

Carrie Vinson, LICSW

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NOTICE OF PRIVACY PRACTICES

Effective Date: October 18, 2026

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

I. My Pledge Regarding Your Health Information

I understand that information about your health and the care you receive is personal. I am committed to protecting your privacy.

I maintain records of the care and services I provide. These records help me provide quality treatment and fulfill my legal and professional responsibilities.

This Notice applies to health information maintained by Carrie Vinson, PLLC. It explains how I may use and disclose your protected health information (PHI), your rights regarding that information, and my responsibilities under applicable privacy laws.

I am required by law to:

- Maintain the privacy and security of your protected health information.
- Provide you with this Notice of my legal duties and privacy practices.
- Follow the terms of the Notice currently in effect.
- Notify you following a breach of unsecured protected health information when required by law.
- Comply with additional protections that apply to certain records, including records protected by 42 CFR Part 2, when applicable.

I may change this Notice and make revised terms effective for all protected health information I maintain, including information created or received before the revision. The current Notice will be available upon request and on my website.

II. How I May Use and Disclose Your Health Information

The following sections describe circumstances in which I may use or disclose your health information. Not every possible example is listed. All uses and disclosures remain subject to applicable federal and Massachusetts law.

Treatment

I may use your health information to provide psychotherapy and coordinate your care.

For example, I may consult with another healthcare professional about your treatment or communicate with another treating provider when legally permitted.

Payment

I may use or disclose information necessary to obtain payment for services, including submitting insurance claims, verifying coverage, and processing payments.

For example, an insurance company may require information about services provided to process a claim.

Healthcare Operations

I may use or disclose information for activities necessary to operate my practice, such as quality improvement, professional consultation, compliance, and certain administrative functions.

I use service providers, including my electronic health record and billing platform, to support practice operations. When required, these providers are subject to agreements and safeguards designed to protect health information.

Additional Massachusetts Protections for Mental Health Information

Massachusetts law provides heightened confidentiality protections for information obtained by licensed social workers in the course of providing professional services.

Under Massachusetts General Laws Chapter 112, Section 135A, information acquired in connection with psychotherapy is confidential. This includes communications with you and information concerning the nature, circumstances, findings, and records of services.

I will not disclose this information without your express written consent unless a specific exception or other legal authority permits or requires disclosure.

Exceptions may include certain legally required reports, disclosures necessary to address qualifying safety risks, disclosures permitted for insurance and payment administration, and other circumstances authorized by Massachusetts law.

Massachusetts law also recognizes a social worker-client privilege under Chapter 112, Section 135B. This privilege may protect communications relating to diagnosis or treatment from disclosure in legal proceedings, subject to statutory exceptions.

A subpoena or request from an attorney does not automatically mean that your psychotherapy records may be disclosed. I will consider applicable confidentiality, privilege, and legal requirements before responding.

Where Massachusetts law provides greater protection than HIPAA, I will follow the more protective applicable requirements.

Additional Protections for Substance Use Disorder Records

Certain substance use disorder treatment records are subject to additional federal confidentiality protections under 42 CFR Part 2.

To the extent that I maintain records protected by Part 2, I will use and disclose those records only as permitted by applicable law and any required consent.

Part 2 permits certain disclosures for treatment, payment, and healthcare operations with appropriate consent. Recipients who are HIPAA-covered entities or business associates may, in specified circumstances, redisclose information in accordance with HIPAA.

Part 2 records generally cannot be used or disclosed in civil, criminal, administrative, or legislative proceedings against you without your specific written consent or a qualifying court order and other process required by law.

You may have additional rights concerning consent, revocation, accounting of disclosures, and confidentiality of these records.

III. Uses and Disclosures That Generally Require Your Written Authorization

Psychotherapy Notes

I may maintain psychotherapy notes as defined by HIPAA. These are notes kept separately from the clinical record that document or analyze the contents of psychotherapy conversations.

Generally, your written authorization is required before these notes may be used or disclosed, except for specific circumstances permitted by law, including:

- My own use in treating you.
- Certain training or supervision activities involving mental health professionals.
- Defending myself in legal proceedings brought by you.
- Certain legally authorized health oversight or compliance activities.
- Disclosures specifically required or permitted by applicable law, including certain serious safety threats.

Psychotherapy notes are distinct from ordinary progress notes, diagnoses, treatment plans, and other information maintained in your clinical record.

Substance Use Disorder Counseling Notes

If I maintain separately protected substance use disorder counseling notes as defined under applicable federal law, their use or disclosure generally requires a separate written consent, subject to specific legal exceptions.

Marketing

I do not use or disclose your protected health information for marketing purposes without authorization when authorization is required by law.

Sale of Health Information

I do not sell your protected health information.

Other Uses and Disclosures

Uses or disclosures not otherwise permitted or required by law generally require your written authorization.

You may revoke an authorization in writing, except to the extent that I have already acted in reliance on it or where another legal limitation applies.

