

PATHWAYS THERAPY, LLC

NOTICE OF PRIVACY PRACTICES

HIPAA Privacy and Protected Health Information (PHI)

Serving Rhode Island, Massachusetts, and Connecticut

Effective Date: October 11, 2026

Last Updated: October 11, 2026

YOUR INFORMATION. YOUR RIGHTS. OUR RESPONSIBILITIES.

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

At Pathways Therapy, LLC, your privacy, dignity, and trust are fundamental to the therapeutic relationship.

We understand that seeking mental health services often involves sharing deeply personal information. We are committed to protecting that information and maintaining a confidential, respectful, and secure therapeutic environment.

This Notice of Privacy Practices explains how we collect, use, maintain, and disclose Protected Health Information (PHI) in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), applicable federal regulations, and the privacy and confidentiality laws of Rhode Island, Massachusetts, and Connecticut.

This notice applies to Pathways Therapy, LLC, its workforce, and clinicians providing services on its behalf to the extent covered by its HIPAA policies and legal arrangements.

1. WHAT IS PROTECTED HEALTH INFORMATION?

Protected Health Information (PHI) is individually identifiable health information created, received, maintained, or transmitted in connection with your healthcare.

PHI may include:

- Your name, contact information, and identifying information.
- Mental health diagnoses and assessments.
- Psychotherapy and counseling records.
- Treatment plans, progress notes, and clinical evaluations.

- Information concerning trauma, grief, addiction, gambling, relationships, or family circumstances.
- Medication and medical history.
- Appointment and telehealth session information.
- Insurance, payment, and billing records.
- Communications between you and your therapist.
- Electronic health records and other information protected under applicable law.

We protect PHI whether it is maintained electronically, on paper, or communicated verbally.

2. HOW WE MAY USE OR DISCLOSE YOUR INFORMATION

Federal law permits certain uses and disclosures of PHI without your written authorization. However, applicable state or federal laws may impose additional restrictions, including requirements for your consent.

A. Treatment

We may use or disclose PHI as legally permitted to provide, coordinate, or manage your healthcare.

Examples include coordinating with another treating provider, arranging appropriate referrals, or consulting with authorized clinical professionals involved in your treatment.

B. Payment

We may use or disclose information as legally permitted to obtain payment for services, verify insurance eligibility, submit claims, or resolve billing matters.

For self-pay clients, certain disclosures may not be necessary.

If you pay for a healthcare service entirely out of pocket and request that information about that service not be disclosed to your health plan for payment or healthcare operations, we will honor that request when required by HIPAA, unless disclosure is otherwise required by law.

C. Healthcare Operations

We may use PHI as legally permitted for activities necessary to operate our practice, including quality improvement, clinical supervision, compliance, auditing, and administrative management.

D. Required or Permitted by Law

We may disclose PHI when required or expressly permitted by applicable law, subject to additional confidentiality protections.

Circumstances may include:

- Reporting suspected abuse or neglect when legally required.
- Responding to qualifying public health or health oversight requirements.
- Addressing a serious and imminent threat to health or safety when legally permitted.
- Complying with valid court orders or other legally sufficient processes.
- Responding to authorized governmental oversight activities.
- Other limited disclosures permitted under applicable federal and state law.

A subpoena or request from law enforcement does not automatically authorize release of confidential psychotherapy information. We will evaluate applicable legal requirements before making disclosures.

We will not use or disclose more information than legally permitted or required.

3. SPECIAL PROTECTIONS FOR PSYCHOTHERAPY NOTES

Psychotherapy notes, as specifically defined under HIPAA, receive heightened confidentiality protections.

These notes are maintained separately from the general medical record and document or analyze the contents of private counseling sessions.

Except for limited circumstances expressly permitted by law, we must obtain your written authorization before using or disclosing psychotherapy notes.

Ordinary treatment progress notes, diagnoses, medication information, and treatment plans are not necessarily considered psychotherapy notes under HIPAA.

4. SUBSTANCE USE DISORDER AND ADDICTION TREATMENT RECORDS

Pathways Therapy, LLC may provide treatment involving substance use disorders, gambling-related concerns, and co-occurring mental health conditions.

Certain substance use disorder treatment records are subject to additional federal confidentiality requirements under 42 CFR Part 2.

When these protections apply:

- We will obtain consent when required before disclosing protected records.
- Permitted uses and redisclosures will be subject to applicable federal restrictions.
- Patients may authorize certain uses and disclosures for treatment, payment, and healthcare operations in accordance with Part 2.
- Protected Part 2 records or testimony describing those records generally may not be used or disclosed in civil, criminal, administrative, or legislative proceedings against a patient

unless permitted by the patient's written consent or an appropriate court order and other applicable legal requirements.

