



Prism Mental Health Solutions Inc.

Notice of Privacy Practices



Transforming Mental Health Through Compassion, Clarity, and Clinical Excellence

1. Please Read This Notice Carefully



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.

Prism Mental Health Solutions Inc. (Prism MHS) protects information about your mental and physical health, treatment, and payment for care. This notice explains our privacy practices and your rights. Effective date: October 8, 2026. This notice applies to protected health information maintained by Prism MHS in connection with its covered healthcare services.

2. Your Right to See and Obtain Your Records



You may ask to inspect or receive a paper or electronic copy of your medical record and other protected health information in a designated record set. We generally respond within 30 days and may charge a reasonable, cost-based fee where permitted. Some information, including separately maintained psychotherapy notes, may be excluded from the HIPAA access right. We will explain a lawful denial and applicable review rights.

3. Your Right to Request Corrections



If you believe information in your designated record set is incorrect or incomplete, you may request an amendment in writing and explain why. We generally respond within 60 days, subject to a permitted extension. We may deny a request for reasons allowed by law and will explain your options, including submitting a statement of disagreement.

4. Confidential Communications and Restrictions



You may request that we contact you in a particular way or at a particular location. We will accommodate reasonable requests. You may ask us to limit certain uses or disclosures for treatment, payment, or operations; we are not always required to agree. If you pay for an item or service in full out of pocket and request that we not disclose it to your health plan for payment or operations, we will honor that restriction unless disclosure is required by law.

5. Accounting of Disclosures and Copies of This Notice



You may request an accounting of certain disclosures of your information for the prior six years, subject to legal exceptions. One accounting in a 12-month period is generally free; we may charge a reasonable fee for additional accountings after notifying you. You may request a paper copy of this notice at any time, even if you agreed to receive it electronically.

6. How We May Use or Share Information for Your Care



Subject to applicable federal and Pennsylvania confidentiality rules, we may use and disclose health information to provide, coordinate, or manage treatment; obtain payment, including billing and insurance activities; and operate the practice, including quality improvement, supervision, compliance, and administrative functions. For example, a clinician may consult another treating provider when legally permitted. We apply any stricter consent or confidentiality requirements that govern particular mental-health or substance-use records.

7. Other Uses or Disclosures Allowed or Required by Law



Depending on the circumstances and applicable safeguards, the law may permit or require disclosures for public-health reporting; suspected abuse or neglect; health oversight; certain judicial or administrative proceedings; law enforcement; averting a serious threat to health or safety; workers' compensation; certain government functions; organ donation; medical examiners; or other purposes specifically authorized by law. We may disclose information when required by law. Pennsylvania mental-health confidentiality laws can be more restrictive than HIPAA; a HIPAA permission alone does not necessarily authorize a disclosure.

8. Family Members, Caregivers, and People Involved in Care



Where permitted by law, we may share information relevant to your care or payment with people involved in your care, considering your preferences and the circumstances. We do not assume that a family relationship automatically authorizes access to psychotherapy or other protected mental-health information. Special rules may govern minors, personal representatives, and persons with decision-making authority.

9. Uses and Disclosures Requiring Your Authorization



We generally must obtain your written authorization before using or disclosing your information for purposes not described in this notice, including most marketing uses, sales of protected health information, and most disclosures of separately maintained psychotherapy notes. You may revoke an authorization in writing at any time, except to the extent we have already relied on it. Fundraising communications, if ever undertaken, will follow applicable law and provide required opt-out rights.

10. Special Protections for Substance Use Disorder Records



Some substance use disorder treatment records are protected by 42 CFR Part 2. Where Part 2 applies, additional notice, consent, use, disclosure, and legal-proceeding protections apply. A qualifying single consent may allow future treatment, payment, and healthcare operations uses and disclosures as permitted by Part 2; other disclosures may require separate consent or legal authority. Part 2 records and testimony generally may not be used against a patient in civil, criminal, administrative, or legislative proceedings without the patient's specific consent or an appropriate court order, subject to the law. Special protections may also apply to separately maintained SUD counseling notes. We will apply these rules whenever we hold Part 2-protected records.

11. Our Privacy Responsibilities



We are required by law to maintain the privacy and security of protected health information, provide this notice, and follow its terms. We will notify you if a breach occurs that may have compromised the privacy or security of your unsecured protected health information, as required by law. We may change our privacy practices and this notice; a revised notice may apply to information we already maintain. The current notice will be available at our office and on our website, and on request.

12. Questions, Requests, and Complaints



Contact: Prism MHS Administration — Privacy & Confidentiality, Prism Mental Health Solutions Inc., 264 Haida Avenue, Suite B, Hastings, PA 16646-5611. Telephone: (814) 931-0417. Email: info@prismmhs.org. Please avoid sending sensitive clinical details through ordinary email unless an approved secure method is arranged. You may also file a privacy complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, at www.hhs.gov/ocr/privacy/hipaa/complaints/. We will not retaliate against you for making a complaint or exercising your privacy rights.

13. Additional Information



This notice summarizes HIPAA privacy rights and applicable additional protections; it does not eliminate rights under Pennsylvania law or 42 CFR Part 2. Requests involving records, authorizations, legal process, or special confidentiality protections will be evaluated under the laws applicable to the particular information and circumstances. Ask Administration if you need this notice in an accessible format or need assistance understanding it.