



Notice of Privacy Practices

Effective date: August 20, 2025

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

This notice of Privacy Practices describes how Rockbridge Therapy and Assessment, LLC may use and share your health information (including mental health) with others to carry out treatment, payment, or health care operations and for other purposes that are permitted or required by law. It also describes your rights to view and amend your Protected Health Information ("PHI"). PHI is information about you and the services you have received. This would include information such as your name, address, date of birth, diagnosis, treatment, or other information that could identify you and the past, present, or future physical or mental health or treatment you receive.

Please note that the words "you" and "your" are used throughout this document to refer to the therapy client. Parents maintain the rights described here within until their child reaches the age of 18 years, unless otherwise determined by law or court order.

USES AND DISCLOSURES OF YOUR HEALTH INFORMATION

Your PHI may be used and shared by your therapist, office staff, and others outside of our office who are involved in your care and treatment for the purpose of providing health care services, paying our claims for health care provided to you, and any other use permitted or required by law.

Treatment: Rockbridge Therapy and Assessment, LLC will use and share your PHI to provide, coordinate, or manage your care and any related services. This includes coordinating or managing your care with a third party (for example, sending PHI to a specialist as part of a referral).

Payment: Your PHI will be used, as necessary, to receive payments for claims related to the services provided, for example, by submitting billing information to your insurance company or state payer such as Medicaid. Rockbridge Therapy and Assessment, LLC may disclose your PHI to our partners such as a billing company, a claims processing company, and other third parties who process insurance claims.

Company Operation: Rockbridge Therapy and Assessment, LLC may use or disclose your PHI to support our mental health care operations. These activities include, but are not limited to, quality assessment activities, student training, licensing, health supervision audits or inspections, marketing, and conducting or arranging for other business activities. We may call you by name in our waiting room when it is time for your session. We may provide your PHI to our attorneys, accountants, and consultants to ensure that we comply with applicable laws. We may disclose your PHI so that third party business associates may

perform various activities involving treatment, payment, or other operations on our behalf. In such cases, we will have a written contract with the business associate containing terms to protect the privacy of your PHI, when required by law.

Appointment Reminders: Rockbridge Therapy and Assessment, LLC may use and disclose your PHI to contact you and remind you of therapy sessions by phone or email.

Treatment Alternatives: Rockbridge Therapy and Assessment, LLC may use and disclose your PHI to inform you of treatment options and health-related benefits and services that may be of interest to you.

ADDITIONAL USES AND DISCLOSURES

As described below, Rockbridge Therapy and Assessment, LLC may use and disclose your PHI in various other situations without your authorization.

As Required by Law: Rockbridge Therapy and Assessment, LLC may disclose your PHI when required to do so under federal, state, or local law.

For Public Health Activities: Rockbridge Therapy and Assessment, LLC may disclose your PHI to public health or other authorities charged with the prevention or control of disease, injury, and disability or uploaded with the collection of public health data.

Abuse and Neglect: Rockbridge Therapy and Assessment, LLC may disclose your PHI to public officials who are authorized by law to receive reports of abuse, neglect, and domestic violence.

Health Oversight Activities: Rockbridge Therapy and Assessment, LLC may disclose your PHI to organizations that provide oversight of health care facilities and services, such as government agencies and benefit programs.

For Legal Proceedings: Rockbridge Therapy and Assessment, LLC may disclose your PHI in the course of judicial or administrative proceedings, including in response to a subpoena or court order.

For Law Enforcement Purposes: Rockbridge Therapy and Assessment, LLC may disclose your PHI to law enforcement officials in certain circumstances where we suspect criminal conduct or to report a crime on our premises or in emergency situations.

To Prevent Serious Harm: Rockbridge Therapy and Assessment, LLC may disclose your PHI when necessary to prevent a serious threat to the safety and health of the public or a person, including yourself.

Government Functions: Rockbridge Therapy and Assessment, LLC may disclose your PHI for national security, intelligence activities, and the protection of the President.

