



HIPAA & Notice of Privacy Practices

Date Revised: 3/6/26

Alcove Mental Health LLC is committed to maintaining and protecting the confidentiality of individuals' protected health information ("PHI"). In compliance with federal and state law, including the Health Insurance Portability and Accountability Act ("HIPAA"), Alcove Mental Health LLC safeguards PHI and other personal information. We are also required to provide all clients with this Notice of Privacy Practices, which outlines specific policies, safeguards, and practices regarding PHI. When using or disclosing PHI, Alcove Mental Health LLC is bound by the terms of this Notice or any applicable revised version.

I. Commitment to Protecting Personal Health Information

Alcove Mental Health LLC recognizes that health information is personal and is committed to protecting such information. Records of care and services provided are maintained to ensure quality care and compliance with legal requirements. This Notice applies to all records generated by this mental health care practice and explains how PHI may be used or disclosed. It also describes Clients' rights regarding their health information and Alcove Mental Health LLC's obligations in handling PHI.

Alcove Mental Health LLC is required by law to:

- Ensure that PHI that identifies you remains private.
- Provide this Notice of legal duties and privacy practices with respect to your health information.
- Follow the terms of the Notice that are currently in effect.

Alcove Mental Health LLC may update the terms of this Notice, and any changes will apply to all information held. The updated Notice will be available upon request.

II. Use and Disclosure of Health Information

The following describes the ways Alcove Mental Health LLC may use and disclose PHI without prior written consent. Please note, as a general rule, Alcove Mental Health LLC will make every effort to engage in minimal necessary disclosure. Thus, many circumstances listed below are unlikely to occur in your specific circumstances; this Notice is intended to make you aware of all possibilities.

Except for the purposes described below, Alcove Mental Health LLC will use and disclose PHI only with the individual's written permission. The individual may revoke such permission at any time by writing to Dr. Anahita Kalianivala, PhD at anahita@alcovemh.com, the practice's Privacy Compliance Officer.

- **For Treatment:** We may use and disclose PHI to support the provision of healthcare services. For example, Alcove Mental Health LLC may disclose PHI to doctors, nurses, technicians, or other

personnel, including people outside Alcove Mental Health LLC, who are involved in the individual's medical care and need the information to provide the individual with medical care. This will typically occur via consultation, e.g., conversation between providers. Documentation will not be released without your express written consent.

- **For Payment:** We may use and disclose PHI in order to bill and receive payment from the individual, an insurance company or third party for the treatment and services the individual received. For example, we may tell the individual's insurance company about a treatment the individual is going to receive to determine whether the individual's insurance company will cover the treatment.
- **For Health Care Operations:** We may use and disclose PHI for health care operation purposes, such as (a) quality assessment and improvement, (b) competency assurance activities, including provider performance evaluation, credentialing or accreditation, (c) conducting or arranging for medical review, audits, or legal services, including fraud and abuse detection and compliance programs, (d) specified insurance functions such as underwriting, risk rating, and reinsuring risk, and (e) business planning, development, management, and administration. The uses and disclosures are necessary to make sure that all Alcove Mental Health LLC patients receive quality care and to operate and manage our office.
 - This practice utilizes **PracticeQ/IntakeQ** for electronic medical record storage. More information about their security practices can be found at [IntakeQ Security](#).
 - This practice utilizes **Google Workspace** for multiple administrative functions, including email and phone services. Google Workspace is HIPAA-compliant under a Business Associate Agreement (BAA). More information can be found at [Google Cloud HIPAA Compliance](#).
 - This practice utilizes **Zoom** for telehealth sessions. Zoom is a HIPAA-compliant video conferencing platform under a Business Associate Agreement (BAA). More information can be found at [Zoom for Healthcare HIPAA Compliance](#).
- **Appointment Reminders and Client Communication:** We may use and disclose PHI to contact the individual to remind them that they have an appointment with Alcove Mental Health LLC. We also may use and disclose PHI to tell the individual about treatment alternatives or health-related benefits and services that may be of interest to the individual.
 - This practice utilizes **PracticeQ/IntakeQ** for secure client communications. More information about their security practices can be found at [IntakeQ Security](#).
- **Research:** Under certain circumstances, Alcove Mental Health LLC may use and disclose PHI for research. For example, a research project may involve comparing the health of patients who received one treatment to those who received another, for the same condition. Alcove Mental Health LLC will always ask for the individual's written authorization before using the individual's PHI or sharing it with others to conduct research.
- **Incidental Use and Disclosure:** Reasonable safeguards are in place to minimize incidental disclosures, in accordance with the HIPAA Privacy Rule's "minimum necessary" standard. While we strive to protect your PHI, HIPAA does not require the elimination of all risk. Incidental disclosures are permitted if they occur as a byproduct of an otherwise authorized use or disclosure, provided appropriate safeguards are in place and only the minimum necessary information is shared.

