

Restrictions. You have the right to request that we place additional restrictions on our use or disclosure of your health information. You must make your request in writing. We are not required to agree to additional restrictions, but if we do, we will abide by our agreement (except in an emergency).

Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. *For example*, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing. Your request must specify how or where you wish to be contacted. We will not ask you for the reason for the request. We will accommodate all REASONABLE requests.

Copy of This Notice. You have the right to a paper copy of this notice. Copies of this notice will always be available from our front office.

Amendment. You have the right to request that we amend your health information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request under certain circumstances.

QUESTIONS AND COMPLAINTS

If you would like more information about our privacy practices or have questions or concerns, please contact us. If you believe your privacy rights have been violated, please file a written complaint with TherapyWorks. You may also submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

TherapyWorks
7608 E. 91st Street
Tulsa, OK 74133
Phone (918) 663-0606
Fax (918) 663-8754

TherapyWorks supports your right to the privacy of your protected health information. You will not be penalized in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

We are committed to protecting the privacy of your medical information and are required by law to maintain the confidentiality of information that identifies you and the care you receive. This Notice describes your rights and our legal duties regarding your Protected Health Information. "Protected Health Information," means any information about you that identifies you or for which there is a reasonable basis to believe the information can be used to identify you. In this Notice, we call that protected information, "health information." If you have any questions about this notice, please contact our Director at (918) 663-0606.

S:/Policies and Procedures/Operational P&P/Notice of Privacy Practices



NOTICE OF PRIVACY PRACTICES

Effective April 14, 2003

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. THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

Your Family and Friends. We must disclose your health information to you, as described in the Patient Rights section of this Notice. We may disclose your health information to a family member, friend, or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so.

Appointment Reminders. We may use or disclose your health information to provide you with appointment reminders such as voicemail messages, postcards, or letters.

Revised 08.06.2025