



## DIALECTICAL STRATEGIES

### Privacy Practices - CA and NY (Updated 2025)

#### Notice of Privacy Practices

This notice describes how your health information may be used and disclosed and how you can access this information. Please review it carefully. I encourage you to ask questions or request clarification about anything you don't understand.

#### Your Rights

You have the right to:

- Request an electronic or paper copy of your health and psychotherapy records.
- Request corrections to your health record if you believe something is inaccurate.
- Ask me to communicate with you in a specific way (e.g., by phone, email, or mail).
- Request that I limit the information I share. I will consider reasonable requests, especially
  - when you have paid out of pocket for services.
- Obtain a list of disclosures I've made of your health information.
- Get a copy of this privacy notice at any time.
- Designate someone to act for you, such as a medical proxy or guardian.
- Revoke your consent for disclosure at any time, unless I've already taken action based on it.
- File a complaint if you believe your rights have been violated. You will not be penalized for doing so.
- **For New York residents:** Request deletion of your health information under the *New York Health Information Privacy Act (NYHIPA)*.
- **For Texas residents:** Access, correct, and delete your health information and opt out of data processing under the *Texas Data Privacy and Security Act (TDPSA)*.

#### Your Choices

You have the right to:

- Choose how I contact you in emergencies or sensitive situations.
- Decide whether to authorize the sale or marketing of your health information (I do not sell your information).
- Consent to or decline participation in fundraising (I do not engage in this).
- Consent to mental health treatment (or decline it).
- Limit the sharing of your information with others.



## DIALECTICAL STRATEGIES

### My Uses and Disclosures

I may use or share your information for:

- **Treatment:** Share information with other healthcare providers involved in your care.
- **Operations:** Manage practice operations and improve your care.
- **Billing:** Contact someone designated by you for payment purposes.

I may also share information:

- When required by law.
- To protect your safety or that of others.
- For public health and research purposes (with de-identified data unless authorized).
- With a coroner, medical examiner, or funeral director (if applicable).
- In legal or administrative proceedings (if required).

### Psychotherapy Notes & State-Specific Protections

#### California

- Psychotherapy notes are highly protected under California law.
- I will not disclose these notes without your explicit written authorization unless legally mandated or necessary to prevent serious harm.

#### New York

- Your written authorization is required for any sale or marketing use of your protected health information.
- I do not sell or share your information for such purposes.

### Use of AI-Supported Documentation Tools

To support high standards in treatment accuracy and fidelity, I use the following tools:

#### 1. **Zoom AI Companion (Telehealth Sessions):**

- May generate summaries or transcripts.
- Data is not used to train AI models and is not stored.
- HIPAA-compliant and used under a signed BAA.

#### 2. **SimplePractice NoteTaker (In-Person Sessions in CA):**

- Records session audio temporarily to create notes.
- Audio is automatically and permanently deleted after transcription.
- No AI training or analysis is performed on your data.



## DIALECTICAL STRATEGIES

Participation in these tools is **voluntary**, and you may opt out at any time without impact on your care.

### Recording of Sessions (Zoom or In Person)

If I request to record a session for training, certification, or fidelity to evidence-based treatment:

- It will only occur with your **explicit written consent**.
- Recordings are securely stored and deleted after use.
- You can opt out at any time.

I record for professional development, to increase treatment effectiveness, and to comply with standards for *evidence-based practices* such as DBT, CPT, PE, or CBT. This includes self-review, consultation, and supervision.

### My Responsibilities

I am legally required to:

- Maintain the privacy and security of your protected health information (PHI).
- Notify you promptly if a breach occurs that may compromise your privacy. Follow the terms of this notice and comply with stricter state laws when applicable.
- Share your information only as permitted or required by law, or with your written authorization.

### State Law Compliance

I comply with HIPAA and all applicable state laws. Where state laws offer greater protections than federal law, I follow the stricter standard.

### Changes to This Notice

I may update this notice, and changes will apply to all information I maintain. I will share updated notices and they will be available upon request, in my office, and on my website.

### Texas Residents

If you are a resident of Texas, additional rights and protections may apply to your personal information under the *Texas Data Privacy and Security Act (TDPSA)* and related laws. For detailed information about your rights and how your sensitive personal information is handled, please refer to the ***Texas Privacy Addendum***, available upon request or provided at the start of services.