OTHER PERMITTED AND REQUIRED USES AND DISCLOSURES

Other uses and disclosures not described in this notice will only be made with your authorization or opportunity to object unless required by law. This includes most uses and disclosures of psychotherapeutic notes (where applicable), uses and disclosures for marketing purposes, and disclosures that constitute a sale of your PHI. You may cancel any authorization you have granted at any time in writing to Dr. Pempek Rahl at the address above.

YOUR RIGHTS

The following are statements of your rights in relation to PHI.

You have the right to inspect and request a copy of your PHI as long as Rockbridge Therapy and Assessment, LLC maintain your medical record. You must request a copy of your record in writing from Dr. Pempek Rahl at the address above. Rockbridge Therapy and Assessment, LLC may charge you a reasonable fee for processing your application and copying your record. In certain circumstances Rockbridge Therapy and Assessment, LLC may deny your request and you may have the right to request that this denial be reviewed. Depending on the reason for the denial, another licensed professional may be chosen by Rockbridge Therapy and Assessment, LLC to review your application and the associated denial.

You have the right to request a restriction of your PHI. This means that you may ask Rockbridge Therapy and Assessment, LLC not to use or share any part of your PHI for the purpose of Treatment, Payment, or Health Care Operations except in cases of emergency. You may also request that any part of your PHI not be disclosed to family, friends, or other individuals who may be involved in your care. While Rockbridge Therapy and Assessment, LLC will consider any reasonable request for restrictions, we are not required to grant your request unless you request a restriction of certain disclosures of your PHI to a health plan when you have paid for services in full without charging the health plan.

You have the right to request that your PHI be disclosed to you on a confidential basis. You have the right to request that we communicate with you about your therapy services in a certain way or at a certain location. For example, this includes sending mail to an address other than your home or not leaving voicemails. Your request should indicate how or where you wish to be contacted and should be sent to our Dr. Pempek Rahl at the address above. We will accommodate reasonable requests.

You have the right to obtain a paper or email copy of this notice from us upon request. You may ask Rockbridge Therapy and Assessment, LLC for a paper or email copy of this notice at any time.

You may have the right to request that Rockbridge Therapy and Assessment, LLC amend your PHI if you believe it is incorrect or incomplete, as long as we keep your medical record. To request that Rockbridge Therapy and Assessment, LLC modify your PHI, you must request it in writing to our office and explain why the modification is necessary. We may deny your request if: a) we have not created the PHI, b) the request relates to information we do not maintain, c) the request relates to information that you do not have the right to inspect, such as psychotherapy notes, d) we determine that the PHI is correct and complete. If Rockbridge Therapy and Assessment, LLC denies your request for amendment, you have the right to submit a statement of disagreement to us. We can prepare a response to your statement and provide you with a copy of that response.

You have the right to request an accounting for certain disclosures of your PHI. This list of disclosures about your mental health information does not apply to disclosures made for treatment, payment, and health care operations. It does not include disclosures Rockbridge Therapy and Assessment, LLC has made to you or at your request. The first accountability requested in a twelve (12) month period is free of charge, but Rockbridge Therapy and Assessment, LLC may charge you the costs of producing additional accounts during the same twelve (12) month period. The request for a surrender must specify the applicable dates and must be in writing to Dr. Pempek Rahl at the address above.

You will receive notifications of breaches of your unsecured PHI. If your PHI maintained by Rockbridge Therapy and Assessment, LLC or its business associates has been breached, we will notify you of the situation and take reasonable steps to mitigate any damage that may result from the breach.

You have the right to file a complaint with Rockbridge Therapy and Assessment, LLC or with the Secretary of Health and Human Services if you believe we have violated your privacy rights. You can file a complaint with us by notifying Rockbridge Therapy and Assessment, LLC. Filing a complaint will not affect your psychotherapy services in any way.

Rockbridge Therapy and Assessment, LLC reserves the right to change the terms of this notice. If Rockbridge Therapy and Assessment, LLC make revisions, you will be informed by posting the revised notice in the waiting area and on our website.

Rockbridge Therapy and Assessment, LLC is required by law to protect the privacy of your information, provide this Notice of our privacy practices, follow the practices described in this notice, and notify you after a breach of your unsecured PHI information. If you have any questions or complaints, please contact our office.