

NOTICE OF PRIVACY PRACTICES

Alternative Pride Wellness, LLC

Effective Date: October 10, 2026

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 IT CAREFULLY.

Alternative Pride Wellness, LLC ("Alternative Pride Wellness," "the Practice," "we," or "us") is committed to protecting the privacy and confidentiality of your health information.

Federal law requires covered health care providers to maintain the privacy and security of protected health information (PHI), provide individuals with notice of their privacy practices, and follow the terms of the Notice of Privacy Practices currently in effect.

This Notice explains your rights, our responsibilities, and how your health information may be used or disclosed.

YOUR RIGHTS

Access Your Health Information

You may request to inspect or receive an electronic or paper copy of health information maintained about you.

We will generally provide access, a copy, or a summary of your information within the time required by applicable law.

Certain records, including psychotherapy notes as defined under HIPAA, may be subject to different access rules.

Request Corrections

If you believe information in your health record is incorrect or incomplete, you may ask us to amend it.

We may deny your request in circumstances permitted by law. When required, we will explain the reason for the denial.

Request Confidential Communications

You may ask us to communicate with you in a particular way or at a particular location.

For example, you may request that we contact you only through a particular telephone number, email address, or other approved communication method.

We will accommodate reasonable requests as required by law.

Request Restrictions

You may ask us not to use or disclose certain information for treatment, payment, or health care operations.

We are generally not required to agree to all requested restrictions.

However, if you pay for a service completely out of pocket, you may request that information concerning that service not be disclosed to your health plan for payment or health care operations purposes. We will honor such requests when required by law.

Receive an Accounting of Disclosures

You may request a list of certain disclosures we have made of your PHI.

The accounting generally covers disclosures made during the six years preceding your request and does not include certain disclosures excluded under HIPAA, including many disclosures made for treatment, payment, and health care operations.

Receive a Copy of This Notice

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

You may request a paper copy even if you previously agreed to receive this Notice electronically.

Choose Someone to Act for You

If another individual has legal authority to make health care decisions or otherwise act on your behalf, that individual may exercise certain rights regarding your health information.

We may verify the individual's legal authority before permitting them to act on your behalf.

YOUR CHOICES

For certain health information, you may tell us your preferences about what information we share.

Depending upon the circumstances, this may include sharing information with family members, partners, friends, caregivers, or other individuals involved in your care.

If you are unable to communicate your preferences, such as during an emergency, we may disclose information when permitted by law and when we reasonably believe doing so is in your best interest.

We will obtain written authorization for uses and disclosures requiring authorization under HIPAA or other applicable law.

Certain uses and disclosures involving psychotherapy notes, marketing, or the sale of PHI generally require authorization when required by law.

You may revoke an authorization in writing except to the extent that action has already been taken in reliance upon it.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

Treatment

We may use or disclose your health information to provide, coordinate, or manage your treatment.

When permitted by law, information may be shared with another health care professional involved in your care.

Payment

We may use or disclose health information for billing and payment purposes.

When you use health insurance, information may be provided to your insurance company, health plan, billing provider, or another organization involved in processing claims or determining benefits.

Alternative Pride Wellness accepts both insurance and private-pay clients.

Health Care Operations

We may use or disclose health information for legitimate health care operations, including:

- quality assessment and improvement
- administrative activities
- credentialing
- auditing
- compliance
- billing and payment administration
- practice management
- technology operations
- other activities necessary to operate the Practice

ELECTRONIC HEALTH RECORDS, TELEHEALTH & TECHNOLOGY

Alternative Pride Wellness is a telehealth practice and uses electronic systems to provide and manage services.

Technology providers may assist with telehealth sessions, electronic health records, scheduling, billing, insurance claims, payment processing, client communication, clinical documentation, and other administrative or treatment-related functions.

Alternative Pride Wellness currently uses platforms that may include **Headway and TherapyNotes** for electronic health records, practice management, scheduling, billing, telehealth, clinical documentation, or related functions.

When required by HIPAA, Alternative Pride Wellness enters into appropriate Business Associate Agreements (BAAs) and requires applicable service providers to safeguard PHI.

AI-ASSISTED CLINICAL DOCUMENTATION

Alternative Pride Wellness may use **TheraPro AI**, an artificial-intelligence-assisted clinical documentation technology, to assist with preparing clinical documentation related to therapy sessions.

When TheraPro AI is used, information from a therapy session may be processed by the technology for the purpose of generating a draft transcript, summary, clinical note, or other documentation to assist the therapist.

AI Does Not Replace Your Therapist

Artificial intelligence does not independently diagnose you, determine your treatment plan, provide psychotherapy, or replace the professional judgment of your therapist.

AI-generated documentation is intended to assist with administrative and clinical documentation tasks.

Monica Rose, LMSW remains responsible for reviewing, editing when necessary, approving, and finalizing the clinical documentation placed in your health record.

AI-generated content will not automatically be considered an accurate clinical record without professional review.

