

SERENITY WELLNESS & PSYCHIATRY, PLLC

300 Baker Ave, Suite 300 • Concord, MA 01742

NOTICE OF PRIVACY PRACTICES

Effective Date: March 12, 2026

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

I. OUR COMMITMENT TO YOUR PRIVACY

Serenity Wellness & Psychiatry, PLLC understands that health information about you and your treatment is personal. We are committed to protecting your protected health information (“PHI”). We create and maintain records of the care and services you receive in order to provide quality care and comply with legal requirements.

We are required by law to:

- Maintain the privacy and security of your protected health information
- Provide you with this Notice of our legal duties and privacy practices
- Follow the terms of this Notice currently in effect
- Notify you if a breach occurs that may compromise the privacy or security of your protected health information

We reserve the right to change the terms of this Notice and make the new provisions effective for all protected health information we maintain.

In situations where Massachusetts state law provides greater privacy protections than federal law, Serenity Wellness & Psychiatry, PLLC will follow the stricter state law requirements.

II. HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

Treatment

We may use and disclose your health information to provide, coordinate, or manage your mental health care including consultation with other providers and coordination of treatment.

Payment

We may use and disclose your health information to obtain payment for services provided such as billing insurance companies or verifying coverage.

Health Care Operations

We may use and disclose your health information for activities necessary to operate our practice and ensure quality care including administrative management and quality improvement.

When using or disclosing protected health information, we make reasonable efforts to limit the information to the minimum necessary except when information is used for treatment.

III. OTHER USES AND DISCLOSURES PERMITTED BY LAW

Public Health Activities

We may disclose health information for public health purposes such as reporting suspected abuse, neglect, or preventing threats to health or safety.

Health Oversight Activities

We may disclose information to government agencies responsible for oversight of the healthcare system.

Judicial and Administrative Proceedings

We may disclose information in response to a court order, subpoena, or other lawful process. Whenever possible, we will attempt to notify you prior to releasing records so you may seek legal protections.

Law Enforcement

We may disclose limited information to law enforcement officials when required by law.

Serious Threat to Health or Safety

We may disclose information when necessary to prevent or reduce a serious threat to the health or safety of you or another person.

Workers' Compensation

We may disclose information as necessary to comply with workers' compensation laws.

Coroners, Medical Examiners, or Funeral Directors

We may disclose information when necessary for identification of a deceased person or determination of cause of death.

IV. USES AND DISCLOSURES THAT REQUIRE YOUR AUTHORIZATION

Psychotherapy Notes: Psychotherapy notes are notes documenting or analyzing therapy conversations and are kept separate from the medical record.

We will not disclose psychotherapy notes without written authorization except:

- For use by the clinician who created them
- For training or supervision
- To defend against legal actions brought by you
- As required by law
- To prevent a serious threat to health or safety

Marketing

We will not use or disclose your protected health information for marketing purposes without your written authorization.

Sale of PHI

We do not sell protected health information.

You may revoke an authorization at any time in writing except where information has already been disclosed.

V. BUSINESS ASSOCIATES

We may share your protected health information with third-party service providers known as Business Associates who perform services on our behalf. These may include electronic health record providers, billing services, telehealth platforms, or technology vendors. These parties are required to protect the privacy and security of your health information.

VI. APPOINTMENT REMINDERS AND COMMUNICATIONS

We may contact you regarding appointment reminders, billing matters, or treatment related information. Communication methods may include phone calls, voicemail messages, text messages, email, or secure patient portal communication.

VII. ELECTRONIC COMMUNICATION

Serenity Wellness & Psychiatry, PLLC may communicate with patients electronically through secure systems such as the patient portal. Patients are encouraged to use the secure patient portal whenever possible.

Standard email, text messaging, and other forms of communication outside the patient portal may not be secure. Patients should avoid transmitting sensitive health information through unsecured methods. If you choose to communicate using unsecured methods, you acknowledge and accept the potential privacy risks.

VIII. YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

Right to Inspect and Obtain Copies

You may request a copy of your medical record except psychotherapy notes. Requests must be made in writing and we will respond within 30 days.

Right to Request an Amendment

You may request correction of information you believe is incorrect or incomplete.

Right to Request Restrictions

You may request restrictions on certain uses or disclosures of your health information.

Right to Restrict Disclosure to Health Plans

If you pay out-of-pocket in full, you may request we not disclose that service to your insurance plan.

Right to Request Confidential Communications

You may request that we contact you in a specific way or location.

Right to an Accounting of Disclosures

You may request a list of certain disclosures of your health information made within the previous six years.

Right to Receive a Copy of This Notice

You may receive a paper or electronic copy of this Notice at any time.

IX. COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with Serenity Wellness & Psychiatry, PLLC or the U.S. Department of Health and Human Services Office for Civil Rights.

To file a privacy complaint or ask questions about this notice, contact:

Serenity Wellness & Psychiatry, PLLC
Privacy Officer
300 Baker Ave, Suite 300
Concord, MA 01742

Patients may also contact the practice through the secure patient portal.

You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights:
<https://ocrportal.hhs.gov/ocr>

ACKNOWLEDGMENT OF RECEIPT

I acknowledge that I have received a copy of the Notice of Privacy Practices from Serenity Wellness & Psychiatry, PLLC.

Patient Name: _____

Signature: _____

Date: _____