

# Notice of Privacy Practices

Alexander Watson

*EFFECTIVE DATE OF THIS NOTICE This notice went into effect on January 1st, 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.**

This Notice describes the privacy practices of Alexander Watson (the "Practice"). The Practice is required by law to maintain the privacy of medical and health information about you ("Protected Health Information" or "PHI") and to provide you with this Notice of the Practice's legal duties and privacy practices with respect to PHI. When the Practice uses or discloses PHI, the Practice is required to abide by the terms of this Notice (or other notice in effect at the time of the use or disclosure).

### **How the Practice May Use and Disclose Your PHI**

The following categories describe ways the Practice may use and disclose your PHI (however, not every use or disclosure in a category is listed). Your written authorization is not required before the Practice may use or disclose your PHI for the purposes listed below, unless otherwise noted.

**Treatment** – The Practice uses PHI to provide treatment and other services to you – for example, psychotherapy. With your consent, the Practice may disclose information about you to other health care providers who are involved in your care and treatment.

**Payment** – The Practice may use, and with your consent, disclose your PHI so that the services you receive may be billed and payment collected from you, an insurance company, or third-party payor. For example, the Practice may disclose your PHI to file claims and obtain payment from your health insurer for the psychotherapy services provided by the Practice. With your consent, the Practice also may disclose PHI to other health care providers so that they may seek payment for services they rendered to you.

**Health Care Operations** – The Practice may use, and with your consent, disclose your PHI as necessary to support the day-to-day activities and management of the Practice. For example, the Practice may use and disclose your PHI for purposes of internal administration and planning, quality review and improvement, legal services, etc.

**Information Related to Your Care** – The Practice may use your PHI to communicate with you about products or services relating to your treatment, case management or care coordination, or alternative treatments, therapies, providers, or care settings. The Practice also may use your PHI to identify health-related services and products provided by the Practice that may be beneficial to your health and then contact you about the services and products. The Practice will not use or disclose your PHI for purposes of marketing (as defined by federal privacy laws) without first obtaining your prior authorization.

**\*\*Communication with Family and Others –\*\***The Practice may disclose your PHI to a family member, other relative, close personal friend, or others who are identified by you who are involved in your care or payment for your care, when you are present for, or otherwise available prior to, the disclosure, and you do not object to such disclosure after being given the opportunity to do so. The Practice also may disclose your PHI to such person with your verbal agreement or written consent. If you are incapacitated or in an emergency circumstance, the health care provider at the Practice may exercise his professional judgment to determine whether a disclosure is in your best interest. If the Practice discloses PHI in such event, the Practice will disclose only PHI that I believe is directly relevant to the person's involvement with your health care or with

payment related to your health care. The Practice also may disclose your PHI in order to notify (or assist in notifying) such persons of your location, general condition, or death.

**Public Health Reporting** – Your PHI may be disclosed for public health purposes as required by law.

**Health Oversight Activities** – Your PHI may be disclosed to health oversight agencies as required by law. Health oversight activities include audit, investigation, inspection, licensure, or disciplinary actions, and civil, criminal, or administrative proceedings or actions. The Practice also is required to disclose your PHI to the Secretary of Health and Human Services, upon request, to determine my compliance with the Health Insurance Portability and Accountability Act.

**Health or Safety** – The Practice may use or disclose PHI to prevent or lessen a serious and imminent danger to you or to others if the disclosure is to a person who is reasonably able to lessen or prevent the threat, including the target of the threat.

**Judicial and Administrative Proceedings** – The Practice may disclose PHI in the course of a judicial or administrative proceeding in response to a legal order or other lawful process.

**Law Enforcement Officials** – Your PHI may be disclosed to the police or other law enforcement officials as required or permitted by law or in compliance with a court order or a grand jury or administrative subpoena accompanied by a court order.

**Specialized Government Functions** – The Practice may use and disclose your PHI to units of the government with special functions, such as the U.S. military or the U.S. Department of State under certain circumstances as required by law.

**Ordered Examinations** – The Practice may release your PHI when required to report findings from an examination ordered by a court or detention facility.

**Decedents** – The Practice may disclose your PHI to a coroner or medical examiner as authorized by law.

**Organ and Tissue Procurement** – If you are an organ donor, the Practice may disclose your PHI to organizations that facilitate organ, eye or tissue procurement, banking, or transplantation.

**Research** – The Practice may use or disclose your PHI without your consent or authorization for research purposes if an Institutional Review Board/Privacy Board approves a waiver of authorization for such use or disclosure.

**Required by Law** – The Practice may use and disclose your PHI when required to do so by federal, state or local law.

**Sale of PHI, Marketing, and Other Uses and Disclosures Require Your Authorization** – The Practice will not sell your PHI or otherwise use or disclose it for purposes of marketing (as defined by federal privacy laws) without obtaining your prior written authorization. Furthermore, use or disclosure of your PHI for any purpose other than those listed above requires your written authorization or that of your legal representative. I will not deny services to you if you do not sign the authorization. Furthermore, you may revoke the authorization at any time, in writing. If you revoke your authorization, I will no longer use or disclose information about you for the reason covered by your written revocation.

