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[ClientName]

NOTICE OF PRIVACY PRACTICES

Effective Date: 10/03/2025

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.

1. Our Commitment to Your Privacy

Serene Psychiatry, operated by Jackson Mental Health Services, LLC, is committed to protecting the privacy and security of your protected health information (PHI).

PHI includes information relating to your physical or mental health, diagnoses, medications, treatment, appointments, insurance, and payment for healthcare services.

We are required by law to:

- Maintain the privacy and security of your PHI.
- Explain our legal responsibilities and privacy practices.
- Follow the terms of our currently effective Notice of Privacy Practices.
- Notify affected individuals following a breach of unsecured PHI as required by law.
- Comply with applicable federal and state confidentiality requirements.

2. How We May Use and Disclose Your Information

Treatment

We may use and disclose your information to provide, coordinate, and manage healthcare services.

For example, we may share relevant information with your primary care provider, pharmacist, or another treating healthcare professional to coordinate medication management and treatment.

Payment

We may use and disclose information to obtain payment for services.

For example, we may submit claims to your insurance company or share necessary information with our authorized billing service.

Healthcare Operations

We may use and disclose information for legitimate healthcare operations, including quality improvement, compliance activities, administrative functions, and practice management.

Appointment Reminders and Care Coordination

We may contact you about appointments, follow-up care, treatment recommendations, or healthcare services.

Communications may occur through telephone, patient portal, or other methods permitted by law and your communication preferences.

Business Associates

We may share necessary information with contracted service providers who perform functions on our behalf, including electronic health record vendors, billing services, and payment-processing vendors.

Business associates are required to protect PHI in accordance with applicable law and contractual obligations.

3. Other Uses and Disclosures Permitted or Required by Law

Depending on the circumstances and applicable legal requirements, we may use or disclose PHI for:

- Public health activities and legally required disease reporting.
- Reporting suspected abuse, neglect, or domestic violence when permitted or required by law.
- Health oversight activities, including authorized audits and investigations.
- Judicial and administrative proceedings when legally authorized or required.
- Certain law enforcement purposes permitted by HIPAA and other applicable laws.
- Preventing or responding to a serious and imminent threat to health or safety, when legally authorized.
- Workers' compensation purposes as authorized by law.
- Certain government functions.
- Coroners, medical examiners, and funeral directors when legally permitted.
- Research conducted under applicable legal safeguards.

These disclosures are subject to applicable federal and state restrictions. A request from law enforcement or another third party does not automatically authorize release of your records.

4. Mental Health and Substance Use Information

Psychiatric treatment information is protected by applicable privacy and confidentiality laws.

Certain information may receive additional protections, including separately maintained psychotherapy notes and substance use disorder treatment records subject to 42 CFR Part 2.

When Part 2 applies, uses and disclosures of covered records are subject to its specific consent requirements, exceptions, and restrictions.

Part 2 records generally may not be used or disclosed in civil, criminal, administrative, or legislative proceedings against a patient without the patient's specific written consent or an appropriate court order meeting applicable requirements.

Information protected by Part 2 may be used and disclosed for treatment, payment, and healthcare operations under a valid consent where permitted by law.

Additional protections may apply under Mississippi law or the law of another applicable jurisdiction.

5. Uses and Disclosures Requiring Written Authorization

We will obtain your written authorization when required by law, including for:

- Most uses and disclosures of separately maintained psychotherapy notes.
- Marketing activities requiring authorization.
- Sale of protected health information.
- Other disclosures not otherwise permitted or required by law.

You may revoke an authorization in writing, except to the extent we have already acted in reliance on it or another legal exception applies.

6. Your Rights Regarding Your Health Information

Right to Access Your Records

You may request to inspect or obtain a copy of PHI maintained in your designated record set, subject to limited legal exceptions.

We generally must respond within 30 calendar days. A permitted extension of up to 30 additional days may apply with timely written notice.

Any fees will comply with applicable law.

Right to Request an Amendment

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

We generally must respond within 60 days, subject to a permitted extension. If your request is denied, we will explain the reason and your applicable rights.

Right to Request Confidential Communications

You may request that we communicate with you through a particular method or at an alternative location.

We will accommodate reasonable requests as required by law.

Right to Request Restrictions

You may request limitations on certain uses or disclosures of your PHI.

We are not generally required to agree to every restriction.

However, when you pay in full out of pocket for a healthcare item or service and request that information about that item or service not be disclosed to your health plan for payment or healthcare operations, we must honor that restriction unless disclosure is required by law.

Right to an Accounting of Disclosures

You may request an accounting of certain disclosures of your PHI made during the preceding six years, subject to applicable exclusions and limitations.

We generally must respond within 60 days, subject to a permitted extension.

The first accounting within a 12-month period is free. Additional requests may be subject to a reasonable, cost-based fee as permitted by law.

Right to a Copy of This Notice

You may request a paper or electronic copy of this Notice of Privacy Practices at any time.

Right to Choose a Representative

A person legally authorized to act on your behalf may exercise applicable privacy rights, subject to identity verification and relevant legal restrictions.

Special rules may apply to minors and legally authorized representatives.

Right to File a Complaint

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

You will not be retaliated against for filing a complaint.

7. Your Choices Regarding Disclosure

In certain circumstances, you may tell us your preferences about sharing information with family members, friends, caregivers, or others involved in your care.

When you are unable to communicate your preferences, applicable law may permit limited disclosures based on professional judgment and your best interests.

Other disclosures may require your written authorization.

8. Our Responsibilities

Serene Psychiatry will:

- Maintain appropriate safeguards to protect PHI.
- Limit uses and disclosures as required by applicable law.
- Follow applicable confidentiality and security requirements.
- Respond to requests to exercise privacy rights within required timeframes.
- Provide legally required breach notifications.
- Make this Notice available to patients and other individuals upon request.

9. Changes to This Notice

We reserve the right to revise this Notice of Privacy Practices and make revised terms effective for all PHI we maintain, as permitted by law.

The current Notice will be available upon request, at our office, and on our website.

Material changes will be communicated as required by applicable law.

10. Privacy Questions and Complaints

Privacy Officer: Dominique Jackson, MSN, APRN, PMHNP-C

Practice: Serene Psychiatry

Legal Entity: Jackson Mental Health Services, LLC

Phone: 601-589-4854

Website: www.jacksonmhservices.com

For questions regarding your privacy rights, requests for medical records, amendments to health

information, confidential communications, or privacy-related complaints, please contact the Privacy Officer using the information above.

Patients may also file complaints directly with the U.S. Department of Health and Human Services, Office for Civil Rights, at www.hhs.gov/ocr/complaints.

Serene Psychiatry will not retaliate against any individual for exercising their privacy rights or filing a complaint.

Acknowledgment 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 the HIPAA Notice of Privacy Practices.

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

Authorized Representative Name (if applicable): _____

Relationship to Patient (if applicable): _____

_____ _____

Patient or Representative Signature Date