Beautiful Authenticity
WELLNESS & CLINICAL SERVICES

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EFFECTIVE DATE OF THIS NOTICE This notice went into effect on October 21, 2026

NOTICE OF PRIVACY PRACTICES

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

I. OUR PLEDGE REGARDING HEALTH INFORMATION:
Your health information is personal. Beautiful Authenticity Wellness & Clinical Services (the "Practice") creates and maintains records of the care and services you receive to provide treatment and meet legal obligations. This notice applies to protected health information (PHI) maintained by the Practice. We are required to safeguard PHI, provide this notice of our duties and privacy practices, follow the notice currently in effect, and notify affected individuals of breaches of unsecured PHI when required by law. We may revise this notice as permitted by law; the current version will be available on our website, in our office, and upon request.

II. HOW THE PRACTICE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION:
Treatment. We may use and disclose PHI to provide, coordinate, or manage your care, including consultations with other licensed healthcare providers and referrals when legally permitted. For example, consultation may assist with diagnosis or treatment. The HIPAA minimum-necessary standard generally does not apply to disclosures for treatment, although applicable professional duties and more protective laws continue to apply.

Payment and Payment Processing. The Practice may use and disclose protected health information as permitted by law to prepare Good Faith Estimates, process payments for services, issue billing statements and superbills when applicable, and manage other payment-related activities. For services not billed to insurance, payments may be collected through the Practice's secure payment system in SimplePractice or other authorized payment methods. The Practice will limit the use and disclosure of protected health information to what is permitted or required by applicable federal and state privacy laws.

Healthcare operations. We may use and disclose PHI for lawful practice administration, quality improvement, compliance, and other healthcare operations. We use Rula, Heaadway and SimplePractice for clinical records, scheduling, intake documentation, secure client portal

communications, and related practice-management functions, subject to applicable privacy and security arrangements.

Legal proceedings, subpoenas, and disputes. We may disclose PHI in response to a valid court or administrative order or other legal process only when the applicable legal requirements have been met. A subpoena alone does not necessarily authorize disclosure of confidential psychotherapy records. Additional federal and Arizona or California protections may apply, especially to minors and specially protected records.

III. CERTAIN USES AND DISCLOSURES THAT REQUIRE YOUR WRITTEN AUTHORIZATION:

1. Psychotherapy Notes. If the Practice maintains psychotherapy notes as defined by HIPAA (notes documenting or analyzing a counseling session that are kept separately from the clinical record), we generally must obtain your written authorization to use or disclose them. Limited legal exceptions include use by the note's originator for treatment; certain training or supervision; defending a legal action brought by you; HHS compliance investigations; disclosures required by law; certain oversight activities; coroners or medical examiners; and averting a serious and imminent threat, where legally permitted. Ordinary progress notes, treatment plans, diagnoses, and session times are not automatically psychotherapy notes.

2. Substance Use Disorder (SUD) Counseling Notes. The Practice may also maintain "SUD counseling notes," which are notes recorded by a substance use disorder provider documenting the contents of a counseling session. Any use or disclosure of these notes requires your separate written authorization, which cannot be combined with a consent for other types of records. You can revoke your consent at any time except to the extent that I have already acted upon it to disclose these notes in accordance with your initial authorization. Substance use disorder records and counseling notes. Some substance use disorder (SUD) treatment records may receive additional protections under 42 CFR Part 2. If the Practice maintains records subject to Part 2, we will follow applicable consent, redisclosure, legal-proceeding, and separate SUD counseling-note authorization rules. Part 2 records generally cannot be used or disclosed in proceedings against a patient without the specific consent or court order required by that law. These rules do not automatically apply to every mental health record mentioning substance use.

3. Marketing and sale of PHI. We do not sell your PHI. We do not use or disclose PHI for marketing that requires written authorization without first obtaining that authorization. Other uses and disclosures not otherwise permitted or required by law generally require written authorization. You may revoke an authorization in writing, except to the extent we already relied on it.

IV. CERTAIN USES AND DISCLOSURES THAT MAY NOT REQUIRE YOUR AUTHORIZATION.
Subject to certain limitations in the law, I can use and disclose your PHI without your Authorization for the following reasons:

Subject to the conditions, limitations, and additional protections of applicable law, we may use or disclose PHI for the following purposes:

Required by law. Disclosures expressly required by federal or state law, limited to the relevant legal requirements.

