

# Notice of PRIVACY PRACTICES (Updated April 2026)

*Center for Evidence-Based Treatment, LLC (CEBT) & Wisniewski Psychology Services, PLLC (WPS)\**  
 19910 Malvern Rd., Shaker Hts., Ohio 44122, 216.544.1321  
 info@CEBTOhio.com

\*NY state clients receive services from Wisniewski Psychology Services, PLLC, a New York based business, in accordance with NY state law.

## NOTICE OF PRIVACY PRACTICES

THIS NOTICE OF PRIVACY PRACTICES DESCRIBES HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION FROM CEBT or WPS. PLEASE REVIEW IT CAREFULLY AND ACKNOWLEDGE AT THE BOTTOM.

I. OUR PLEDGE REGARDING YOUR HEALTH INFORMATION: CEBT/WPS understands that your health information and information regarding your health care, diagnosis, and treatment is personal. CEBT/WPS is committed to protecting your personal and private health information. This Notice of Privacy Practices ("Notice") applies to all of the records of your care generated by CEBT/WPS. This Notice will inform you about the ways in which CEBT/WPS may use and disclose your protected health information. We are required by law to:

- Make sure that protected health information (hereinafter "PHI") that identifies you is kept private, secure, and confidential.
- Give you this Notice outlining our legal duties and privacy practices with respect to your health information.
- Follow the terms of this Notice that are currently in effect.
- Amend the terms of this Notice when necessary, inform you of such changes, and make the Notice available upon request, in our office via hardcopy, and electronically on our website.

## II. HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION:

The following categories describe different ways that we may use and disclose your protected health information.

For Treatment Payment, or Health Care Operations:

Federal privacy rules and regulations allow health care providers who have direct treatment relationship with the patient/client to use or disclose the patient/client's personal health information without the patient's written authorization, to carry out the health care provider's own treatment, payment or health care operations. We may also disclose your protected health information for the treatment activities of any health care provider without your written authorization. For example, if a clinician were to consult with another licensed health care provider about your condition, we would be permitted to use and disclose your personal health information, which is otherwise confidential, in order to assist the clinician in diagnosis and treatment of your mental health condition.

Disclosures for treatment purposes are not limited to the minimum necessary standard as therapists and other health care providers need access to the full record and/or full and complete information in order to provide quality care. The word "treatment" includes, among other things, the coordination and management of health care providers with a third party, consultations between health care providers and referrals of a patient for health care from one health care provider to another.

Lawsuits and Disputes and Other Court-Related Services:

It is our policy that our clinicians provide care without the expectation that they appear in court or provide testimony, written or oral, on behalf of clients. Our services do not qualify as forensic or court-related evaluations and are not intended for use in any legal or court proceeding, including but not limited to custody disputes, disability determinations, or other litigation. If you anticipate needing evaluations or documentation for legal purposes, we recommend seeking a provider who specializes in forensic or court-related assessment.

If you are involved in a lawsuit, we may disclose health information in response to a court or administrative order. We may also disclose health information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to inform you about the request or to obtain an order protecting the information requested.

## III. CERTAIN USES AND DISCLOSURES THAT REQUIRE YOUR AUTHORIZATION:

Certain uses and disclosures of your health information may be made, but only with your authorization.

1. Psychotherapy Notes.

From time-to-time, it is likely that we will keep "psychotherapy notes" (as that term is defined in 45 CFR § 164.501), and any use or disclosure of such notes requires your Authorization unless the use or disclosure is made so in accordance with a use or disclosure outlined above, or the following: a. For our use in treating you. b. For our use in training or supervising mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy. c. For our use in defending a legal proceeding instituted by you. d. For use by the Secretary of Health and Human Services to investigate our compliance with HIPAA. e. Required by law and the use or disclosure is limited to the requirements of such law. f. Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes. g. Required by a coroner who is performing duties authorized by law. h. Required to help avert a serious threat to the health and safety of others.

## 2. Marketing Purposes and Sale of PHI.

As a psychotherapist organization, we will not use or disclose your PHI for marketing purposes or sell your PHI in the regular course of business.

## 3. Substance Use and Substance Use Disorder Information

We are a general outpatient mental health clinic and sometimes work with clients who have concerns about alcohol or other substance use. Information you share about substance use is treated as confidential health information and protected under HIPAA and applicable state law. In some circumstances, records related to diagnosis or treatment of a substance use disorder may also be protected by additional federal law (42 CFR Part 2). When those rules apply, we will follow them, which generally means we will not disclose those specific substance use disorder records without your written consent except in limited situations allowed by law, including sharing your diagnoses with your insurance company when filing courtesy claims on your behalf. If you have questions about how this applies to your care, please discuss them with your clinician.

## IV. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION. Subject to certain limitations in the law, we may use and disclose your PHI without your Authorization for the following reasons:

1. When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.
2. For public health activities, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone's health or safety.
3. For health oversight activities, including audits and investigations.
4. For judicial and administrative proceedings, including responding to a court or administrative order, although we will typically seek to obtain an Authorization from you before doing so.
5. For law enforcement purposes, including reporting crimes occurring on my premises.
6. To coroners or medical examiners, when such individuals are performing duties authorized by law.
7. For research purposes, including studying and comparing the mental health of patients who received one form of therapy versus those who received another form of therapy for the same condition.
8. Specialized government functions, including, ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counter-intelligence operations; or, helping to ensure the safety of those working within or housed in correctional institutions.
9. For workers' compensation purposes. Although we shall seek to obtain an Authorization from you, we may provide your PHI in order to comply with workers' compensation laws.
10. Appointment reminders and health related benefits or services. We may use and disclose your PHI to contact you to remind you that you have an appointment. We may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that we offer.

## V. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT.

1. Disclosures to family, friends, or others. We may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

## VI. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI:

1. The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask us not to use or disclose certain PHI for treatment, payment, or health care operations purposes. We are not required to agree to your request, and may deny this request if we believe it would negatively affect your health care.

2. The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full. You have the right to request restrictions on disclosures of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full.
3. The Right to Choose How We Send PHI to You. You have the right to ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and we will agree to all reasonable requests.
4. The Right to See and Get Copies of Your PHI. Other than "psychotherapy notes," you have the right to get an electronic or paper copy of your medical record and other information that we create, maintain, or receive. We will provide you with a copy of your record, or a summary of it, if you agree to receive a summary, within 30 days of receiving your written request, and we may charge a reasonable, cost based fee for doing so.
5. The Right to Get an Accounting of the Disclosures We Have Made. You have the right to request an accounting of each instance in which we have disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided us with an Authorization. We will respond to your request for an accounting of disclosures within 30 days of receiving your request. The list will include disclosures made in the last six years unless you request a shorter time. The list is provided at no charge, but if you make more than one request in the same year, we will charge you a reasonable cost based fee for each additional request.
6. The Right to Correct or Update Your PHI. If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request a correction to the existing information or add the missing information. We may deny this request, but we will tell you why in writing within 60 days of receiving your request.
7. The Right to Get a Paper or Electronic Copy of this Notice. You have the right get a paper copy of this Notice, and you have the right to get a copy of this Notice by e-mail. And, even if you have agreed to receive this Notice via e-mail, you also have the right to request a paper copy of it.

#### EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on September 20, 2013; revised on March 4, 2026

#### Acknowledgement 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 HIPPA Notice of Privacy Practices.

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

4860-6182-8122, v. 1