

Notice of Privacy Practices

UDOKA ADDY, PMHNP-BC

Psychiatric Mental Health Nurse Practitioner

Telehealth Practice

100 N Howard St #6553

Spokane, WA 99201

(509) 356-2424

Effective Date: April 17, 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 ("Notice") describes the privacy practices of Udoka Addy, PMHNP-BC ("we," "us," "our," or "the practice"), an independent telehealth psychiatric mental health nurse practitioner practice. This Notice explains how we may use and disclose your protected health information ("PHI") to carry out treatment, payment, and health care operations, and for other purposes permitted or required by law. It also describes your rights regarding your PHI.

Because this is a psychiatric practice, your health information is especially sensitive, and both federal and state law provide it with strong protection. Where your state of residence (California, New York, Washington, or another state in which we are licensed and you are located at the time of service) provides greater privacy protections than HIPAA, we will follow the more stringent law.

1. HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

Treatment

We may use and disclose your PHI to provide, coordinate, and manage your psychiatric care. For example, we may share information with your primary care provider, therapist, pharmacy, or another specialist involved in your care, in order to coordinate medication management, confirm diagnoses, or avoid adverse drug interactions.

Payment

We may use and disclose your PHI to obtain payment for the services we provide. Because our practice operates on a cash-pay basis, most payment activities involve processing your payment through our payment processor and, at your request, providing you with a superbill you may submit to your insurer for out-of-network reimbursement. If you choose to submit a superbill, you are authorizing release of the diagnosis, dates of service, and billing codes it contains to your insurer.

Health Care Operations

We may use and disclose your PHI as necessary to operate the practice. Examples include quality improvement activities, credentialing, licensure and audit responses, utilization review, business planning, and consultations with attorneys, accountants, or other professional advisors who are bound by confidentiality obligations.

Appointment Reminders and Practice Communications

We may contact you by telephone, text message, secure patient portal, or email to remind you of appointments, coordinate scheduling, or deliver other non-sensitive administrative information. If you wish to restrict the methods we use to contact you, please notify us in writing and we will accommodate reasonable requests.

2. USES AND DISCLOSURES THAT REQUIRE YOUR WRITTEN AUTHORIZATION

The following uses and disclosures will be made only with your written authorization:

Psychotherapy Notes. Any use or disclosure of psychotherapy notes (notes recorded by a mental health professional documenting or analyzing the contents of a counseling session, kept separately from the rest of your medical record) requires your specific written authorization, with limited exceptions permitted by law (such as use by the originator for treatment, our own training, or defense in a legal action brought by you).

Marketing. Any use or disclosure of your PHI for marketing purposes, other than face-to-face communications or a promotional gift of nominal value, requires your written authorization.

Sale of PHI. Any disclosure of your PHI that constitutes a sale of PHI requires your written authorization.

Other Uses Not Described in This Notice. Any use or disclosure of your PHI for a purpose not otherwise described in this Notice will be made only with your written authorization.

You may revoke any written authorization at any time by providing written notice to us. Revocation will not affect disclosures we have already made in reliance on your prior authorization.

3. USES AND DISCLOSURES THAT MAY BE MADE WITHOUT YOUR AUTHORIZATION

Federal and state law permit or require us to use or disclose your PHI without your authorization in certain circumstances, including:

As Required by Law

We Will Disclose your PHI when required by federal, state, or local law.

Public Health Activities

We may disclose your PHI to public health authorities for purposes such as preventing or controlling disease, reporting adverse drug events to the FDA, or reporting births and deaths.

Abuse, Neglect, or Domestic Violence — Mandated Reporting

We are required by law to report suspected abuse, neglect, or exploitation of children, vulnerable adults, and elders. In Washington, we report under RCW 26.44 (children) and RCW 74.34 (vulnerable adults). Comparable reporting obligations exist in California, New York, and other states in which you may be located when we provide services. We will make such reports to the appropriate state or local authorities as required by the law of the state in which you are located at the time of service.