Public health and protective reporting. Legally authorized public health activities; reporting suspected child, elder, or dependent-adult abuse or neglect; and preventing or lessening a serious threat to health or safety.

Health oversight. Audits, investigations, licensure reviews, and other authorized oversight activities.

Judicial and administrative proceedings. Disclosures under valid legal process when all applicable requirements are satisfied.

Law enforcement. Limited disclosures authorized or required by law, including certain crimes on practice premises.

Coroners and medical examiners. Disclosures when permitted by law for their authorized duties.

Specialized government functions. Certain military, national security, protective-service, or correctional functions where permitted by law.

Workers' compensation. Disclosures necessary to comply with applicable workers' compensation laws.

Appointment reminders and healthcare-related services. Communications about appointments, treatment alternatives, and other permitted healthcare services or benefits.

V. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT.

Family, friends, and others involved in your care. Where permitted by law, we may share information relevant to your care or payment with a person you identify as involved in your care, unless you object. In emergencies or when you cannot express a preference, the law may permit limited disclosures based on professional judgment. Minor-client confidentiality and other restrictions may further limit sharing.

VI. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI:

1. Request restrictions. You may ask us to limit certain uses or disclosures for treatment, payment, or healthcare operations. We are not always required to agree, except in circumstances required by law.
2. Fully self-paid services. If you pay out of pocket in full for a service, you may request that information about that service not be disclosed to a health plan for payment or healthcare operations, unless disclosure is required by law.
3. Confidential communications. You may request that we contact you in a particular way or at a particular location. We will accommodate reasonable requests as required by law.
4. Access and copies. You may request to inspect or obtain an electronic or paper copy of PHI in your designated record set, subject to lawful exceptions, including certain separately maintained psychotherapy notes. HIPAA generally requires a response within 30 days, subject to permitted extensions; shorter state-law deadlines may apply. Any fee will be limited to what applicable law allows. You may request a summary if you agree to it.
5. Accounting of disclosures. You may request an accounting of certain disclosures, generally for the preceding six years, excluding categories specified by law. We generally respond within 60 days, subject to a permitted extension. The first accounting in a 12-month period is free; a reasonable

cost-based fee may apply to additional requests after notice of the fee. Different or additional requirements may apply to Part 2 records.

6. Amendment. If you believe information in your designated record set is incorrect or incomplete, you may request an amendment. We generally respond within 60 days, subject to a permitted extension, and will explain any denial in writing.
7. Copy of this notice. You may request a paper or electronic copy of this notice at any time, even if you previously agreed to receive it electronically.

VII. ADDITIONAL PROTECTIONS, MINORS and ELECTRONIC RECORDS:

Arizona and California protections. Applicable state laws may provide additional protections for mental health records, privileged communications, minor consent, and confidentiality. We follow more protective requirements where they apply. A parent, guardian, or other personal representative does not automatically have access to every detail of a minor's treatment; access depends on the law and circumstances of care.

Electronic records and service providers. The Practice uses Rula, Headway and SimplePractice for secure clinical administration and client portal functions. We apply required privacy and security safeguards and use service providers under applicable agreements. No electronic system is completely risk-free. Clinical PHI is governed by this notice, separately from general website analytics and voluntary blog subscriptions described in our Website Privacy Policy.

Breach notification. If a breach of unsecured PHI occurs, we will notify affected individuals and make required reports within the timeframes and with the content required by applicable federal and state law.

VII. PRIVACY QUESTIONS, COMPLAINTS, and NOTICE CHANGES:

You may contact the Practice to exercise privacy rights, ask questions, or file a privacy complaint. You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, at https://www.hhs.gov/ocr/complaints/index.html. We will not retaliate against you for filing a complaint or exercising privacy rights.

Privacy contact: Dawn Marrero, Practice Owner | Beautiful Authenticity Wellness & Clinical Services | 1600 W Chandler Blvd, Suite 120, Chandler, AZ 85224 | 480-923-2223 | admin@beautifulauthenticity.com

We may change this notice as permitted by law, including applying a revised notice to information already held by the Practice. The current notice will be available at our office, on our website, and upon request.