THE PLACE FOR RECOVERY, LLC

NOTICE OF PRIVACY PRACTICES
Effective Date: July 1, 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.

If you have any questions about this notice, please contact our Privacy Officer at (717) 378-9076 or via email at info@theplaceforrecovery.com.

Our Legal Duty
The Place for Recovery, LLC is required by applicable federal and state law to maintain the privacy of your Protected Health Information (PHI). We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your PHI. We must follow the privacy practices described in this Notice while it is in effect.
We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. If we make a significant change, we will update this Notice and make it available upon request, post it in our clinic locations, and publish it on our website at www.theplaceforrecovery.com.
Detailed Uses and Disclosures of Health Information
We may use and disclose your PHI for treatment, payment, and healthcare operations. Specific examples of these uses and disclosures in a mental health context include:
1. **Treatment**
We may use your PHI or disclose it to a physician, psychiatrist, licensed therapist, case manager, or other healthcare provider providing treatment to you.
Example: Our staff psychiatrist may discuss your medication management with your primary care physician to ensure there are no adverse drug interactions.
2. **Payment**
We may use and disclose your PHI to obtain payment for services we provide to you. This includes billing, claims management, and medical necessity determinations by your insurance plan.
Example: We may send information to your health insurance company regarding your psychiatric diagnoses and attendance dates so that they will reimburse us or you for clinical services.
3. **Healthcare Operations**
We may use and disclose your PHI in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing, or credentialing activities.
Example: We use PHI to evaluate the quality of our therapeutic programs or to train mental health interns under strict supervision.
Special Protections for Mental Health and Psychotherapy Notes
Psychotherapy Notes are specific notes recorded by a mental health professional documenting or analyzing the contents of conversation during a private, joint, or group counseling session, which are separated from the rest of your medical record.
Unlike standard medical records, HIPAA requires heightened protections for Psychotherapy Notes. The Place for Recovery, LLC must obtain your explicit written authorization before making any use or disclosure of psychotherapy notes, except for:
Use by the originator of the notes for your ongoing treatment.
Use or disclosure by us for our own mental health training programs.
Use or disclosure by us to defend ourselves in a legal action brought by you.
Disclosures required by law, health oversight activities, or to prevent a serious and imminent threat to health or safety.
Uses and Disclosures Requiring an Opportunity to Agree or Object
In the following situations, we can share your information if you do not object, or if we can reasonably infer from the circumstances that you do not object. If you are unable to object (such as in an emergency or if you are incapacitated), we will use our professional judgment to share only what is directly relevant to your care:
Involvement in Your Care: We may share PHI with a family member, close friend, or any other person you identify who is involved in your medical care or payment for your care.
Disaster Relief: We may coordinate with disaster relief organizations (like the Red Cross) to share your location or general condition for the purpose of notifying your family.
Permitted and Required Disclosures Without Your Authorization
We may use or disclose your PHI without your consent or authorization in the following mandatory or legally permitted instances:
To Avert a Serious Threat to Health or Safety: We may disclose your PHI if we believe in good faith that it is necessary to prevent or lessen a serious and imminent threat to your health or safety, or the health and safety of the public.
Abuse or Neglect: As mandatory reporters under state law, we must disclose PHI to report child abuse, neglect, or vulnerable adult abuse to the appropriate state authorities.
Public Health and Safety: We may disclose PHI for public health activities, including preventing or controlling disease, reporting adverse medication reactions, or notifying a person who may have been exposed to a communicable disease.
Health Oversight Activities: We may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, inspections, and licensure.
Lawsuits and Legal Actions: We may disclose PHI in response to a court order, administrative order, or a lawfully issued subpoena where efforts have been made to notify you or secure a protective order.
Law Enforcement: We may disclose PHI for law enforcement purposes under strict, legally defined conditions (e.g., to locate a fugitive, identify a victim, or report a crime committed on our premises).

Coroners, Medical Examiners, and Funeral Directors: We may disclose PHI to assist these individuals in performing their legal duties upon a patient's death.
Specialized Government Functions: We may disclose PHI of military personnel and veterans under certain circumstances, and to authorized federal officials for national security and intelligence activities.
Workers Compensation: We may disclose PHI to comply with laws relating to workers compensation or other similar programs.

Your Individual Privacy Rights
You possess the following rights regarding the PHI we maintain about you. All requests to exercise these rights must be submitted in writing to our Privacy Officer.
Right to Inspect and Copy
You have the right to inspect and obtain a copy of your mental health and billing records. We will provide these in your preferred format (paper or electronic) within 30 days of your request. We may charge a reasonable, cost-based fee.
Exception: We may deny your request to inspect or copy psychotherapy notes, or if we determine, in our professional clinical judgment, that access is reasonably likely to endanger the life or physical safety of you or another person.
Right to Request Amendments
If you believe information in your record is incorrect or incomplete, you may request that we amend it. We will act on your request within 60 days.
Note: We may deny your request if we believe the current information is accurate, or if the record was not created by us. If denied, you have the right to file a statement of disagreement.
Right to an Accounting of Disclosures
You have the right to receive a list (an accounting) of instances in which we disclosed your PHI for purposes other than treatment, payment, healthcare operations, or pursuant to your written authorization, looking back up to six years from the request date.
Right to Request Restrictions
You have the right to request additional restrictions on our use or disclosure of your PHI. We are not required to agree to these additional restrictions, except if you request that we not disclose PHI to a health plan for payment or healthcare operations, and the PHI pertains solely to a healthcare item or service for which you have paid us entirely out-of-pocket.
Right to Confidential Communications
You have the right to request that we communicate with you about your health and care in a specific way or at a certain location (e.g., only calling a specific cell phone number or mailing statements to a P.O. Box). We will accommodate all reasonable requests.
Right to a Paper Copy of This Notice
You have the right to a paper copy of this Notice at any time, even if you have agreed to receive it electronically.
Right to Notice of a Breach
You have a right to be promptly notified in writing following any breach of your unencrypted Protected Health Information.
Complaints and Contact Information
If you believe your privacy rights have been violated, or if you disagree with a decision we made about access to your records, you may file a complaint with our clinic or directly with the federal government. We will not retaliate against you in any way for filing a complaint.

To file a complaint with The Place for Recovery, LLC, or to speak with our Privacy Officer:
Attn: Privacy Officer
The Place for Recovery, LLC
4807 Jonestown Rd, Ste 246
Harrisburg, PA 17109
Phone: (717) 378-9076
Email: info@theplaceforrecovery.com

To file a complaint with the U.S. Department of Health and Human Services:
Office for Civil Rights (OCR)
U.S. Department of Health and Human Services
200 Independence Avenue, S.W., Room 509F, HHH Bldg.
Washington, D.C. 20201
Phone: 1-877-696-6775
Website: www.hhs.gov/ocr/privacy/hipaa/complaints/