Health Oversight Activities

We may disclose your PHI to health oversight agencies for activities authorized by law, including audits, investigations, inspections, licensure, and disciplinary actions.

Judicial and Administrative Proceedings

We may disclose your PHI in response to a court or administrative order, subpoena, discovery request, or other lawful process, subject to the heightened protections that apply to mental health records under federal and state law.

Law Enforcement

We may disclose limited PHI to law enforcement officials in response to a court order, warrant, subpoena, or as otherwise permitted by law, including when necessary to identify or locate a suspect, fugitive, material witness, or missing person.

Serious Threat to Health or Safety — Duty to Warn and Protect

We may — and in some cases are required to — use or disclose your PHI when necessary to prevent or lessen a serious and imminent threat to your health or safety or that of another person or the public. In Washington, this includes the duty to take reasonable precautions when a patient has communicated an actual threat of physical violence against a reasonably identifiable victim (RCW 71.05.120 and related case law). Comparable duties exist in California (Tarasoff) and New York (Mental Hygiene Law § 9.46).

Coroners, Medical Examiners, and Funeral Directors

We may disclose PHI to coroners and medical examiners to identify a deceased person or determine cause of death, and to funeral directors as necessary to carry out their duties.

Organ and Tissue Donation

If you are an organ donor, we may disclose PHI to organizations that handle organ procurement, transplantation, or tissue banks.

Research

We do not currently conduct research involving PHI. If this changes, we will use or disclose your PHI for research purposes only with your written authorization or as otherwise permitted by law (for example, with a valid waiver from an institutional review board or privacy board).

Workers' Compensation

We may disclose PHI to the extent necessary to comply with workers' compensation laws.

Military, Veterans, and National Security

If you are a member of the armed forces, we may disclose PHI as required by military command authorities. We may also disclose PHI for authorized national security, intelligence, and protective service activities.

Business Associates

We may disclose PHI to third parties that perform services for us — such as our electronic health record vendor, payment processor, secure-messaging platform, telehealth platform, and billing or IT support providers — when necessary for them to perform those services. We require each business associate to sign a written Business Associate Agreement obligating them to protect your PHI in accordance with HIPAA. In our commitment to providing attentive and highly optimized care, this practice utilizes advanced technological support systems. We may share your protected health information with third-party vendors, known as Business Associates, who perform specialized functions on our behalf. This ecosystem of support includes, but is not limited to, artificial intelligence clinical copilots, automated secure transcription services, intelligent practice management software, and electronic health record platforms. We mandate that all such entities execute a strict Business Associate Agreement, legally binding them to protect your information with the highest security standards and to adhere strictly to all applicable state and federal confidentiality laws.

4. STATE LAW PROTECTIONS AND TELEHEALTH-SPECIFIC CONSIDERATIONS

State Law That Is More Stringent Than HIPAA

Certain state laws provide greater privacy protection for mental health information than HIPAA. When you receive services from us while located in a state whose law is more stringent, we will follow the more stringent law. In particular:

Washington: RCW 70.02 (Medical Records — Health Care Information Access and Disclosure) and RCW 71.05 (mental health treatment) impose additional restrictions on the disclosure of mental health information and require specific written authorization for many disclosures not required under HIPAA.

California: The Confidentiality of Medical Information Act (Cal. Civ. Code § 56 et seq.) and the Lanterman-Petris-Short Act (Cal. Welf. & Inst. Code § 5328) impose additional protections on mental health information.

New York: Mental Hygiene Law § 33.13 provides heightened protection for clinical records of patients who have received mental health services.

Telehealth Privacy and Security

All clinical services are provided by telehealth. We use a HIPAA-compliant videoconferencing platform, a HIPAA-compliant electronic health record, and a HIPAA-compliant payment processor, each under a signed Business Associate Agreement. Standard email and standard text messaging are not fully secure; we limit our use of these channels to scheduling and other non-PHI administrative communications unless you specifically request otherwise in writing and accept the associated risk.

