

NOTICE OF PRIVACY PRACTICES (HIPAA)

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.

Caitlin McGoldrick, LMHC
New Bedford, MA 02745
401-230-5544
caitlinmcg.counseling@gmail.com

This notice describes how I, Caitlin McGoldrick, LMHC, may use and disclose your protected health information (“PHI”) and explains your rights regarding that information. PHI is information that identifies you and relates to your past, present, or future physical or mental health or condition, the health care services you receive, or payment for those services.

I am required by law to maintain the privacy of your PHI, to provide you with this notice of my legal duties and privacy practices, and to follow the terms of the notice currently in effect. I am required by law to notify you following a breach of your unsecured PHI. I reserve the right to change the terms of this notice and to make the new terms effective for all PHI that I maintain. If I revise this notice, I will make the revised notice available upon request and post or otherwise provide it as required by law.

HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

Treatment

I may use and disclose your PHI for purposes of providing, coordinating, or managing your treatment and related services. For example, I may use your information to develop a treatment plan, maintain clinical records, or consult with another health care provider involved in your care. When required by applicable law, I will obtain your written authorization before making the disclosure.

Payment

I may use and disclose your PHI to obtain payment for the services I provide to you. For example, I may use your information to bill you, bill your health plan, determine eligibility or coverage, submit claims, respond to utilization review requests, or collect outstanding balances.

Health Care Operations

I may use and disclose your PHI for health care operations necessary to run my practice. For example, I may use your information for quality assessment, licensing, credentialing, business administration, legal compliance, auditing, and other practice-management activities.

USES AND DISCLOSURES REQUIRING YOUR WRITTEN AUTHORIZATION

I will obtain your written authorization for uses and disclosures of your PHI when required by law, including most uses and disclosures of psychotherapy notes if such notes are maintained separately, most uses and disclosures of PHI for marketing purposes, and disclosures that constitute a sale of PHI. If I use or disclose your PHI for fundraising, you will have the opportunity to opt out as required by law.

If you give me written authorization, you may revoke it at any time by giving me a written revocation, except to the extent that I have already acted in reliance on your authorization.

USES AND DISCLOSURES THAT MAY BE MADE WITHOUT YOUR AUTHORIZATION, SUBJECT TO APPLICABLE LAW

I may use or disclose your PHI without your written authorization when permitted or required by federal or state law, including in the following circumstances:

1. Required by Law

I may disclose your PHI when a federal, state, or local law requires the disclosure.

2. Public Health and Health Oversight Activities

I may disclose your PHI for public health activities and for health oversight activities authorized by law, including audits, investigations, inspections, licensure matters, and disciplinary proceedings.

3. Abuse, Neglect, or Domestic Violence

I may disclose your PHI to report suspected abuse, neglect, or domestic violence when permitted or required by law.

4. Judicial and Administrative Proceedings

I may disclose your PHI in response to a court order, subpoena, discovery request, or other lawful process, when the legal requirements for such disclosure are satisfied. Additional protections may apply to certain categories of information, including substance use disorder records, HIV-related information, and other specially protected records.

5. Law Enforcement

I may disclose your PHI to law enforcement officials when permitted or required by law.

6. Serious Threat to Health or Safety

I may use or disclose your PHI when I believe in good faith that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public, consistent with applicable law and professional standards.

7. Specialized Government Functions

I may disclose your PHI for specialized government functions when permitted by law, including certain military, national security, protective services, or correctional institution matters.

8. Workers' Compensation

I may disclose your PHI as authorized by and to the extent necessary to comply with workers' compensation or similar programs established by law.

9. Appointment Reminders and Health-Related Benefits or Services

I may use or disclose your PHI to contact you with appointment reminders or information about treatment alternatives or health-related benefits and services that may be of interest to you.

10. Business Associates

I may disclose your PHI to third parties that perform services on my behalf, such as billing, practice management, or secure technology vendors, if they agree to appropriately safeguard the information.

YOUR RIGHTS REGARDING YOUR PHI

A. Right to Request Restrictions

You have the right to request restrictions on certain uses or disclosures of your PHI for treatment, payment, or health care operations. I am not required to agree to a requested restriction, except where the law requires me to do so. If you pay out of pocket in full for a health care item or service, you may request that I not disclose information about that item or service to a health plan for payment or health care operations, and I will comply when required by law.

B. Right to Request Confidential Communications

You have the right to request that I communicate with you about PHI by alternative means or at alternative locations. I will accommodate reasonable requests as required by law.

C. Right to Access and Obtain a Copy

You have the right to inspect and obtain a copy of PHI contained in a designated record set, subject to limited exceptions under law. This right may not apply to certain records, including psychotherapy notes and information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding. I may charge a reasonable, cost-based fee where permitted by law.

D. Right to Request an Amendment

If you believe the PHI I maintain about you is incorrect or incomplete, you may request an amendment. I am not required to agree to every request, but I will respond as required by law.

E. Right to an Accounting of Disclosures

You have the right to request an accounting of certain disclosures of your PHI made by me during the period covered by law, excluding disclosures that are not required to be included by law. I may charge a reasonable fee for additional requests where permitted.

F. Right to a Paper Copy of This Notice

You have the right to obtain a paper copy of this notice, even if you agreed to receive it electronically.

ADDITIONAL INFORMATION

Personal Representatives, Minors, and Others Involved in Care

I may disclose PHI to a personal representative or, when permitted by law, to a family member, close friend, or other person involved in your care or payment for your care, but only as permitted or required by applicable law and consistent with professional judgment.

Electronic Communications and Telehealth

If you communicate with me by email, text, phone, telehealth platform, or other electronic means, there may be privacy or security risks despite reasonable safeguards. I will use appropriate protections as required by law.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with me using the contact information listed above. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services, Office for Civil Rights. I will not retaliate against you for filing a complaint.

Effective Date

The effective date of this notice is **April 28, 2026**

My electronic signature serves as an acknowledgement that I have received or been offered a copy of this Notice of Privacy Practices.