

Notice of Privacy Practices

NOTICE OF PRIVACY PRACTICES

Waypoint Cooperative, LLC

40 Main Street, Suite 16, Box #4

Torrington, CT 06790

(860) 962-3945

Effective Date: 02/25/2026

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL AND MENTAL HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW CAREFULLY.

1. WHO THIS NOTICE APPLIES TO

This Notice applies to **Waypoint Cooperative, LLC**, its licensed clinicians, psychiatrists, social workers, counselors, marriage and family therapists, nurse practitioners, trainees, interns, contractors, administrative staff, and any other workforce members ("Practice").

The Practice operates as a multidisciplinary behavioral health group and functions as an organized health care arrangement under federal privacy regulations.

2. OUR LEGAL DUTIES

We are required by law to:

- Maintain the privacy of your Protected Health Information (PHI)
- Provide you with this Notice
- Follow the terms of the Notice currently in effect
- Notify you following a breach of unsecured PHI as required by federal and applicable state law

We reserve the right to revise this Notice. Revisions apply to all records we maintain. Updated versions will be posted in office and on our website.

3. HOW WE MAY USE AND DISCLOSE YOUR PHI

A. Treatment, Payment, and Health Care Operations (TPO)

We may use and disclose PHI without written authorization for:

Treatment

- Coordination among providers within the Practice
- Consultation with outside providers
- Supervision, case review, and training
- Telehealth services

Payment

- Insurance billing
- Eligibility verification
- Claims processing
- Utilization review

Health Care Operations

- Quality assurance
- Peer review
- Accreditation
- Risk management
- Compliance review
- Staff training

Internal disclosures within the Practice are permitted for coordinated multidisciplinary care.

B. Business Associates

We may share PHI with third parties performing services on our behalf (e.g., EHR vendors, billing companies, telehealth platforms, cloud storage providers). These parties are contractually obligated to safeguard your information.

C. Required by Law

We may disclose PHI when required by federal or state law, including but not limited to:

- Mandatory reporting of child abuse or neglect
- Elder or vulnerable adult abuse
- Threats of serious harm
- Court orders or lawful subpoenas
- Public health reporting

State-specific reporting requirements apply in Connecticut, New York, Massachusetts, New Jersey, and Florida.

D. Serious Threat to Health or Safety

We may disclose PHI to prevent or lessen a serious and imminent threat to your safety or the safety of others.

E. Telehealth & Interstate Care

If you receive telehealth services:

- Services are delivered using secure technology; however, no system is 100% secure.
 - You assume risk associated with electronic transmission.
 - If you are physically located outside your home state during services, emergency services may be contacted in your physical location.
 - You are responsible for providing your current physical address at each session.
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F. Family, Couples, and Collateral Therapy

In family or couples therapy:

- Information disclosed by one participant may be shared with other participants unless otherwise agreed in writing.
 - We do not maintain "secret" records on behalf of one participant.
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G. Appointment Reminders & Care Coordination

We may contact you via phone, voicemail, email, portal message, or text unless you request restrictions.

4. USES REQUIRING YOUR WRITTEN AUTHORIZATION

We require written authorization for:

- Release of psychotherapy notes (as defined by 45 CFR §164.501)
- Marketing activities
- Sale of PHI
- Most disclosures to third parties not otherwise permitted

You may revoke authorization in writing at any time.

5. MINOR CONSENT & PARENTAL ACCESS

Laws governing minor consent and parental access vary by state.

In Connecticut, New York, Massachusetts, New Jersey, and Florida:

- Minors may consent to certain mental health services without parental permission in specific circumstances.
- When minors consent to treatment as permitted by law, parental access to records may be limited.
- If parents/guardians have legal authority, they generally have rights to access records unless restricted by law or clinical determination that access would endanger the minor.

We comply with applicable state laws governing confidentiality of minor records.

6. YOUR RIGHTS

You have the right to:

Request Restrictions

We are not required to agree, except where you pay out-of-pocket in full and request non-disclosure to your health plan.

Confidential Communications

Request alternative contact methods or addresses.

Access Records

Receive electronic or paper copies within 30 days (reasonable cost-based fee may apply).

Amend Records

Request correction; we may deny with written explanation.

Accounting of Disclosures

Receive a list of non-TPO disclosures made in the past six years.

Paper Copy of This Notice

Available at any time upon request.

7. BREACH NOTIFICATION

You will be notified without unreasonable delay, and within timelines required by federal and applicable state law, if a breach of unsecured PHI occurs.

8. COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with:

Privacy Officer
Waypoint Cooperative, LLC
(860) 962-3945

You may also file a complaint with the
U.S. Department of Health & Human Services Office for Civil Rights.
You will not be retaliated against for filing a complaint.

9. ACKNOWLEDGMENT OF RECEIPT

By signing below, you acknowledge that you have received this Notice of Privacy Practices.