At the start of each telehealth session, we will confirm the state and physical address from which you are participating. This is necessary to ensure the visit is conducted under the correct licensure and to provide emergency response information if a crisis arises during the session.

5. YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

Right to Access, Inspect, and Copy

You have the right to inspect and obtain a copy of the PHI we maintain about you, in paper or electronic format, with limited exceptions. Under federal law, you do not have a right to inspect or copy psychotherapy notes or information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action. We will respond to your request within 30 days and may charge a reasonable, cost-based fee.

Right to Request an Amendment

If you believe PHI we maintain about you is inaccurate or incomplete, you have the right to request that we amend it. We may deny your request in certain circumstances permitted by law. If we deny your request, you have the right to submit a written statement of disagreement, which we will include in your record.

Right to an Accounting of Disclosures

You have the right to request an accounting of disclosures we have made of your PHI, with certain exceptions (including disclosures for treatment, payment, health care operations, and disclosures made pursuant to your

authorization). The first accounting in any 12-month period is free; we may charge a reasonable, cost-based fee for additional requests.

Right to Request Restrictions

You have the right to request restrictions on our use or disclosure of your PHI for treatment, payment, or health care operations, or to family members or others involved in your care. We are not generally required to agree to your request. However, if you pay in full out of pocket for a service and request that we not disclose the information to a health plan for payment or health care operations purposes, we will agree to that restriction unless disclosure is otherwise required by law.

Right to Request Confidential Communications

You have the right to request that we communicate with you about your PHI by alternative means or at alternative locations (for example, by a different phone number or email address). We will accommodate reasonable requests.

Right to Breach Notification

You have the right to be notified in the event of a breach of unsecured PHI that compromises the privacy or security of your information, as required by the HITECH Act and 45 CFR Part 164 Subpart D.

Right to a Paper Copy of This Notice

You have the right to receive a paper copy of this Notice upon request, even if you have previously agreed to receive it electronically.

Right to Choose Someone to Act for You

If you have given someone medical power of attorney, or if someone is your legal guardian, that person may exercise your rights and make choices about your PHI. We will verify that the person has the authority to act for you before taking any action.

6. OUR RESPONSIBILITIES

We are required by law to:

- Maintain the privacy and security of your PHI;
- Provide you with this Notice of our legal duties and privacy practices;
- Follow the terms of the Notice currently in effect; and
- Notify you promptly in the event of a breach of your unsecured PHI.

We will not use or disclose your PHI other than as described in this Notice, unless you authorize us to do so in writing. You may revoke such authorization in writing at any time, except to the extent we have already acted in reliance on it.

7. CHANGES TO THIS NOTICE

We reserve the right to change the terms of this Notice at any time, and to make the revised Notice effective for all PHI we maintain, including PHI created or received before the effective date of the revised Notice. The current version of this Notice will be posted on our website and available in our patient portal. A copy will be provided to you upon request.

8. COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with us at the contact information below. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services, Office for Civil Rights, at:

U.S. Department of Health and Human Services

Office for Civil Rights

200 Independence Avenue, S.W.

Washington, D.C. 20201

1-877-696-6775

<https://www.hhs.gov/hipaa/filing-a-complaint/>

We will not retaliate against you for filing a complaint.

9. CONTACT INFORMATION

If you have any questions about this Notice, wish to exercise any of your rights, or want to file a complaint with our practice, please contact our Privacy Officer:

Privacy Officer: Udoka Addy, PMHNP-BC

Mailing Address: 100 N Howard St #6553, Spokane, WA 99201

Phone: (509) 356-2424

Email: udoka@udokaaddy.com

ACKNOWLEDGMENT OF RECEIPT

I acknowledge that I have received a copy of the Notice of Privacy Practices of Udoka Addy, PMHNP-BC, and that I have had the opportunity to review it and ask questions.