**Highly Confidential Information** – Federal and state law require special privacy protections for certain highly confidential information about you (“Highly Confidential Information”), including: (1) your HIV/AIDS status; (2) genetic testing information; (3) substance abuse (alcohol or drug) treatment or rehabilitation information; (4) confidential communications with a psychotherapist, psychologist, social worker, sexual assault counselor, domestic violence counselor, or other allied mental health professional, or human services professional; (5) venereal disease information; (6) mammography records; (7) mental health community program records; (8) research involving controlled substances; (9) abortion consent form(s); and (10) family planning services. In order for me to disclose your Highly Confidential Information, I must obtain your separate, specific written consent and/or authorization unless I am otherwise permitted by law to make such disclosure. If you are an emancipated minor, certain information relating to your treatment or diagnosis may be considered “Highly Confidential Information” and as a result will not be disclosed to your parent or guardian without your consent. Your consent is not required, however, if a physician reasonably believes your condition to be so serious that

your life or limb is endangered. Under such circumstances, I may notify your parents or legal guardian of the condition and will inform you of any such notification. Please note that if you are a parent or legal guardian of an emancipated minor, certain portions of the emancipated minor's medical record (or, in certain instances, the entire medical record) may not be accessible to you.

### **Your Rights Regarding Your PHI**

Although your health records are the physical property of the Practice, you have certain rights with regard to the information I maintain about you in those records.

**Notice** – You have the right to receive a paper copy of this Notice (even if you have agreed to receive this Notice electronically).

**Revoke Your Authorization** – You have the right to revoke your authorization (or consent) to my use/disclosure of your PHI, as long as you make your request in writing to the Practice. You can revoke your authorization (or consent) for future disclosures, but not for any disclosures made prior to when you first gave your authorization (or consent).

**Request Restrictions** – You have the right to request restrictions on uses and disclosures of your PHI: (i) for treatment, payment, and health care operations; (ii) to individuals (such as a family member, other relative, close personal friend, or any other person identified by you) involved with your care or with payment related to your care; or (iii) to notify or assist in the notification of such individuals regarding your location and general condition. The Practice will consider your request; however, I am not required to agree to the restriction (with one limited exception relating to disclosures to a health plan where you pay out-of-pocket in full for the health care item or service). Restrictions I have agreed to do not apply to disclosures that are made mandatory by health oversight activities or law. Requests must be submitted in writing to the Practice.

**Receive Confidential Communications** – You have the right to receive confidential communications of your PHI from the Practice by alternative means or at alternative locations. I am required to accommodate any reasonable request you make. Requests must be submitted in writing to the Practice.

**Inspect and Copy Your PHI** – You have the right to inspect and copy your PHI that I hold in a designated record set. This usually includes medical records (excluding psychotherapy notes) and billing records. To the extent that electronic health records are available, you have a right to an electronic copy of your record, and, if you choose, to direct me to transmit a copy of the electronic health record to a designated individual or entity. I may charge a fee for copies of your records. Please contact the Practice at the address provided at the bottom of this Notice for information about fees and to request a copy of your records.

**Amend Your PHI** – You have a right to request that I amend your PHI if you feel that the information I have is inaccurate or incomplete, as long as the Practice created the information you wish to amend. I will not make changes to medical information created by another health care provider or changes that would make your medical record inaccurate or incomplete. Requests must be submitted in writing to the Practice.

**Accounting and Access Report** – You have a right to receive a list of how and to whom certain of your medical information has been disclosed during a period of time up to six years prior to the date of your request for that list, called an "accounting of disclosures." The accounting does not include disclosures of your PHI that pertain to treatment, payment, or health care operations. To the extent that I use or maintain your PHI in an electronic designated record set, you also have a right to receive an access report indicating who has accessed such PHI (including access for purposes of treatment, payment, and health care operations) during a period of time up to three years prior to the date of your request. I will provide an access report relating to such disclosures made by me and all of my Business Associates. Requests for an accounting and requests for an access report must be submitted in writing to the Practice.

**Notice of a Breach** – You have a right to receive a breach notification that complies with applicable Federal and State laws and regulations in the event of a breach of your unsecured PHI.

### **Revisions to Privacy Policies and Practices**

The Practice is required by law to make sure that the privacy of your PHI is maintained, provide you with this Notice of my legal duties and privacy practices, and abide by the terms of the Notice that is currently in effect. The Practice reserves the right to change its privacy policies and practices, including this Notice, and to make

the new policies and practices, including the revised Notice provisions, effective for all PHI that I maintain. You may request a copy of the current Notice at any time.

### **Questions Regarding the Privacy of Your Health Information**

If you have questions regarding information contained in this Notice, if you would like to obtain additional information about my privacy practices, or if you wish to exercise your rights as listed in this Notice, you may contact me.

### **How to File a Complaint**

If you would like to submit a comment or complaint about my privacy practices, you can do so by contacting me. You may also contact the Secretary of the Department of Health and Human Services. You will not be penalized or otherwise retaliated against for filing a complaint.

Regional Manager

Office for Civil Rights

U.S. Department of Health and Human Services

Boston Regional Office – Region 1

Government Center

J.F. Kennedy Federal Building – Room 1875

Boston, MA 02203

Email: [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov)

FAX: (617) 565-3809

TDD: (800) 537-7697

### **Acknowledgement of Receipt of Privacy Notice**

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By checking the box below, you are acknowledging that you have received a copy of HIPAA Notice of Privacy Practices.