John S. Hyatt, MA, LMFT

Licensed Marriage and Family Therapist

NOTICE OF PRIVACY PRACTICES

Effective Date: September 24, 2026

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

1. MY PLEDGE REGARDING HEALTH INFORMATION

I understand that information about you and your health care is personal. I am committed to protecting the privacy of your protected health information (PHI). I create and maintain records of the care and services you receive from me so that I can provide quality care and meet applicable legal and professional requirements.

This Notice describes the ways I may use and disclose your PHI, your rights regarding the information I maintain, and certain responsibilities I have concerning the use and disclosure of your PHI. I am required by law to:

- Maintain the privacy and security of your PHI.
- Provide you with this Notice of my legal duties and privacy practices with respect to your PHI.
- Follow the terms of the Notice that is currently in effect.
- Notify you if a breach occurs that may have compromised the privacy or security of your information, as required by law.

2. HOW I MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

The following categories describe the principal ways I may use or disclose your PHI without your written authorization when permitted by law. Not every possible use or disclosure is listed, but permitted uses and disclosures generally fall within these categories.

For Treatment, Payment, and Health Care Operations

I may use or disclose your PHI to provide, coordinate, or manage your care and treatment; to communicate with other health care professionals involved in your care when permitted; to obtain payment for services; and to carry out health care operations necessary to run my practice and provide services. Examples include coordinating care with another health care professional, preparing billing records or superbills, and using health information as necessary to manage my practice.

Appointment Reminders and Health-Related Services

I may use and disclose your PHI to contact you regarding appointments, scheduling, treatment-related matters, or information about treatment alternatives and other health-related services or benefits that I provide.

As Required or Permitted by Law

I may use or disclose your PHI when required by federal, state, or local law, or when the disclosure is otherwise permitted by applicable privacy law. This may include disclosures related to public health, health oversight, judicial or administrative proceedings, law enforcement, workers' compensation, coroners or medical examiners, and certain government functions, subject to the conditions and limitations established by law.

Public Health and Safety

I may disclose PHI when permitted or required for certain public health activities, such as reporting communicable diseases, reporting suspected abuse or neglect as required by law, reporting certain adverse events, or preventing or reducing a serious and imminent threat to the health or safety of a person or the public.

Research

I may use or disclose PHI for research when the disclosure is permitted by applicable law and when any required privacy protections, permissions, or approvals are in place.

Legal Proceedings

I may disclose PHI in response to a court or administrative order or, when permitted by law, a subpoena or other lawful process. I will comply with applicable requirements governing notice, authorization, protective orders, and other safeguards.

3. CERTAIN USES AND DISCLOSURES REQUIRE YOUR WRITTEN AUTHORIZATION

Psychotherapy Notes

I may keep psychotherapy notes as that term is defined under HIPAA. Most uses and disclosures of psychotherapy notes require your written authorization. Limited exceptions apply, including certain uses by me for treatment, certain uses for training or supervision, uses in defending myself in legal proceedings brought by you, uses required by law, certain health oversight activities, certain coroners or medical examiner functions, and disclosures necessary to avert a serious and imminent threat to health or safety.

Marketing

I will not use or disclose your PHI for marketing purposes without your written authorization when authorization is required by law.

Sale of PHI

I will not sell your PHI as part of the regular course of my business without the authorization required by law.

4. USES AND DISCLOSURES THAT DO NOT REQUIRE YOUR AUTHORIZATION

Subject to applicable legal requirements and limitations, I may use or disclose PHI without your written authorization for purposes such as:

- When required by federal, state, or local law.
- Public health activities, including certain reporting of disease, suspected abuse or neglect, or other activities authorized by law.
- Health oversight activities, including audits, investigations, and regulatory activities authorized by law.
- Judicial and administrative proceedings, as permitted by law.
- Law enforcement purposes, when the applicable legal conditions are satisfied.
- Coroners, medical examiners, and funeral directors when permitted by law.
- Research when permitted by law and applicable protections are satisfied.
- Specialized government functions, including certain military, national security, and protective-service activities.
- Workers' compensation purposes, when permitted or required by applicable law.
- Appointment reminders and communications concerning treatment alternatives or health-related services and benefits.

5. DISCLOSURES TO FAMILY, FRIENDS, OR OTHERS INVOLVED IN YOUR CARE

I may disclose PHI to a family member, close friend, or another person you identify as being involved in your care or the payment for your care, to the extent the information is directly relevant to that person's involvement and disclosure is permitted by law. When appropriate, I will provide you with an opportunity to agree or object to such a disclosure. In an emergency or when you are unable to communicate your preference, I may make a disclosure based on my professional judgment and what is in your best interest, consistent with applicable law.

