Gail Corneau, PhD, PLLC
61 South Main Street, Suite 209 | West Hartford, CT 06107 | (860) 507-9876

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Gail Corneau, PhD, PLLC ("We") respects the privacy and confidentiality of your health information. This Notice of Privacy Practices ("Notice") describes how we may use and disclose your health information and how you can get access to this information. This Notice applies to uses and disclosures we may make of all your health information whether created or received by us.

Our pledge to you: We are required by law to: (1) maintain the privacy of your health information and to provide you with notice of our legal duties and privacy practices; (2) comply with the terms of our current Notice; (3) notify you promptly if a breach occurs that may have compromised the privacy or security of your information. We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available on request, in our office, and on our website. You have a right to a paper or electronic version of this Notice.

How we may use and disclose health information about you:
Below are the ways we may use and share your health information for treatment, payment, and health care operations.

- For Treatment. Generally, your medical providers can use and share your health information with other professionals who are treating you. Behavioral health providers like Gail Corneau, PhD, PLLC, however, are subject to more restrictive state laws, which may require your consent before sharing your behavioral health information for treatment purposes. The specific circumstances under which we can share your information are detailed in our Services Agreement with you.
- For Payment. If you agreed in the Services Agreement, we can use and share your health information to bill and get payment from health plans or other entities. For example, we give information about you and the services you received to your health insurance plan so it will pay for your services.
- For Health Care Operations. As you agreed in the Services Agreement, we can use and share your health information to run our practice, improve your care, and contact you when necessary. For example, we may use an external billing company to help prepare and send out bills or we may use your information to review the quality of care we provide.

For all three purposes, we may use an electronic health record system to maintain information about you and the services you receive.

Other specific uses and disclosures of your health information <u>without</u> your authorization but only if also permitted by the state laws that protect behavioral health information:

- *Health Care Messages*. Gail Corneau, PhD, PLLC may contact you using any contact information you provide, including by phone, email, text, mail, or through your patient portal with appointment

reminders or other messages about your health care. You may ask us not to use one or more of these methods.

- *Involved in Your Care*. Unless you object or the law prohibits it, we may share your information with family, friends, or others involved in your care to the extent of their involvement. Under Connecticut law, we generally need your written permission before sharing your behavioral health information with these individuals.
- *As Required By Law*. We may use and disclose your health information when required by law to do so. This includes state laws that require us to report suspected abuse or neglect involving minors, the elderly, or developmentally disabled.
- *Public Health Activities*. We may disclose your health information for public health activities.
- *Reporting Victims of Abuse, Neglect or Domestic Violence*. If we believe you are a victim of abuse, neglect, or domestic violence, we may share your information with the appropriate government agency.
- *Health Oversight Activities*. We may disclose your health information to a health oversight agency for activities authorized by law, such as audits, investigations, inspections, and licensure actions.
- *To Avert a Serious Threat to Health or Safety*. We may share your information when necessary to prevent or lessen a serious threat to your health or safety, or that of others.
- *Judicial and Administrative Proceedings*. We may disclose your health information in response to a court or administrative order. We will not disclose your health information in response to a subpoena, discovery request, or other lawful process without a proper court order or your authorization.
- *Law Enforcement*. We may share your information to file required reports or report emergencies or suspicious deaths; comply with a court order, warrant, or other legal process; identify or locate a suspect or missing person; or respond to certain law enforcement requests about crimes.
- *Research*. We may use or share your information for research if privacy protections for the information have been approved, for research preparation, after your death, or with your authorization.
- *Coroners, Funeral Directors, and Organ Donation*. We may share your information with coroners, medical examiners, funeral directors, or organ and tissue donation organizations.
- *Disaster Relief*. We may disclose your health information to a disaster relief organization.
- *Military, Veterans and other Specific Government Functions*. We may share your information as required by the military or for national security, protective services, or authorized investigations.
- *Workers' Compensation*. We may use or disclose your health information to comply with laws relating to workers' compensation or similar programs.
- *Business Associates*. We may disclose your health information to our business associates under a Business Associate Agreement.

Uses And Disclosures With Your Authorization:
We will obtain your written authorization for most uses or disclosures of psychotherapy notes, for marketing, and for any sale of your health information. Except as described in this Notice, we will not use or share your information without your authorization. You may revoke your authorization in writing at any time, except to the extent we have already relied on it.

Your Rights Regarding Your Health Information:
You have certain rights regarding your health information, which you may exercise by submitting a request to us. Each right is subject to specific requirements and exceptions described below.

- *Request Restrictions*. You may ask us to limit how we use or share your information for treatment, payment, or operations. We are not required to agree, except in limited cases. For example, if you fully pay out of pocket and ask us not to share that information with your health plan. If we agree, we'll follow the restriction unless there is an emergency.
- *Access to Health Information*. You have the right to inspect and, upon written request, obtain a copy of your health information.
- *Request Amendment*. You may ask in writing to amend your health information and explain why. We may deny your request in some cases. If we do, we will send you a written denial with the reason, and you may submit a written statement of disagreement to include in your record.
- *Accounting of Disclosures*. You may request a written list ("accounting") of certain disclosures of your information. The first request in a 12-month period is free; we may charge for additional requests.
- *Request Confidential Communications*. You have the right to request that we communicate with you concerning your health matters in a certain manner. We will accommodate your reasonable requests.

Special Rules Regarding Sensitive Information:
- *Substance Use Treatment Information*. Your substance use treatment information, including testimony about that information, cannot be used or disclosed in civil, criminal, administrative, or legislative proceedings against you unless you give written consent or a judge issues a special order accompanied by a subpoena or other document compelling disclosure, as required by federal law.
- *Reproductive Health and Gender Affirming Care Information*. We will not disclose your reproductive health or gender affirming care information for use in any civil, probate, legislative, or administrative proceeding without your explicit written consent unless required by law or an exception under Connecticut law applies.
- *Other Sensitive Information*. Your health information regarding behavioral health/psychiatric, HIV/AIDS or other categories identified by state law may be subject to additional protections under state law. Generally, we will share that information only with your specific authorization or as required by state law.

For Further Information Or To File A Complaint:
If you believe that your privacy rights have been violated, you may file a complaint in writing with us or with the Office of Civil Rights in the U.S. Department of Health and Human Services at 200 Independence Avenue, S.W., Room 509 F, HHH Building, Washington D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. We will not retaliate against you for filing a complaint.

To file a complaint with us, contact the Privacy Officer, at:
Gail Corneau, PhD
61 South Main Street, Suite 209
West Hartford, CT 06107
(860) 507-9876
gail@gcorneauphd.com

*Effective Date: _October 8, 2026_*