Privacy and Security of AI-Assisted Documentation

When AI-assisted documentation services create, receive, maintain, or transmit PHI on behalf of Alternative Pride Wellness, the Practice will use such services consistent with applicable privacy and security requirements.

Alternative Pride Wellness will maintain appropriate agreements and safeguards with technology providers when required by HIPAA.

Information processed through TheraPro AI may include information discussed during therapy sessions and other information necessary to generate clinical documentation.

Because technology and vendor practices can change, Alternative Pride Wellness periodically reviews its technology providers and privacy practices.

Client Notification and Consent

Alternative Pride Wellness believes clients should understand when artificial intelligence is being used in connection with their care.

Clients will be provided with information concerning the use of AI-assisted documentation and, when required by applicable law or Practice policy, will be provided an opportunity to provide consent or authorization.

Alternative Pride Wellness may also provide a separate **AI-Assisted Clinical Documentation Disclosure and Consent** explaining TheraPro AI's role, applicable privacy protections, and available client choices.

Use of AI-assisted documentation does not change your rights regarding your PHI under HIPAA or other applicable law.

ELECTRONIC COMMUNICATION

Alternative Pride Wellness may communicate with clients electronically.

Electronic communication may include secure client portals, email, telephone, telehealth technology, or other electronic systems.

Reasonable administrative, technical, and physical safeguards are used to protect electronic health information as required by applicable law.

Clients should understand that some forms of electronic communication may carry privacy risks.

Clients are encouraged to use secure client portals or other designated secure communication methods when communicating sensitive clinical information whenever available.

PSYCHOTHERAPY NOTES

HIPAA provides additional protections for records meeting the legal definition of psychotherapy notes.

Psychotherapy notes are separate from the regular clinical record and receive additional privacy protections.

When records qualify as psychotherapy notes under HIPAA, Alternative Pride Wellness generally will obtain authorization before using or disclosing them except when HIPAA or another applicable law permits or requires otherwise.

Psychotherapy notes are different from routine clinical documentation and generally do not include information such as diagnosis, treatment plans, symptoms, prognosis, progress, medication information, session times, or treatment modalities maintained as part of the regular clinical record.

SUBSTANCE-USE INFORMATION

Alternative Pride Wellness primarily provides mental-health treatment and is not representing itself through this Notice as a federally assisted substance-use-disorder treatment program subject to 42 CFR Part 2.

Clients may nevertheless discuss alcohol use, substance use, recovery, or related concerns during mental-health treatment.

If Alternative Pride Wellness receives, creates, or maintains records that are subject to the additional confidentiality protections of 42 CFR Part 2, those records will be handled according to applicable federal requirements.

OTHER SITUATIONS IN WHICH INFORMATION MAY BE DISCLOSED

When Required by Law

Alternative Pride Wellness may use or disclose health information when required or permitted by applicable federal or state law.

Depending upon the circumstances, this may include disclosures related to suspected abuse or neglect; mandatory reporting requirements; public health and safety activities; health oversight activities; judicial or administrative proceedings; legally valid court orders or other legal processes; law enforcement activities when legally authorized; workers' compensation; or other disclosures required or permitted by law.

Serious Threats to Health or Safety

When permitted or required by applicable law, Alternative Pride Wellness may disclose information when necessary to prevent or lessen a serious and imminent threat to the health or safety of you or another individual.

Information will only be disclosed to individuals or organizations reasonably able to assist in preventing or reducing the threat, consistent with applicable law and professional ethical obligations.

OUR RESPONSIBILITIES

Alternative Pride Wellness, LLC is required to maintain the privacy and security of your protected health information.

- maintain appropriate safeguards for PHI
- follow applicable HIPAA privacy and security requirements
- follow the privacy practices described in the Notice currently in effect
- provide access to this Notice as required by law
- notify affected individuals when required if a breach compromises the privacy or security of their information
- not use or disclose PHI except as permitted or required by law or as authorized by you

CHANGES TO THIS NOTICE

Alternative Pride Wellness, LLC reserves the right to change this Notice and its privacy practices as permitted by law.

Changes may apply to health information we already maintain as well as information received or created in the future.

When this Notice is materially revised, an updated version will be made available as required by law and posted on the Alternative Pride Wellness website.

QUESTIONS, PRIVACY REQUESTS OR COMPLAINTS

If you have questions about this Notice, want to exercise one of your privacy rights, or believe your privacy rights have been violated, contact:

Monica Rose, LMSW
Privacy Contact
Alternative Pride Wellness, LLC
Phone: (231) 828-1905
Email: Monica@alternativepridewellness.com

You will not be retaliated against or penalized for making a privacy complaint.

You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. HIPAA complaint information is available at hhs.gov/hipaa/filing-a-complaint.

ACKNOWLEDGMENT OF RECEIPT

I acknowledge that I have received or been provided access to the Alternative Pride Wellness, LLC Notice of Privacy Practices.

Client Name: _____

Client Signature: _____

Date: _____

Parent/Guardian/Personal Representative, if applicable:

Name: _____

Signature: _____

Relationship to Client: _____

Date: _____