors, a parent or legal guardian will generally act as the patient's personal representative. However, there are circumstances in which applicable law may give a minor certain independent privacy or consent rights. Paraview Behavioral Health treats patients as young as age 6 and will follow the applicable state or District laws governing parental consent, minor consent, and confidentiality.

File a Complaint if You Believe Your Rights Have Been Violated

You may file a complaint with Paraview Behavioral Health if you believe your privacy rights have been violated.
Contact:
Privacy Officer
Paraview Behavioral Health
178 Thomas Johnson Drive, Suite 103
Frederick, MD 21702
Phone: (301) 524-4659
Email: privacy@paraviewhealth.com
You may also file a complaint with:
U.S. Department of Health and Human Services
Office for Civil Rights
200 Independence Avenue, S.W.
Washington, D.C. 20201
Phone: 1-877-696-6775
Paraview Behavioral Health will not retaliate against you for filing a complaint.

YOUR CHOICES

For certain health information, you may tell us your choices about what we share.

Family Members, Friends, and Others Involved in Your Care

Paraview Behavioral Health generally requires a **signed Release of Information** or other valid written authorization before discussing your treatment or health information with family members, friends, caregivers, or other individuals involved in your care. You may revoke a Release of Information in writing as permitted by law. There may be limited situations in which we are permitted or required by law to disclose information without a signed authorization, such as an emergency or when necessary to prevent or reduce a serious and imminent threat to health or safety.

Marketing

Paraview Behavioral Health does **not** use your protected health information for marketing purposes without your written authorization.

Sale of Your Information

Paraview Behavioral Health does **not** sell your protected health information.

Fundraising

Paraview Behavioral Health does **not** use your protected health information for fundraising purposes.

Psychotherapy Notes

Most uses and disclosures of separately maintained psychotherapy notes require written authorization.Paraview Behavioral Health does not currently maintain separate psychotherapy notes as part of its standard recordkeeping practices. Regular clinical progress notes and medical records are not considered psychotherapy notes solely because they involve behavioral health treatment.

OUR USES AND DISCLOSURES

Treat You

We may use your health information and share it with other healthcare professionals involved in your treatment when permitted by HIPAA and applicable state or District law.
Some states provide additional protections for mental health information or give patients additional rights regarding treatment-related disclosures. When those protections apply, we will obtain any additional consent that is required and honor applicable restrictions.

Run Our Organization

We may use and disclose your health information to operate our practice, improve the quality of care, train staff, conduct compliance activities, and manage healthcare services.
For example, we may review patient records as part of quality improvement or internal compliance activities.

Bill for Your Services

We may use and disclose health information as permitted by applicable law to bill for services and obtain payment from health plans or other responsible parties. Where state or District law requires additional consent or limits the mental health information that may be disclosed for payment purposes, Paraview Behavioral Health will follow those requirements.

Appointment Reminders and Care Communications

We may use your contact information to communicate with you about:

- Upcoming appointments
- Scheduling changes
- Prescription or medication matters
- Follow-up care

- Billing and account statements
- Other healthcare-related matters

These communications may occur by telephone, voicemail, text message, email, or postal mail as appropriate.

HOW ELSE MAY WE USE OR SHARE YOUR INFORMATION?

We may use or disclose your health information in additional situations when permitted or required by law.

Public Health and Safety

We may disclose health information for certain public health and safety purposes, including:

- Preventing or controlling disease
- Reporting certain diseases or conditions
- Reporting adverse reactions to medications or products
- Reporting suspected abuse, neglect, or domestic violence when permitted or required by law
- Preventing or reducing a serious and imminent threat to someone's health or safety

Research

We do not currently use patient PHI for research purposes as part of our routine operations.
If Paraview Behavioral Health participates in research in the future, PHI will only be used or disclosed when permitted by applicable law and when all required privacy protections, approvals, waivers, or patient authorizations have been obtained.

Comply With the Law

We may disclose information about you when federal, state, or local law requires us to do so.

Health Oversight Activities

We may disclose health information to government agencies for activities authorized by law, including audits, investigations, inspections, licensing activities, and other healthcare oversight functions.

Judicial and Administrative Proceedings

We may disclose health information in response to a valid court or administrative order.
In certain circumstances, we may also respond to subpoenas or other lawful legal processes after applicable privacy requirements have been satisfied.