IV. Uses and Disclosures That May Not Require Your Authorization

Subject to applicable federal and Massachusetts confidentiality requirements, I may use or disclose protected health information without your written authorization in certain circumstances, including:

1. Required by law: When a state or federal law requires disclosure, limited to the information legally required.
2. Public health and protective reporting: Including legally required reports of suspected child or elder abuse or other reportable circumstances.
3. Health oversight: Including legally authorized audits, investigations, or professional regulatory activities.
4. Judicial and administrative proceedings: When disclosure is legally permitted or required after consideration of applicable court orders, confidentiality laws, and evidentiary privileges.
5. Law enforcement: In limited circumstances authorized or required by law.
6. Coroners and medical examiners: When necessary for legally authorized duties.
7. Research: When permitted under applicable privacy requirements and safeguards.
8. Specialized government functions: In limited circumstances authorized by law.
9. Workers' compensation: When disclosure is authorized or required under applicable law.

10. Appointment reminders and treatment-related communications: To contact you about appointments, treatment alternatives, or other health-related services.

These permissions do not override stricter protections that may apply to mental health records, psychotherapy notes, or Part 2 records.

V. Your Choices Regarding Certain Disclosures

Family Members, Friends, and Others Involved in Your Care

In certain circumstances, I may share information relevant to your care or payment for care with a family member, friend, or another person involved in your care, when permitted by law.

You may express your preferences or object to these disclosures.

In emergencies or circumstances where you cannot express your preference, limited disclosures may be permitted based on professional judgment and applicable law.

Listing someone as an emergency contact does not automatically authorize routine disclosure of your psychotherapy records to that person.

Disaster Relief and Emergency Situations

In certain emergency or disaster-relief circumstances, limited information may be shared when legally permitted and necessary to assist with your care, safety, or location.

Additional protections applicable to mental health and substance use disorder information remain in effect.

Marketing and Fundraising

I do not sell your protected health information or currently use patient information for fundraising.

If fundraising involving records protected by 42 CFR Part 2 were ever contemplated, I would provide any required advance notice and opportunity to opt out.

VI. Your Rights Regarding Your Health Information

You have the following rights, subject to applicable legal requirements and exceptions.

1. Request Restrictions

You may ask me to limit certain uses or disclosures of your health information for treatment, payment, or healthcare operations.

I am not always required to agree to a requested restriction, except in circumstances where the law requires it.

2. Restrict Certain Disclosures to Health Plans

If you pay for a healthcare service in full out of pocket, you may request that information relating solely to that service not be disclosed to your health plan for payment or healthcare operations.

I will honor qualifying requests as required by law, unless disclosure is otherwise required by law.

3. Request Confidential Communications

You may request that I communicate with you in a particular way or at a particular location.

I will accommodate reasonable requests as required by law.

4. Inspect and Obtain Copies of Your Records

You generally have the right to inspect and obtain an electronic or paper copy of protected health information in your designated record set.

Certain information, including separately maintained psychotherapy notes, may be excluded from this right under applicable law.

I will respond within the time required by law, generally within 30 days, subject to permitted extensions.

A reasonable, cost-based fee may apply when allowed by law.

5. Request an Accounting of Disclosures

You may request an accounting of certain disclosures of your protected health information made during the six years before your request.

The accounting generally excludes disclosures for treatment, payment, and healthcare operations, disclosures you authorized, and certain other disclosures excluded by law.

I will provide one accounting in a 12-month period at no charge. A reasonable, cost-based fee may apply to additional requests within the same 12-month period, with advance notice of the fee.

Additional accounting rights or requirements may apply to records protected by 42 CFR Part 2.

6. Request an Amendment

If you believe information in your record is incorrect or incomplete, you may request an amendment.

I may deny a request for reasons permitted by law, but I will provide an explanation and information about your rights following a denial.

7. Obtain a Copy of This Notice

You may request a paper or electronic copy of this Notice at any time, even if you previously agreed to receive it electronically.

8. Choose Someone to Act on Your Behalf

If someone has legal authority to act as your personal representative, such as a healthcare agent or legal guardian, that person may exercise certain privacy rights and make decisions about your health information on your behalf.

I will verify that person's authority and the scope of their authority before acting on a request, subject to applicable law and exceptions.

9. Receive Notice of Certain Privacy Breaches

You have the right to be notified if a breach of your unsecured protected health information occurs and notification is required by law.

10. File a Privacy Complaint

If you believe your privacy rights have been violated, you may file a complaint with me or with the U.S. Department of Health and Human Services, Office for Civil Rights.

Practice Privacy Contact

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U.S. Department of Health and Human Services, Office for Civil Rights

Website: <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>

You will not be retaliated against for filing a privacy complaint or exercising your privacy rights.

VII. Questions and Changes to This Notice

If you have questions about this Notice or wish to exercise your privacy rights, please contact me using the information above.

I may revise this Notice when my privacy practices or legal obligations change. The current version will be available on my website and upon request.

Acknowledgment of Receipt of Notice of Privacy Practices

By signing electronically, I acknowledge that I have received the Notice of Privacy Practices for Carrie Vinson, PLLC.

I understand that my electronic signature acknowledges receipt of this Notice and does not mean that I am waiving any of my privacy rights.