

TRANSFORMATIVE PSYCHOTHERAPY LLC

Dr. Vincenzo G. Terán, Licensed Psychologist

NOTICE OF PRIVACY PRACTICES

Effective Date: October 26, 2026

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

This Notice of Privacy Practices explains how I may use and disclose your protected health information (PHI), your rights regarding that information, and my legal responsibilities for protecting your privacy.

PHI includes information that identifies you and relates to your physical or mental health, treatment, or payment for healthcare services.

I am committed to maintaining the confidentiality of your information in accordance with applicable federal and state laws, including the Health Insurance Portability and Accountability Act (HIPAA).

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

I may use or disclose your PHI for treatment, payment, and healthcare operations without additional authorization only when permitted by applicable federal and state law. Certain disclosures of confidential psychological treatment information may require your written consent even when HIPAA would otherwise permit them.

Treatment: I may use your information to provide, coordinate, or manage your care. This may include professional consultation intended to improve the services I provide. When consulting with another professional, I will make reasonable efforts to protect your identity and avoid disclosing identifying information unless it is necessary for the consultation. Other disclosures to healthcare providers will be made only when authorized or permitted by applicable federal and state confidentiality laws.

Payment: I may use or disclose information to obtain payment for services. For example, I may provide information needed to process an insurance claim or respond to a payment inquiry, when applicable.

Healthcare Operations: I may use information for activities necessary to operate my practice, including administrative functions, recordkeeping, quality improvement, and compliance activities.

When applicable state or federal law provides stronger confidentiality protections than HIPAA, I will follow the more protective requirements.

II. Uses and Disclosures Requiring Written Authorization

I will obtain your written authorization before using or disclosing PHI for purposes that require authorization under applicable law.

These generally include:

- Uses or disclosures for marketing that require authorization.
- Sale of protected health information.
- Most uses or disclosures of separately maintained psychotherapy notes, if any.
- Other uses or disclosures not otherwise permitted or required by law.

I do not maintain separate psychotherapy notes as defined by HIPAA. My clinical documentation is maintained as part of the designated medical record.

I do not sell PHI or use or disclose PHI for marketing purposes.

If you provide written authorization, you may revoke it in writing at any time, except to the extent I have already acted in reliance on it or as otherwise permitted by law.

Immigration Psychological Evaluations: When I conduct a psychological evaluation for an immigration-related matter, the evaluation may involve preparing a written report intended for an attorney, immigration authority, or another designated recipient. Before beginning the evaluation, I will explain its purpose, intended recipients, and applicable limits of confidentiality. I will obtain your written authorization before releasing the evaluation report or related protected health information to third parties, unless disclosure is otherwise required or permitted by applicable law. Information disclosed with your authorization may be used in immigration or legal proceedings and may no longer be subject to the same confidentiality protections once received by parties outside my practice.

III. Uses and Disclosures without Authorization

Your psychological treatment and evaluation records and communications are confidential. I will not disclose information about your treatment without your written authorization unless disclosure is permitted or required by applicable law.

HIPAA permits certain disclosures without authorization, but Massachusetts and New York laws may impose additional restrictions on psychological treatment records. When applicable laws differ, I will follow the more protective requirements.

The following are circumstances in which disclosure may be permitted or required:

- **Abuse or Neglect:** I may be required to report suspected abuse or neglect of a child, older adult, or other protected individual to the appropriate authorities.
- **Serious Threats to Health or Safety:** I may disclose information when necessary and legally authorized to address a serious threat to your safety or the safety of another person.

- **Health Oversight:** I may disclose information to authorized licensing boards, regulatory agencies, or other oversight authorities when legally required or permitted.
- **Public Health:** I may make disclosures to public health authorities when required or permitted by law.
- **Judicial or Administrative Proceedings:** I may disclose information in response to a valid court order or other legal process when disclosure is authorized or required by applicable law. A subpoena alone does not necessarily authorize the release of confidential psychotherapy records.
- **Law Enforcement:** I may disclose information to law enforcement only under circumstances specifically authorized or required by applicable law.
- **Workers' Compensation:** I may disclose information when required or permitted by applicable workers' compensation laws.
- **Medical Examiners and Funeral Directors:** I may disclose information following an individual's death when authorized or required by law.
- **Specialized Government Functions:** I may make limited disclosures for certain government functions when specifically authorized by law.
- **Research:** I may disclose information for research only when permitted by applicable law and when required privacy safeguards are satisfied.
- **Other Disclosures Required by Law:** I may disclose information when legally required to do so.

I will limit disclosures to the information permitted or required under the circumstances and apply any additional protections governing confidential psychological treatment records.

