

Notice of Privacy Practices

Overview:

This Notice of Privacy Practices ("**Notice**") describes how psychological and medical information about you (**Protected Health Information or "PHI"**) may be used and disclosed and how you can get access to this information. In this notice, "you" refers to either you or your child. **Please review this Notice carefully.** I am required to provide this notice in accordance with applicable law, including the Health Insurance Portability and Accountability Act of 1996 ("**HIPAA**").

Sara Tarallo, LMHC dba Riverlight Counseling may record, transmit, or maintain, either on paper or electronically, personal information about you or your child, you or your child's medical history, and you or your child's healthcare treatment as part of providing you with healthcare services.

Your health record contains **Protected Health Information ("PHI")**—information that may identify you and relates to your past, present, or future physical or mental health or condition and related healthcare services. I am legally required to maintain the privacy of this PHI and to abide by the terms of this Notice, which is effective **October 23, 2025**. I reserve the right to change the terms of this Notice at any time. Any new Notice will be effective for all PHI I maintain. I will post a copy on my website at www.riverlightcounseling.com, and you may request a copy by contacting me at 978-755-1682.

I. USES AND DISCLOSURES FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS

Federal privacy rules (regulations) allow health care providers who have direct treatment relationships with the patient/client to use or disclose the patient/client's personal health information without the patient's written authorization, to carry out the health care provider's own treatment, payment, or healthcare operations. The word "treatment" includes, among other things, the coordination and management of healthcare providers with a third party, consultations between healthcare providers, and referrals of a patient for healthcare from one healthcare provider to another.

For Treatment: Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation with clinical supervisors or other treatment team members. An example of treatment would be when I consult with another health care provider, such as a family physician or another mental health provider.

For Payment: I may use and disclose PHI so that I can receive payment for the treatment and services provided to you. Examples of payment-related activities are: making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities. If it becomes necessary to use collection processes due to lack of payment for services, I will only disclose the minimum amount of PHI necessary for purposes of collection.

For Health Care Operations: I may use or disclose, as needed, your PHI in order to support our business activities including, but not limited to, quality assessment activities and conducting or arranging for other business activities. For example, I may share your PHI with third parties that perform various business activities (e.g., billing or typing services) provided I have a written contract with the business that requires it to safeguard the privacy of your PHI. For training or teaching purposes PHI will be disclosed only with your authorization.

II. USES AND DISCLOSURES REQUIRING AUTHORIZATION

Uses and disclosures not specifically permitted by applicable law will be made only with your prior written authorization. You may revoke your permission at any time by writing to Sara Tarallo, LMHC, 491 Dutton St Suite 208, Lowell, MA 01854. Once you revoke your permission, I will stop using or disclosing such information for the reasons covered by your written authorization. However, I cannot take back any disclosures made with your permission. I will retain my records of the care provided to you as required by law.

The following uses and disclosures will be made only with your written authorization: (1) most uses and disclosures of psychotherapy notes which are separated from the rest of your medical record; (2) most uses and disclosures of PHI for marketing purposes, including subsidized treatment communication; disclosures that constitute a sale of PHI; and (3) other uses and disclosures not described in this Notice of Privacy Practices.

III. USES AND DISCLOSURES WITHOUT CONSENT OR AUTHORIZATION

As required by law

I will disclose PHI when required by federal or state law, including in response to a court order or other lawful process, or to avoid a serious threat to health or safety.

Child Abuse: If I, in my professional capacity, have reasonable cause to believe that a minor child is suffering physical or emotional injury resulting from abuse inflicted upon him or her which causes harm or substantial risk of harm to the child's health or welfare (including sexual abuse), or from neglect, including malnutrition, I must immediately report such condition to the Massachusetts Department of Children and Families.

Elder Abuse: If I have reasonable cause to believe that an elderly person (age 60 or older) is suffering from or has died as a result of abuse, I must immediately make a report to the Massachusetts Department of Elder Affairs.

Abuse of a Disabled Person: If I have reasonable cause to suspect abuse of an adult (ages 18-59) with mental or physical disabilities, I must immediately make a report to the Massachusetts Disabled Persons Protection Commission.

Health Oversight: The Board of Registration of Allied Mental Health and Human Service Professions has the power, when necessary, to subpoena relevant records should we be the focus of an inquiry.

Judicial or Administrative Proceedings: If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment and the records thereof, such information is privileged under state law and we will not release information without written authorization from you or your legally-appointed representative, or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court-ordered. You will be informed in advance if this is the case.

