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NOTICE OF PRIVACY PRACTICES

Effective date: February 17, 2026

THIS NOTICE DESCRIBES HOW YOUR Protected Health Information (PHI) MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

Cognitive Kintsugi Therapy, LLC is required by law to provide you with this Notice so that you will understand how I may use or share your information from your Designated Record Set. The Designated Record Set includes financial and health information referred to in this Notice as “Protected Health Information” (“PHI”) or simply “health information.” I am required to adhere to the terms outlined in this Notice. If you have any questions about this Notice, please contact me.

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UNDERSTANDING YOUR HEALTH RECORD AND INFORMATION

Each time you receive services from Cognitive Kintsugi Therapy, LLC, a record of your visit is made containing health and financial information. Typically, this record contains information about your condition, the treatment I provide and payment for the treatment. I may use and/or disclose this information to:

- plan your care and treatment
- communicate with other health professionals involved in your care
- document the care you receive
- educate health professionals
- provide information for medical research

- provide information to public health officials
- evaluate and improve the care we provide
- obtain payment for the care we provide

Understanding what is in your record and how your health information is used helps you to:

- ensure it is accurate
- better understand who may access your health information
- make more informed decisions when authorizing disclosure to others

HOW I MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU

The following categories describe the ways that I use and disclose health information. Not every use or disclosure in a category will be listed. However, all of the ways I am permitted to use and disclose information will fall into one of the categories.

For Treatment. I may use and disclose your PHI to provide, coordinate, or manage your mental health treatment. This may include consulting with other health care professionals involved in your care. As part of providing quality services, I may consult with my clinical supervisor. My supervisor is bound by the same confidentiality and privacy laws.

For Payment. I may use and disclose health information about you so that the treatment and services you receive at Cognitive Kintsugi Therapy, LLC may be billed to you. If you pay for a service out-of-pocket in full, you have the right to request that I not disclose information about that service to your health plan. I will honor such requests unless disclosure is required by law.

For Health Care Operations. I may use and disclose health information about you for our day-to-day health care operations. This is necessary to ensure that all clients receive quality care. For example, I may use health information for quality assessment and improvement activities and for developing and evaluating clinical protocols. I may also combine health information about many clients to help determine what additional services should be offered, what services should be discontinued, and whether certain new treatments are effective. I may also use and disclose information for professional review, performance evaluation, and for training programs. Other aspects of health care operations that may require use and disclosure of your health information include accreditation, certification, licensing and credentialing activities, review and auditing, including compliance reviews, medical reviews, legal services and compliance programs. Your health information may be used and disclosed for the business management and general activities of Cognitive Kintsugi Therapy, LLC including resolution of internal grievances, customer service and due diligence in connection with a sale or transfer of Cognitive Kintsugi Therapy, LLC. In limited circumstances, I may disclose your health information to another entity subject

to HIPAA for its own health care operations. I may remove information that identifies you so that the health information may be used to study health care and health care delivery without learning the identities of clients.

OTHER ALLOWABLE USES OF YOUR HEALTH INFORMATION

Business Associates. I may share your Protected Health Information (PHI) with business associates who perform services on my behalf, such as electronic health record providers, billing services, secure communication platforms, legal counsel, or accounting professionals. These business associates are required by law and written agreement to appropriately safeguard your information.

Treatment Alternatives. I may use and disclose health information to tell you about possible treatment options or alternatives that may be of interest to you.

Health-Related Benefits and Services and Reminders. I may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care. Unless you object, I may disclose health information about you to a friend or family member who is involved in your care. I may also give information to someone who helps pay for your care. In addition, I may disclose health information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location. In emergency circumstances, I may disclose information if necessary to prevent serious harm.

As Required By Law. I will disclose health information about you when required to do so by federal, state or local law.

To Avert a Serious Threat to Health or Safety. I may use and disclose health information about you to prevent a serious threat to your health and safety or the health and safety of the public or another person. I would do this only to help prevent the threat.

Organ and Tissue Donation. If you are an organ donor, I may disclose health information to the organizations that handle organ procurement to facilitate donation and transplantation.

Military and Veterans. If you are a member of the armed forces, I may disclose health information about you as required by military authorities. I may also disclose health information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation. I may disclose health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Reporting Federal and state laws may require or permit Cognitive Kintsugi Therapy, LLC to disclose certain health information related to the following:

o *Public Health Risks.* I may disclose health information about you for public health purposes, including:

- Prevention or control of disease, injury or disability
- Reporting births and deaths;
- Reporting child abuse or neglect;
- Reporting reactions to medications or problems with products;
- Notifying people of recalls of products;
- Notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease;
- Notifying the appropriate government authority if I believe a client has been the victim of abuse, neglect or domestic violence. I will only make this disclosure if you agree or when required or authorized by law.

o *Health Oversight Activities.* I may disclose health information to a health oversight agency for activities authorized by law. These oversight activities may include audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

o *Judicial and Administrative Proceedings:* If you are involved in a lawsuit or a dispute, I may disclose health information about you in response to a court or administrative order. I may also disclose health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

o *Reporting Abuse, Neglect or Domestic Violence:* Notifying the appropriate government agency if I believe a client has been the victim of abuse, neglect or domestic violence.