IV. Additional Protections for Substance Use Disorder Records

My practice does not provide specialized substance use disorder treatment. However, I may receive records from other healthcare providers that are protected under 42 CFR Part 2. If I receive or maintain Part 2-protected records, I will comply with the applicable confidentiality requirements.

Part 2-protected records, and testimony describing their contents, generally may not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you without your specific written consent or an appropriate court order. Disclosure for use in legal proceedings against you is subject to the specific consent, court-order, and legal-process requirements of 42 CFR Part 2.

When Part 2 records are disclosed for treatment, payment, or healthcare operations under a valid consent, subsequent uses and disclosures may occur as permitted by HIPAA and applicable Part 2 requirements. These records remain subject to the additional restrictions governing their use in proceedings against you.

I do not use Part 2-protected records for fundraising.

V. Your Rights Regarding Your Health Information

You have the following rights, subject to applicable legal requirements.

1. Access Your Records

You may request to inspect or obtain an electronic or paper copy of your PHI maintained in your designated record set. I will respond within the time required by law, generally within 30 days under HIPAA, unless an extension is permitted. In limited circumstances, access may be denied as authorized by law. When applicable, you may request a review of the denial. A reasonable, cost-based fee may apply where permitted.

2. Request an Amendment

You may request that I correct or amend information you believe is inaccurate or incomplete. I will respond within the time required by law, generally within 60 days under HIPAA, unless an extension is permitted. If I deny your request, I will provide a written explanation and information about your available options.

3. Request Restrictions

You may ask me to limit certain uses or disclosures of your PHI. I am generally not required to agree to a requested restriction. However, if you pay out of pocket in full for a healthcare service, you may request that information about that service not be disclosed to your health plan for payment or healthcare operations. I must honor that request unless disclosure is required by law.

4. Request Confidential Communications

You may request that I communicate with you through a particular method or at a particular location. For example, you may ask that I contact you only through a specified telephone number or email address. I will accommodate reasonable requests.

5. Receive an Accounting of Disclosures

You may request an accounting of certain disclosures of your PHI made during the preceding six years, subject to applicable exceptions. One accounting within a 12-month period will be provided without charge. Additional requests may be subject to a reasonable, cost-based fee.

6. Receive a Copy of This Notice

You may request a paper copy of this notice at any time, even if you previously received it electronically.

7. Choose a Personal Representative

A person legally authorized to act on your behalf may exercise certain privacy rights for you, subject to applicable law. I may request documentation establishing that person's authority.

8. Receive Notification of Certain Breaches

You have the right to receive notification if a breach of unsecured PHI occurs and notification is required by law.

9. File a Privacy Complaint

You may file a complaint if you believe your privacy rights have been violated. I will not retaliate against you for filing a complaint.

VI. Your Choices Regarding Disclosure

You may express preferences about certain disclosures of your health information, including disclosures to family members, close friends, or others involved in your care or payment for your care.

I will consider your preferences and comply with applicable confidentiality requirements. If you cannot communicate your preferences, disclosures may be made when permitted by law and consistent with your best interests.

In certain emergency or disaster-relief circumstances, limited disclosures may be permitted. Because psychotherapy records may be subject to heightened confidentiality protections, I may require written authorization even when HIPAA would otherwise permit disclosure.

VII. My Legal Responsibilities

I am required by law to:

- Maintain the privacy and security of your PHI.
- Provide you with information about my legal duties and privacy practices.
- Follow the terms of the Notice of Privacy Practices currently in effect.
- Notify affected individuals following a breach of unsecured PHI when required by law.
- Comply with applicable federal and state confidentiality requirements.

I will not use or disclose your PHI except as described in this notice, as otherwise permitted or required by law, or with your written authorization.

VIII. Changes to This Notice

I reserve the right to revise this notice and make the revised provisions effective for all PHI I maintain, including information collected before the revision. When material changes are made, I will make the updated notice available through my practice and on my website. You may request a current copy at any time.

IX. Questions and Complaints

If you have questions about this notice, wish to exercise your privacy rights, or want to file a complaint, please contact:

Dr. Vincenzo G. Terán
Privacy Contact
Transformative Psychotherapy LLC
875 Massachusetts Avenue, Suite 72
Cambridge, MA 02139
(857) 203-0169
drteran@transformativepsych.com

You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights.

U.S. Department of Health and Human Services
Office for Civil Rights
200 Independence Avenue, SW
Washington, DC 20201
Telephone: 1-877-696-6775

You will not be penalized or retaliated against for filing a complaint.