

Pucci LCSW, PLLC**Notice of Privacy Practices**

Effective date: 6/1/2026

Introduction

This Notice of Privacy Practices (the “**Notice**”) describes how Pucci LCSW, PLLC may use and disclose your protected health information and explains your rights regarding that information. Pucci LCSW, PLLC is required by law to protect the privacy of your health information and to provide you with this Notice of its legal duties and privacy practices.

Contact

If you have any questions about this Notice or our privacy practices, please contact Pamela Pucci at 315-552-0315.

Scope

This Notice applies to the health information we create and maintain about your care, including information about your past, present, and future mental and physical health conditions. Our staff, as well as certain third parties who assist us, are required to follow the privacy practices described in this Notice.

Changes to this Notice

We may update this Notice at any time. Any changes will apply to all health information we hold, past and future. The most current version is available on our website or upon request.

Our Records

- We maintain a record of your health information to support your care and comply with legal requirements. This treatment record may include information such as your health history and our “**Progress Notes**,” which include session dates, the types of treatment provided, results of clinical tests, and summaries of your diagnosis, symptoms, functional status, prognosis, treatment plans, prescriptions, and progress.
- We may also maintain “**Psychotherapy Notes**,” which consist of your provider's personal notes and observations documenting or analyzing the content of your therapy sessions. These are kept separately from the rest of your treatment record.

Data Breach Notification

You will be promptly notified if a data breach compromises the privacy or security of your health information.

Use and Disclosure of Your Information

We will use and disclose your protected health information (“**PHI**”) only as authorized by you in writing, or as otherwise permitted or required by law. Examples of disclosures that may occur without your written authorization include:

- **Care, Treatment, Payment, and Health Care Operations.** We may use and share your PHI within our practice and with other providers involved in your care - including in emergencies or when a covering provider is on call in our absence - to provide and coordinate your treatment. We may also use your PHI for payment and operational purposes, such as billing, scheduling, appointment reminders, and quality improvement.
- **Public Health and Required Reporting.** We may disclose your PHI when required or permitted by law to prevent or lessen a serious and imminent threat to the health or safety of you, another person, or the public, including to law enforcement or others in a position to help. We may also disclose PHI as required by law to report suspected child abuse or neglect, or in certain circumstances involving suspected domestic violence or elder abuse.
- **Legal Proceedings and Law Enforcement.** We may be required to share your PHI in legal proceedings where your mental health is at issue, such as child custody disputes; to assist law enforcement in locating a missing person, witness, or suspect, or to support a crime victim; or to comply with oversight by government agencies that regulate our practice.
- **Business Associates and Other Service Providers.** We may share your PHI with outside professionals or companies that perform services on our behalf - such as billing, transcription, legal, accounting, or auditing - when those services require access to PHI. These parties are bound by contract to protect your PHI in accordance with applicable law.

Notes on Use and Disclosure

- As circumstances allow, we will discuss the situation with you before disclosing any confidential information externally and will only use or disclose the minimum amount of information that is necessary.
- Psychotherapy Notes are kept separately from your treatment record and receive heightened protection. We do not release them except as required by law, such as certain court orders or to prevent a serious and imminent threat to health or safety.
- Substance use disorder records covered by 42 CFR Part 2 will not be shared for investigations or legal proceedings against you without your written consent or a court order and subpoena.
- If your records include information subject to additional federal or state protections - such as HIV-related information - additional consent and disclosure rules may apply.
- We follow applicable federal and state law, and this Notice of Privacy Practices, when deciding whether information may be used or disclosed.
- We will never sell your PHI or use it for marketing purposes.

Your Rights and Choices

When it comes to your health information, you have rights. This section covers some of your rights and some of our responsibilities to help you.

You have the right to:

- **Inspect and Obtain a Copy of Your Information.** You may request a copy of your treatment records in paper or electronic form. We may deny access to certain information, such as Psychotherapy Notes and information that could cause substantial and identifiable harm to you or others. If we withhold any portion of your record, we will explain why.
- **Request Amendments.** If you believe your records are inaccurate, you may ask us to correct them. If we do not make the change, we will note your request in your file.
- **Authorize Disclosures of Your Information.** You may decide whether we share your health information with family, friends, or others involved in your care, and you may revoke any such authorization at any time. However, we may use our judgment to share information when appropriate.
- **Request Restrictions on Our Disclosures in Emergency Situations.** You may request limits on how we share your information in emergencies. We will make reasonable efforts to honor your instructions, but may use our judgment or act as required by law.
- **Request Additional Restrictions on Disclosures.** You may request further restrictions on how we use or disclose your health information for treatment, payment, or operations. We will review and discuss any such request with you, though we may not agree to all restrictions.
- **Receive an Accounting of Disclosures.** You have the right to receive an accounting of disclosures of your PHI.
- **Choose Someone to Act for You.** If you have a legally authorized representative - such as someone with power of attorney or a legal guardian - that person may exercise your rights and make decisions about your health information to the extent permitted by law.
- **Request Confidential Communications.** You may ask us to contact you in a specific way or at a specific location. We will accommodate reasonable requests as required by law.
- **Make Complaints.** If you believe your privacy rights have been violated, you can file a complaint without retaliation. You may either file a complaint:
 - directly with us by contacting Pucci LCSW, PLLC at 315-552-0315, or
 - with the Office for Civil Rights at the US Department of Health and Human Services, 1-800-368-1019, www.hhs.gov/ocr/privacy/hipaa/complaints/