Law Enforcement. I may disclose health information when requested by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About you, the victim of a crime if, under certain limited circumstances, I am unable to obtain your agreement;

- About a death I believe may be the result of criminal conduct;
- About criminal conduct at Cognitive Kintsugi Therapy, LLC;
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.
- Coroners, Medical Examiners and Funeral Directors. I may disclose medical information to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death. I may also disclose medical information to funeral directors as necessary to carry out their duties.
- National Security and Intelligence Activities. I may disclose health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- Correctional Institution: Should you be an inmate of a correctional institution, I may disclose to the institution or its agents health information necessary for your health and the health and safety of others.

Psychotherapy Notes- Psychotherapy notes are given special protection under HIPAA. Psychotherapy notes are notes that I create documenting or analyzing the contents of a counseling session and are kept separate from the rest of your medical record.

Psychotherapy notes will not be disclosed without your written authorization except in limited circumstances permitted by law, such as:

- For supervision or consultation
- To defend against a legal action brought by you
- As required by law
- To prevent a serious threat to health or safety

OTHER USES OF HEALTH INFORMATION

Other uses and disclosures of health information not covered by this Notice or the laws that apply to me will be made only with your written permission. If you provide me permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, I will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that I am unable to take back any disclosures we have already made with your permission, and that I am required to retain my records of the care that I provided to you.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

Although your health record is the property of Cognitive Kintsugi Therapy, LLC, the information belongs to you. You have the following rights regarding your health information:

Right to Inspect and Copy. With some exceptions, you have the right to review and copy your health information. You must submit your request in writing to Cognitive Kintsugi Therapy, LLC. I may charge a fee for the costs of copying, mailing or other supplies associated with your request.

Right to Amend. If you feel that health information in your record is incorrect or incomplete, you may ask me to amend the information. You have this right for as long as the information is kept by or for Cognitive Kintsugi Therapy, LLC. You must submit your request in writing to Cognitive Kintsugi Therapy, LLC. In addition, you must provide a reason for your request. I may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, I may deny your request if you ask me to amend information that:

- Was not created by me
- Is not part of the health information kept by or for Cognitive Kintsugi Therapy, LLC; or
- Is accurate and complete.

Right to an Accounting of Disclosures. You have the right to request an "accounting of disclosures". This is a list of certain disclosures I made of your health information, other than those made for purposes such as treatment, payment, or health care operations. You must submit your request in writing to Cognitive Kintsugi Therapy, LLC. Your request must state a time period which may not be longer than six years from the date the request is submitted and may not include dates before February 17th, 2026. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a twelve month period will be free. For additional lists, I may charge you for the costs of providing the list. I will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions. You have the right to request a restriction or limitation on the health information I use or disclose about you. For example, you may request that I limit the health information I disclose to someone who is involved in your care or the payment for your care. **I am not required to agree to your request.** If I do agree, I will comply with your request unless the information is needed to provide you emergency treatment. You must submit your request in writing to Cognitive Kintsugi Therapy, LLC. In your request, you must tell me (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse. I am required to agree to a request to restrict disclosure of protected health information to a health plan if the disclosure is for payment or health care operations and you have paid for the service out-of-pocket in full.

Right to Request Alternate Communications. You have the right to request that I communicate with you about medical matters in a confidential manner or at a specific location. For example, you may ask that I only contact you via mail to a post office box. You must submit your request in writing to Cognitive Kintsugi Therapy, LLC. I will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. I will accommodate all reasonable requests.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this Notice of Privacy Practices even if you have agreed to receive the Notice electronically. You may ask me to give you a copy of this Notice at any time.

You may obtain a copy of this Notice at our website, www.cognitivekintsugitherapy.com.

To obtain a paper copy of this Notice, contact me.

CHANGES TO THIS NOTICE

I reserve the right to change this Notice. I reserve the right to make the revised or changed Notice effective for health information I already have about you as well as any information I receive in the future. I will post a copy of the current Notice in Cognitive Kintsugi Therapy, LLC and on the website. The Notice will specify the effective date on the first page, in the top right-hand corner. In addition, if material changes are made to this Notice, the Notice will contain an effective date for the revisions and copies can be obtained by contacting Cognitive Kintsugi Therapy, LLC.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with Cognitive Kintsugi Therapy, LLC. To file a complaint with Cognitive Kintsugi Therapy, LLC, contact me. All complaints must be submitted in writing. You will not be penalized for filing a complaint

You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/