6. SUBSTANCE USE DISORDER RECORDS SUBJECT TO 42 CFR PART 2

To the extent I receive or maintain records that are subject to the federal confidentiality requirements of 42 CFR Part 2, those records may be subject to additional protections. In particular, Part 2 requirements generally limit the use or disclosure of covered records in civil, criminal, administrative, or legislative investigations or proceedings against a patient unless the patient provides the consent required by law or a court order and subpoena satisfy the applicable requirements. I will comply with applicable Part 2 requirements for any records to which they apply.

7. YOUR RIGHTS WITH RESPECT TO YOUR PHI

The Right to Request Restrictions

You have the right to ask me to restrict how I use or disclose certain PHI for treatment, payment, or health care operations. I am not required to agree to your request, except as required by law. If I agree to a restriction, I will comply with it unless the information is needed for emergency treatment or another legal exception applies.

When you, or another person on your behalf, pay for a health care item or service completely out-of-pocket, you may ask me not to disclose information about that item or service to your health plan for payment or health care operations purposes. I will agree to the request unless a law requires me to disclose the information.

The Right to Request Confidential Communications

You have the right to ask me to contact you in a specific way or at a specific location. I will agree to all reasonable requests.

The Right to Inspect and Obtain a Copy of Your PHI

You have the right to request access to and obtain a paper or electronic copy of your medical record and other health information I maintain about you, except for information to which access is restricted by law, including psychotherapy notes. I will provide a copy or summary, as permitted by law, generally within 30 days of receiving your request. I may charge a reasonable, cost-based fee when permitted by law.

The Right to Request an Amendment

You have the right to request that I correct or amend health information that you believe is inaccurate or incomplete. I may deny the request when permitted by law, but I will provide you with a written explanation. I will generally respond within 60 days, subject to any permitted extension.

The Right to an Accounting of Disclosures

You have the right to request an accounting of certain disclosures of your PHI made during the six years before the date of your request. The accounting does not include disclosures excluded by law, such as many disclosures for treatment, payment, and health care operations. One accounting in a 12-month period is provided without charge; a reasonable, cost-based fee may apply to additional requests as permitted by law.

The Right to a Copy of This Notice

You have the right to receive a paper or electronic copy of this Notice at any time. I will provide a copy promptly upon request. The current Notice is also available on my website.

The Right to Choose Someone to Act for You

If another person has legal authority to act as your personal representative, such as through a medical power of attorney or legal guardianship, that person may exercise your rights and make choices regarding your PHI to the extent authorized by law. I will verify the person's authority before taking action.

8. SOUTH CAROLINA CONFIDENTIALITY PROTECTIONS

In addition to federal privacy requirements, South Carolina law provides confidentiality and privilege protections for communications and treatment records of licensed marriage and family therapists. I will maintain client confidentiality and privileged communications as required by South Carolina and federal law and will disclose information only as permitted or required by applicable law. These protections are subject to the exceptions established by law.

9. YOUR RIGHT TO FILE A COMPLAINT

If you believe your privacy rights have been violated, you may file a complaint with me. You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. I will not retaliate against you for filing a complaint.

Privacy Contact

Privacy Contact	John S. Hyatt, MA, LMFT
Phone	843.901.9855
Email	johnshyattlmft@gmail.com
Practice	John S. Hyatt, LMFT, LLC - Telehealth Practice

You may also contact the HHS Office for Civil Rights at 200 Independence Avenue, S.W., Washington, D.C. 20201, by telephone at 1-877-696-6775, or through the HHS complaint process at https://www.hhs.gov/hipaa/filing-a-complaint/index.html.

10. MY RESPONSIBILITIES

I am required by law to maintain the privacy and security of your PHI; to provide you with this Notice describing my legal duties and privacy practices; to comply with the Notice currently in effect; and to notify you as required by law if a breach occurs that may have compromised the privacy or security of your information.

I will not use or share your health information other than as described in this Notice unless you provide written authorization or the use or disclosure is otherwise permitted or required by law. If you authorize a use or disclosure, you may generally revoke that authorization in writing, except to the extent action has already been taken in reliance on it.

11. CHANGES TO THE TERMS OF THIS NOTICE

I may change the terms of this Notice, and the changes may apply to all PHI I maintain. Any revised Notice will be available upon request and will be posted on my website. The effective date shown at the beginning of the Notice indicates the version currently in effect.

Please contact me using the information above if you have questions about this Notice or about the privacy of your health information.