

# NOTICE OF PRIVACY PRACTICES

## ClearConnect Health Services LLC

1320 Central Park Blvd, Suite 200  
Fredericksburg, VA 22401  
Phone: 540-300-1091  
Website: <https://clearconnectmh.com>

**Effective Date: April 18, 2026**

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

ClearConnect Health Services LLC is a psychiatric nurse practitioner group practice providing outpatient mental health services, including in-person and telehealth visits.

This Notice applies to all Protected Health Information (PHI) created or maintained by our practice.

Protected Health Information (PHI) includes information about your mental and physical health, treatment, payment information, and identifying information.

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## OUR LEGAL DUTIES

We are required by law to:

- Maintain the privacy of your health information
  - Provide you with this Notice of our legal duties and privacy practices
  - Follow the terms of the Notice currently in effect
  - Notify you if a breach of your unsecured PHI occurs
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## HOW WE MAY USE AND DISCLOSE YOUR INFORMATION

## Treatment

We may use and share your information to provide, coordinate, or manage your mental health care. This includes:

- Consulting with other healthcare providers
- Referring you to specialists
- Coordinating care with primary care providers
- Conducting telepsychiatry visits

For telehealth services:

- We use secure technology designed to protect your privacy.
  - We verify your identity and physical location at each session.
  - Sessions are not recorded without written authorization.
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## Payment

We may use and disclose your information to bill and collect payment, including:

- Submitting claims to insurance companies
  - Obtaining prior authorizations
  - Verifying eligibility
  - Collecting outstanding balances
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## Health Care Operations

We may use your information for practice operations such as:

- Quality improvement
- Staff supervision and training
- Compliance and licensing activities
- Audits and accreditation

We limit disclosures to the minimum necessary information.

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## **SPECIAL PROTECTIONS FOR PSYCHOTHERAPY NOTES**

Psychotherapy notes maintained separately from your medical record will not be disclosed without your written authorization except as permitted by law.

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## **SELF-PAY RESTRICTION RIGHT**

If you pay for a service out-of-pocket in full, you may request in writing that we not disclose information about that service to your health plan for payment or health care operations purposes.

We are required to agree to this request unless a law requires disclosure.

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## **INDIVIDUALS INVOLVED IN YOUR CARE**

Unless you object, we may share relevant information with:

- Family members
- Individuals involved in your care
- Persons assisting with payment

You may restrict or revoke this permission in writing.

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## **OTHER PERMITTED OR REQUIRED DISCLOSURES**

We may disclose PHI without your authorization when required or permitted by law, including:

- Public health reporting
- Suspected abuse or neglect
- Court orders and subpoenas
- Law enforcement requests
- Workers' compensation
- Health oversight agencies

- To prevent serious and imminent threats
- National security or correctional requirements

We will not use or sell your PHI for marketing purposes without your written authorization.

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## **REPRODUCTIVE HEALTH PRIVACY PROTECTIONS**

We will not use or disclose PHI for the purpose of investigating or imposing liability for lawful reproductive health care.

Where required, we will obtain appropriate attestations before releasing such information.

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## **SUBSTANCE USE DISORDER RECORDS**

If you receive substance use disorder treatment subject to federal law (42 CFR Part 2), those records may have additional confidentiality protections.

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## **BUSINESS ASSOCIATES**

We may share your information with third-party service providers who assist with operations such as billing, telehealth platforms, and electronic health records. These providers are contractually required to safeguard your information.

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## **YOUR RIGHTS**

You have the right to:

- Inspect and obtain a copy of your health records (paper or electronic). We respond to written requests within 30 days.
- Request corrections to your records.

- Request an accounting of disclosures made within the previous six (6) years, excluding treatment, payment, and operations.
  - Request restrictions on certain disclosures (including self-pay restrictions).
  - Request confidential communications by alternative means or locations.
  - Receive a paper copy of this Notice at any time.
  - Be notified if your unsecured PHI is breached.
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## **MINORS AND CONFIDENTIALITY (VIRGINIA)**

Virginia law permits minors to consent to certain types of mental health and substance use treatment. In such cases, confidentiality may be protected as permitted by law.

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## **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with:

Privacy Officer  
ClearConnect Health Services LLC  
1320 Central Park Blvd, Suite 200  
Fredericksburg, VA 22401  
Phone: 540-300-1091  
Email: [aconteh@clearconnecths.com](mailto:aconteh@clearconnecths.com)

You may also file a complaint with:

U.S. Department of Health and Human Services  
Office for Civil Rights  
<https://www.hhs.gov/ocr/privacy/hipaa/complaints/>

You will not be penalized or retaliated against for filing a complaint.

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## **CHANGES TO THIS NOTICE**

We reserve the right to revise this Notice. The revised Notice will apply to all PHI we maintain. The current version is always available: In our office and at:  
<https://clearconnectmh.com/forms/>

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