III. Special Situations Where PHI May Be Disclosed Without Consent

- **As Required by Law:** We will disclose PHI when required to do so by international, federal, state, or local law. These circumstances include, but are not limited to:
 - **Averting a Serious Threat to Health or Safety:** We may use and disclose PHI when necessary to prevent a serious threat to the individual's health and safety or the health and safety of others. Disclosures, however, will be made only to someone who may be able to help prevent or respond to the threat, such a law enforcement or potential victim. For example, we may need to disclose information to law enforcement when a patient reveals participation in a violent crime.
 - **Law Enforcement:** We may may disclose PHI to law enforcement officials for law enforcement purposes under the following six circumstances, and subject to specified conditions: (1) as required by law (including court orders, court-ordered warrants, subpoenas) and administrative requests; (2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; (3) in response to a law enforcement official's request for information about a victim or suspected victim of a crime, even if under very limited circumstances Alcove Mental Health is unable to obtain the individual's agreement; (4) to alert law enforcement of a person's death, if the Alcove Mental Health suspects that criminal activity caused the death; (5) when Alcove Mental Health believes that protected health information is evidence of a crime that occurred on its premises; and (6) in a medical emergency not occurring on its premises, when necessary to inform law enforcement about the commission and nature of a crime, the location of the crime or crime victims, and the perpetrator of the crime.
 - **Abuse or Neglect:** We may disclose your PHI to a state or local agency that is authorized by law to receive reports of abuse or neglect. However, the information we disclose is limited to only that information which is necessary to make the required mandated report. Please note that each state has variations regarding when mental health professionals must file a mandated report. Specific statutes can be reviewed using the [Child Welfare Information Gateway](#).
 - **Essential Government Functions:** We may be required to disclose your PHI for certain essential government functions. Such functions include but are not limited to: assuring proper execution of a military mission, conducting intelligence and national security activities that are authorized by law, providing protective services to the President, making medical suitability determinations for U.S. State Department employees, protecting the health and safety of inmates or employees in a correctional institution, and determining eligibility for or conducting enrollment in certain government benefit programs.
- **Business Associates:** We may disclose PHI to any business associates that perform functions on our behalf or provide Alcove Mental Health with services if the information is necessary for such functions or services. All of Alcove Mental Health LLC'S business associates are obligated to protect the privacy of the individual's information and are not allowed to use or disclose any information other than as specified in our contract.
- **Lawsuits and Disputes:** If the individual is involved in a lawsuit or a dispute, Alcove Mental Health LLC may disclose PHI in response to a court or administrative order. Alcove Mental Health LLC also may disclose PHI in response to a subpoena, discovery request, or other lawful request by someone else involved in the request or to allow the individual to obtain an order protecting the information requested.
- **Health Oversight:** I may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include

government agencies and organizations that provide financial assistance to the program (such as third-party payors) and peer review organizations performing utilization and quality control. If we disclose PHI to a health oversight agency, we will have an agreement in place that requires the agency to safeguard the privacy of your information.

- **Psychotherapy Notes:** If kept as separate from the medical record, we must obtain your authorization to use or disclose psychotherapy notes with the following exceptions.
 - We may use the notes for your treatment.
 - We may also use or disclose, without your authorization, the psychotherapy notes for:
 - my own training
 - to defend myself in legal or administrative proceedings initiated by you
 - as required by the Nevada Board of Psychological Examiners (or associated state-based agencies) or the US Department of Health and Human Services to investigate or determine my compliance with applicable regulations
 - to avert a serious and imminent threat to public health or safety
 - to a health oversight agency for lawful oversight
 - for the lawful activities of a coroner or medical examiner
 - as otherwise required by law.

