



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.



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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.



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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.