Notice of Privacy Practices (HIPAA)

Practice Entity: Begin Therapy, LLC

Clinician: Siobhan Ayala, MA, LPCC

Effective Date: August 28, 2026

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

Begin Therapy, LLC is dedicated to maintaining the privacy of your Protected Health Information (PHI). In conducting our practice, we will create records regarding you and the services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you and to provide you with this notice of our legal duties and privacy practices.

2. How We May Use and Disclose Your PHI

We may use and disclose your health information for the following purposes:

- **Treatment:** We may use your PHI to provide, coordinate, or manage your mental health care. For example, we may document symptoms to track your clinical progress.
- **Payment:** We may use and disclose your PHI so that the services you receive can be billed and collected. This includes sharing dates of service and diagnoses with payment platforms (SimplePractice) or your insurance company (such as Anthem or Optum) if you submit out-of-network claims.
- **Healthcare Operations:** We may use your PHI to support the administrative activities of this practice, such as system audits or software quality checks.

3. Disclosures Required by Law or Special Circumstances

We will share your PHI without your authorization only when legally required:

- To prevent a serious, imminent threat to your health or safety, or the safety of another person.
- To report suspected abuse, neglect, or domestic violence to Ohio protection agencies.

- In response to a lawful court order issued by a judge.

4. Your Rights Regarding Your Health Information

You possess the following rights under federal law regarding the PHI we maintain about you:

- **Right to Inspect and Copy:** You have the right to look at and obtain a copy of your clinical and billing records.
- **Right to Amend:** If you feel that information in your record is incorrect or incomplete, you may request a written amendment.
- **Right to an Accounting of Disclosures:** You have the right to request a list of certain non-routine disclosures we have made of your PHI.
- **Right to Request Restrictions:** You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment, or healthcare operations.
- **Right to a Paper Copy:** You have the right to a paper copy of this notice at any time.

5. Complaints

If you believe your privacy rights have been violated, you may file a complaint with Begin Therapy, LLC or with the Secretary of the U.S. Department of Health and Human Services. You will not be penalized or retaliated against for filing a complaint.

Client Acknowledgement

By signing below, I acknowledge that I have been provided access to the Notice of Privacy Practices for Begin Therapy, LLC.

Client Printed Name

Client Signature / Date