IV. Third-Party Privacy and Security Practices

Alcove Mental Health LLC uses third-party platforms for various operational functions:

All electronic systems used by Alcove Mental Health LLC implement encryption and security safeguards to protect the confidentiality and integrity of PHI. Where communications may not be secure or encrypted, a privacy notice is included to inform them of such. Clients should be aware that while reasonable safeguards are in place, electronic communication carries inherent security risks.

V. Telehealth Privacy Considerations

Your provider will take precautions to maintain a private and secure telehealth environment during session. Clients are **also responsible** for ensuring their own confidentiality. Before beginning a telehealth session, please be aware of:

- **Who may be present in your environment.** You are encouraged to use a private space where you feel comfortable discussing sensitive information.
- **The potential for interruptions or overheard conversations.** Headphones or soundproofing measures can help enhance privacy.
- **The importance of disclosing if another person is present in the room during a session.** Transparency about additional participants ensures ethical and professional boundaries are maintained.

VI. Clients' Rights Regarding PHI

- **The Right to Request Limits on Uses and Disclosures of Your PHI:** You have the right to ask the practice not to use or disclose certain PHI for treatment, payment, or health care operations purposes. Alcove Mental Health is not required to agree to your request and may say "no" if it is believed it would negatively affect your health care.

- **The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full:** You have the right to request restrictions on disclosures of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full.
- **The Right to Choose How I Send PHI to You:** You have the right to ask to be contacted in a specific way (for example, home or office phone) or to send mail to a different address. Alcove Mental Health will agree to all reasonable requests.
- **The Right to See and Get Copies of Your PHI:** Other than “psychotherapy notes,” you have the right to get an electronic or paper copy of your medical record and other information that the practice holds about you. You will be provided with a copy of your record, or a summary of it, if you agree to receive a summary, within 30 days of receiving your written request. Your provider may charge a reasonable, cost-based fee for doing so, which will be discussed prior to completing the request.
- **The Right to Get a List of the Disclosures I Have Made:** You have the right to request a list of instances in which Alcove Mental Health and its staff have disclosed your PHI for purposes *other* than treatment, payment, or health care operations, or for which you provided the practice with an Authorization to release PHI. Your request for an accounting of disclosures will be responded to within 30 days of receiving your request. The requested list will include disclosures made in 30 days unless you request a shorter time. The disclosures list will be provided to you at no charge, but if more than one request in the same calendar year, you may be charged a reasonable cost-based fee for each additional request, which will be discussed prior to completing the request.
- **The Right to Correct or Update Your PHI:** If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that your provider correct the existing information or add the missing information. Your provider may say “no” to your request, but you will be informed of this, and the reason why, in writing within 30 days.
- **The Right to Get a Paper or Electronic Copy of this Notice:** This notice will be electronically available to you in your client portal. You also have the right to request an additional copy at any time, in any of the following modalities: paper copy, email copy, or both.
- **Right to Get Notice of a Breach:** Alcove Mental Health LLC is committed to safeguarding the individual’s PHI. If a breach of the individual’s PHI occurs, Alcove Mental Health LLC will notify the individual in accordance with state and federal law.
- **Right to Request Restrictions:** Individuals have the right to request a restriction or limitation on the PHI Alcove Mental Health LLC uses or discloses for treatment, payment, or health care operations. Individuals also have the right to request a limit on the PHI we disclose to someone involved in the individual’s care or the payment for the individual’s care, like a family member or friend.
 - To request a restriction, the individual must make their request, in writing, to the practice’s Privacy Compliance Officer. Alcove Mental Health LLC is not required to agree to the individual’s request unless the individual is asking us to restrict the use and disclosure of the individual’s PHI to a health plan for payment or health care operation purposes and such information the individual wishes to restrict pertains solely to a health care item or service for which the individual has paid Alcove Mental Health LLC out-of-pocket in full. If we agree, we will comply with the individual’s request unless the information is needed to provide the individual with

emergency treatment or to comply with law. If we do not agree, we will provide an explanation in writing.

- **Out-of-Pocket Payments:** If the individual pays out-of-pocket (or in other words, the individual has requested that Alcove Mental Health LLC not bill the individual's health plan) in full for a specific item or service, the individual has the right to ask that the individual's PHI with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.

Acknowledge of Receipt of Privacy Notice

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By checking the box below, you are acknowledging that you have received a copy of HIPAA Notice of Privacy Practices.

BY GIVING MY ELECTRONIC SIGNATURE BELOW, I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

_____	_____
Client Signature	Date
_____	_____
Provider Signature	Date