Law Enforcement

We may disclose health information to law enforcement officials only under circumstances permitted or required by law.

Medical Examiners, Coroners, and Funeral Directors

We may disclose health information to a coroner, medical examiner, or funeral director when permitted or required by law.

Workers' Compensation

We may disclose health information as authorized or required for workers' compensation programs or similar programs.

Specialized Government Functions

We may disclose information for certain authorized government functions, including military, national security, intelligence, or protective-service activities when permitted or required by law.

SUBSTANCE USE DISORDER RECORDS

Paraview Behavioral Health is not currently a substance use disorder treatment program subject to 42 CFR Part 2. However, if we receive or maintain substance use disorder records that are protected by additional federal or state confidentiality laws, we will follow all applicable requirements governing the use and disclosure of those records.

STATE-SPECIFIC PRIVACY AND DISCLOSURE PROTECTIONS

Paraview Behavioral Health provides services to patients located in Maryland, Virginia, Utah, the District of Columbia, and West Virginia.
HIPAA establishes federal privacy protections, but state and District laws may provide additional protections for mental health information and other sensitive records. When an applicable law provides greater privacy protection than HIPAA, Paraview Behavioral Health will follow the more protective requirement.

Maryland

Maryland provides additional protections for medical and mental health records.
When mental health information is disclosed without written authorization under a legal exception, Paraview Behavioral Health will limit the disclosure to information relevant to the purpose of the disclosure. Written authorizations for release of records will comply with Maryland requirements regarding content, duration, revocation, and documentation. Special confidentiality and consent rules may apply when a minor independently consents to mental health treatment.

Virginia

Virginia provides additional protections against unauthorized disclosure and redisclosure of health information. Paraview Behavioral Health will obtain written authorization when required by Virginia law and will honor additional confidentiality rights when a minor independently consents to outpatient mental health services. Additional disclosure or redisclosure requirements may apply depending on the provider, program, or service involved.

Utah

Utah provides additional confidentiality protections for communications between patients and mental health professionals.
When applicable, Paraview Behavioral Health will obtain express written consent before disclosing confidential mental health communications unless disclosure is otherwise permitted or required by state or federal law.

District of Columbia

The District of Columbia provides additional protections for mental health information.
Paraview Behavioral Health will disclose mental health information only as permitted by District law.
When applicable:

- Patients will receive required notice regarding treatment-related sharing.
- Patients may have the right to request that certain treatment-related sharing not occur.
- Disclosures will be documented as required by District law.
- Required notices restricting unauthorized redisclosure will accompany applicable mental health disclosures.
- Written authorizations will comply withD.C. requirements concerning content, duration, copies, and record retention.
- Additional requirements will be followed for disclosures involving minors.

West Virginia

West Virginia provides additional confidentiality and privilege protections for mental health and counseling information. Paraview Behavioral Health will obtain written authorization when required by West Virginia

law. Additional confidentiality requirements may apply depending on the professional license of the treating clinician. Patients or authorized representatives will receive copies of signed authorizations when required by law.

OUR RESPONSIBILITIES

We are required by law to:

- Maintain the privacy and security of your protected health information.
- Follow the privacy practices described in this Notice.
- Provide you with a copy of this Notice.
- Notify you as required by law if a breach occurs that may have compromised the privacy or security of your unsecured protected health information.
- Follow applicable federal, state, and District privacy laws.
- Use reasonable safeguards to protect your information from unauthorized access, use, or disclosure.

We will not use or disclose your information in a manner not described in this Notice unless you provide written authorization or the use or disclosure is otherwise permitted or required by law. If you give us written authorization, you may revoke that authorization in writing at any time.
Your revocation will not affect uses or disclosures already made in reliance on your authorization.

CHANGES TO THE TERMS OF THIS NOTICE

We may change the terms of this Notice and our privacy practices as permitted by law.
Changes may apply to health information we already maintain as well as information we receive in the future.
The current version of this Notice will:

- Be available on the Paraview Behavioral Health website
- Be provided through our electronic intake process
- Be available in paper form upon request
- Be available at our office as required by law

QUESTIONS OR ADDITIONAL INFORMATION

If you have questions about this Notice, want to exercise one of your privacy rights, or have concerns about how your health information has been handled, contact:

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