Serious Threat to Health or Safety: If you communicate to me an explicit threat to kill or inflict serious bodily injury upon an identified person and you have the apparent intent and ability to carry out the threat, I must take reasonable precautions. Reasonable precautions may include warning the potential victim, notifying law enforcement, or arranging for your hospitalization. I must also do so if I know you have a history of physical violence and I believe there is a clear and present danger that you

will attempt to kill or inflict bodily injury upon an identified person. Furthermore, if you present a clear and present danger to yourself and refuse to accept further appropriate treatment, and I have a reasonable basis to believe that you can be committed to a hospital, I must seek said commitment and may contact members of your family or other individuals if it would assist in protecting you.

Workers' Compensation: If you file a workers' compensation claim, your records relevant to that claim will not be confidential to entities such as your employer, the insurer and the Division of Workers' Compensation.

Specialized Government Functions: I may review requests from U.S. military command authorities if you have served as a member of the armed forces, authorized officials for national security and intelligence reasons and to the Department of State for medical suitability determinations, and disclose your PHI based on your written consent, mandatory disclosure laws and the need to prevent serious harm.

Public Health: If required, I may use or disclose your PHI for mandatory public health activities to a public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, or if directed by a public health authority, to a government agency that is collaborating with that public health authority.

IV. YOUR RIGHTS REGARDING PHI

Although your medical information is the property of Sara Tarallo, LMHC dba Riverlight Counseling, you have certain rights regarding your PHI, including the right to:

Access to Inspect and Copy. With certain exceptions, you have the right to inspect or receive a copy (or both) of your medical information, including psychotherapy notes used to make decisions about you for as long as the PHI is maintained in the record. Your access may be denied in certain limited circumstances, but in some cases, you may request to have this decision reviewed. Upon your request, for review, another licensed healthcare professional chosen by Sara Tarallo, LMHC dba Riverlight Counseling will review your request and my denial. I may charge a reasonable, cost-based fee for copies. If your records are maintained electronically, you may also request an electronic copy of your PHI. You may also request that a copy of your PHI be provided to another person.

Right to Amend. If you feel that the PHI I have about you is incorrect or incomplete, you may ask me to amend the information although I am not required to agree to the amendment. If I deny your request for amendment, you have the right to file a statement of disagreement with me. I may prepare a rebuttal to your statement and will provide you with a copy. On your request, I will provide you with details of the amendment process.

Right to an Accounting of Disclosures. You have the right to request a listing of disclosures of your PHI that were for purposes other than treatment, payment, healthcare operations and certain other purposes, or disclosures made with your written authorization within the last six years. On request, I will discuss with you the details of the accounting process. You may be charged a fee in connection with these requests.

Right to Request Restrictions. You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. Your request, in writing, must state: (1) what information you want to limit; (2) whether you want me to limit use, disclosure, or both; and (3) to whom the limits apply. I am not required to agree to your request unless the request



is to restrict disclosure of PHI to a health plan for purposes of carrying out payment or health care operations, and the PHI pertains to a health care item or service that you paid for in full out of pocket. In that case, I am required to honor your request for a restriction unless the information is needed to provide you emergency treatment or except as required by the law.

Right to Receive Confidential Communications by Alternative Means and at Alternative Locations. You have the right to request that I communicate with you about health matters in a certain way or at a certain location. I will accommodate reasonable requests. (For instance, you may not want a family member to know you are seeing me. Upon your request, I will send your bills to another address.) I may require information regarding how payment will be handled or specification of an alternative address or other method of contact as a condition for accommodating your request. I will not ask you for an explanation of why you are making the request.

Breach Notification. Consistent with federal and state laws, if there is a breach of your PHI, I will notify you of this breach; including what happened and what you can do to protect yourself.

Right to a Paper Copy of this Notice. You have the right to a paper copy of this notice upon request, even if you have agreed to receive the notice electronically.

V. Questions and Complaints

If you believe I have violated your privacy rights or you disagree with a decision I made about access to your records, you have the right to file a complaint in writing to Sara Tarallo, LMHC at 491 Dutton St, Suite 208, Lowell, MA 01854. You may also send a written complaint to the Secretary of Health and Human Services at 200 Independence Avenue, S.W. Washington, D.C. 20201 or by calling (202) 619-0257. I will not retaliate against you for filing a complaint.

I hereby acknowledge that I have received a copy of Sara Tarallo, LMHC dba Riverlight Counseling Notice of Privacy Practices.

I hereby acknowledge that I have received a copy of Sara Tarallo, LMHC dba Riverlight Counseling Notice of Privacy Practices.

Patient Name: _____ Date of Birth: _____

Signature of Patient: _____ Date: _____

Signature of Parent/Guardian (if patient is under 18):

_____ Date: _____

Parent/Guardian Name (If patient is under 18):
