Turret Psychology LLC
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Notice of Privacy Practices

This notice describes how psychological and medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Your Rights

When it comes to your health information, you have certain rights. You have the right to:

- **Get a copy of your paper or electronic record:** You can ask to see or get a copy of your evaluation records and other health information. We will provide a copy or a summary, usually within 30 days. We may charge a reasonable, cost-based fee.
- **Correct your paper or electronic record:** You can ask us to correct health information about you that you think is incorrect or incomplete. We may say "no," but we'll tell you why in writing within 60 days.
- **Request confidential communications:** You can ask us to contact you in a specific way (for example, home or cell phone) or to send mail to a different address. We will agree to all reasonable requests.
- **Ask us to limit what we use or share:** You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it could affect your care.
- **Limit sharing with your insurance:** Since you pay for services out-of-pocket in full, you can ask us not to share your information with your health insurer for the purpose of payment or operations. We will say "yes" unless a law requires us to share that information.
- **Get a list of those with whom we've shared information:** You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why (excluding disclosures made for treatment, payment, and operations).
- **Get a copy of this privacy notice:** You can ask for a paper copy of this notice at any time.
- **Choose someone to act for you:** If someone has medical power of attorney or is your legal guardian, they can exercise your rights and make choices about your health information.
- **File a complaint:** You can complain if you feel we have violated your rights by contacting us directly using the information at the bottom of this form. You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights. We will not retaliate against you for filing a complaint.

Your Choices

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

- **Family and Friends:** You have the right and choice to tell us to share (or not share) evaluation results or information with your family, close friends, or others involved in your care.
- **Written Authorization Required:** We will *never* share your information for marketing purposes, sell your information, or share your clinical/psychotherapy notes unless you give us express written permission.

Our Uses and Disclosures

How do we typically use or share your health information? We typically use or share your information in the following ways:

- **Conduct and Coordinate Your Evaluation:** We can use your health information and share it with other professionals who are treating or collaborating on your care (e.g., your referring physician, psychiatrist, or school, with your written consent).
- **Run Our Practice:** We can use and share your health information to run our practice, improve your care, and contact you when necessary.
- **Bill for Your Services:** Since this is a private-pay practice, we do not bill insurance plans directly. If you request a superbill to submit to your insurance for out-of-network reimbursement, we will provide you with the necessary health and diagnostic codes. Otherwise, we do not share your information with health insurance plans.

Other Allowed or Required Disclosures
We are allowed or required to share your information in other ways—usually in ways that contribute to the public good, such as public health and safety. We must meet many conditions in the law before we can share your information for these purposes:

- **Public Health and Safety:** We can share information to report suspected abuse, neglect, or domestic violence, or to prevent/reduce a serious and imminent threat to anyone's health or safety.
- **Comply with the Law:** We will share information about you if state or federal laws require it.
- **Address Law Enforcement and Legal Actions:** We can use or share health information about you for workers' compensation claims, with health oversight agencies, for law enforcement purposes, or in response to a court order or subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described in this notice unless you tell us we can in writing. You may change your mind at any time by letting us know in writing.

Changes to the Terms of this Notice
We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.

Practice Information & State Disclosures

- **Effective Date:** August 18, 2026
- **Privacy Contact:** Jason Turret, PsyD / 914-400-7148 / drjasonturret@gmail.com
- **Special Note:** We never sell your personal information, and we never use your information for marketing purposes.
- **Colorado State Law Restrictions (Stricter than HIPAA):**
    - **Psychotherapy & Assessment Notes & Consent:** Under Colorado law (C.R.S. § 12-245-224), we face stricter limits on sharing your mental health and evaluation records than federal HIPAA laws require. We will not disclose your mental health records, assessment data, or clinical notes to any third party without your express written authorization,

except in specific emergency situations, to prevent a serious and imminent threat to health or safety, or as otherwise required by Colorado court order or state law.

- **Minors:** In Colorado, minors aged 12 and older can consent to their own mental health treatment. If a minor client has consented to an evaluation independently, their records cannot be released to parents or guardians without the minor's written consent, unless there is a clear clinical safety risk.