

BUSCANDO MI DESTINO, LLC

NOTICE OF PRIVACY PRACTICES

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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.

I. OUR COMMITMENT TO YOUR PRIVACY

Buscando Mi Destino, LLC (the Practice) protects your protected health information (PHI), including mental health records. We maintain records to provide care and meet legal requirements. This notice applies to PHI maintained by the Practice and its workforce. We must safeguard PHI, provide this notice, follow its current terms, and notify affected individuals following a breach of unsecured PHI as required by law. We may revise this notice for information we already maintain; updated copies will be available at our offices, upon request, and on our website.

II. HOW WE MAY USE OR DISCLOSE INFORMATION

Treatment: We may use and share PHI with treating professionals for diagnosis, care coordination, consultations, referrals, and supervision as permitted by law. For example, your clinician may consult another provider about your treatment. The HIPAA minimum-necessary standard generally does not apply to disclosures for treatment, but other confidentiality laws may impose limits.

Payment: We may use and disclose PHI to bill insurers, verify coverage, and collect payment. For example, we may submit a claim with service and diagnosis information.

Health care operations: We may use PHI for quality improvement, staff training, audits, credentialing, and administrative functions. For example, we may review records to improve services. Vendors that handle PHI for us must provide appropriate contractual protections where HIPAA requires a business associate agreement.

Other uses permitted or required by law: Subject to applicable limits, PHI may be disclosed for public health and mandatory abuse reporting; health oversight; judicial or administrative proceedings; law enforcement; coroners or medical examiners; research when legal conditions are met; workers' compensation; specialized government functions; and to prevent or lessen a serious and imminent threat. A subpoena or legal request does not automatically authorize release of all mental health records. We review requests under HIPAA and applicable Connecticut and federal confidentiality laws.

Appointments and care options: We may contact you about appointments, treatment alternatives, and health-related services using appropriate privacy safeguards.

III. USES REQUIRING WRITTEN AUTHORIZATION

We generally obtain your written authorization before uses or disclosures not otherwise permitted by law, including most marketing uses, sale of PHI, and most disclosures of separately maintained psychotherapy notes. Psychotherapy notes have special protections and limited legal exceptions. We do not sell PHI or use it for marketing without any authorization required by law. You may revoke an authorization in writing, except to the extent we already relied on it.

IV. FAMILY, FRIENDS, AND PERSONAL REPRESENTATIVES

When permitted by law, we may share information relevant to your care or payment with a person involved in your care if you agree, have an opportunity to object, or circumstances reasonably support disclosure. We verify the authority of guardians and other personal representatives before acting. Additional protections may apply to minors and to Connecticut mental health records.

V. YOUR RIGHTS REGARDING YOUR PHI

Access: You may request to inspect or obtain electronic or paper copies of records in a designated record set, subject to legal exceptions including separately maintained psychotherapy notes. We generally respond within 30 days; one permitted 30-day extension may apply with written notice. Lawful, reasonable cost-based fees may apply.

Amendment: You may ask us to correct or supplement records. If we deny your request, we will explain the reason in writing and your rights to respond.

Confidential communications: You may request that we contact you in a particular way or at a particular location. We will accommodate reasonable requests.

Restrictions: You may ask us to limit certain uses or disclosures. We generally are not required to agree, except that we must honor a qualifying request not to disclose to a health plan for payment or operations when you have paid for the item or service in full out of pocket and disclosure is not otherwise required by law.

Accounting: You may request an accounting of certain disclosures during the preceding six years, subject to legal exclusions. One accounting in a 12-month period is free; a reasonable cost-based fee may apply for additional requests.

Notice and representation: You may obtain a paper copy of this notice and have an authorized personal representative exercise applicable rights on your behalf.

VI. ADDITIONAL PROTECTIONS FOR SUBSTANCE USE DISORDER RECORDS

Certain substance use disorder (SUD) patient records protected by **42 CFR Part 2** carry additional confidentiality protections. When the Practice receives or maintains Part 2-protected records, their use and disclosure are subject to Part 2 and other applicable law, including applicable consent requirements. Such records generally cannot be used or disclosed in civil, criminal, administrative, or legislative proceedings against you without the specific consent or court order required by Part 2. Special rules apply to SUD counseling notes. Where applicable, Part 2 records may be used or disclosed for treatment, payment, and health care operations under a valid Part 2 consent and applicable redisclosure rules. You may complain about a suspected Part 2 violation without retaliation. This paragraph does not represent that the Practice is itself a federally assisted Part 2 program; that status requires separate determination.

VII. CONNECTICUT LAW AND SENSITIVE RECORDS

Connecticut law and other federal laws may provide stronger protections for mental health, substance use, minor, and other sensitive records. When a more protective law applies, we follow that law. For court-related requests, family matters, and forensic evaluations, we evaluate applicable consent, court-order, and confidentiality requirements before releasing information.

VIII. PRIVACY COMPLAINTS AND CONTACT

For privacy questions, access requests, restrictions, or complaints, contact the **Practice Privacy Officer**, Buscando Mi Destino, LLC, 56 Arbor Street, Suite 100, Hartford, CT 06106, phone **(860) 249-0402**. You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights at www.hhs.gov/hipaa/filing-a-complaint, by calling **1-877-696-6775**, or by writing to 200 Independence Avenue SW, Washington, DC 20201. We will not retaliate against you for filing a complaint.

IX. ACKNOWLEDGMENT OF RECEIPT

By signing or electronically acknowledging receipt, you confirm only that you received or were offered this Notice of Privacy Practices. Your acknowledgment is **not** a blanket authorization to disclose PHI, and it does not waive your privacy rights.

Patient / representative: _____ Date: _____

Signature (if used): _____

Publication note: This notice should be reviewed against actual practice workflows and approved by qualified Connecticut privacy/legal counsel before publication, especially the Practice's Part 2 status and handling of court-involved records.