- We will apply applicable restrictions concerning fundraising and other uses of Part 2 information.

Where Pathways Therapy is itself a federally assisted Part 2 program, we will provide the additional patient notice and protections required of such programs.

5. TELEHEALTH AND ELECTRONIC COMMUNICATIONS

Pathways Therapy provides telehealth services to eligible clients located in Rhode Island, Massachusetts, and Connecticut.

We take reasonable administrative, technical, and physical safeguards to protect electronic PHI.

These measures may include:

- HIPAA-compliant telehealth and clinical record systems.
- Access controls and secure authentication.
- Encryption and other appropriate security measures.
- Restricted access to confidential records.
- Business Associate Agreements with vendors when required.
- Workforce confidentiality training and privacy procedures.

Although reasonable safeguards are used, electronic communication and internet-based services cannot be guaranteed to be completely free of security risks.

We encourage clients to participate in telehealth sessions from a private location and use secure internet connections whenever possible.

Recording of Sessions

Pathways Therapy does not routinely record psychotherapy sessions. Any proposed recording will be subject to applicable consent and privacy requirements.

Email, Text Messaging, and Patient Portals

Email and text messaging may present privacy risks, particularly when transmitted through unsecured services.

We may communicate about scheduling, billing, and administrative matters in accordance with applicable law, your communication preferences, and our established consent procedures.

Sensitive clinical information should ordinarily be exchanged through approved secure systems.

6. YOUR PRIVACY RIGHTS

Under HIPAA and applicable state laws, you have important rights concerning your health information.

A. Right to Access Your Records

You may request to inspect or receive a copy of PHI maintained in your designated record set, subject to limited legal exceptions.

We generally respond within 30 days under HIPAA. Any permitted extension or shorter state-law deadline will be handled according to applicable law.

Reasonable, legally permitted fees may apply.

B. Right to Request Corrections

You may request an amendment to PHI you believe is incorrect or incomplete.

We may deny certain requests for legally permitted reasons and will explain applicable review or disagreement rights.

C. Right to Request Confidential Communications

You may ask us to contact you through a particular telephone number, mailing address, or other reasonable communication method.

We will accommodate reasonable requests as required by law.

D. Right to Request Restrictions

You may ask us to limit certain uses or disclosures of your information.

We are not required to agree to every restriction, except where HIPAA specifically requires us to do so, including certain fully self-paid services.

E. Right to an Accounting of Disclosures

You may request information about certain disclosures of your PHI, subject to legal exceptions and applicable time limits.

F. Right to a Paper Copy

You may request a paper copy of this Notice of Privacy Practices at any time, even if you previously agreed to receive it electronically.

G. Right to Designate a Personal Representative

A legally authorized personal representative may exercise applicable privacy rights on your behalf, subject to identity verification, state law, and applicable exceptions.

H. Right to File a Complaint

You may file a complaint if you believe your privacy rights have been violated.

Pathways Therapy will not retaliate against you for exercising your rights or filing a complaint.

7. USES AND DISCLOSURES REQUIRING YOUR AUTHORIZATION

Except as otherwise permitted by law, we will obtain your written authorization before:

- Using or disclosing psychotherapy notes for purposes requiring authorization.
- Using PHI for marketing activities requiring authorization.
- Selling PHI.
- Disclosing PHI to individuals or organizations when authorization is legally required.
- Making other uses or disclosures not permitted by applicable privacy law.

You may revoke an authorization in writing at any time, except to the extent we have already acted in reliance on it or another legal exception applies.

Fundraising: If Pathways Therapy conducts fundraising using PHI, we will comply with applicable notice, consent, and opt-out requirements.

8. FAMILY MEMBERS, COUPLES, AND RELATIONSHIP THERAPY

Pathways Therapy provides individual, couples, and relationship counseling.

Participation in couples or family therapy does not automatically authorize unrestricted disclosure of one participant's separate confidential health information to another participant.

We will explain applicable confidentiality expectations, recordkeeping practices, and information-sharing policies during the informed consent process.

We will not disclose confidential treatment information to a spouse, partner, family member, or other individual unless authorized or otherwise permitted by applicable law.

9. MINORS AND LEGALLY AUTHORIZED REPRESENTATIVES

When services are provided to minors, privacy and access rights depend on applicable state laws, the minor's legal authority to consent to treatment, and the circumstances of care.

Parents and guardians may have rights to certain records, but those rights are not unlimited.

Where the law permits minors to consent independently to particular services, additional confidentiality protections may apply.

We will determine disclosure and access rights in accordance with the law of the state where services are provided.

10. STATE-SPECIFIC PRIVACY PROTECTIONS

Rhode Island

Pathways Therapy recognizes the confidentiality protections established under Rhode Island law, including applicable provisions of the Confidentiality of Health Care Communications and Information Act, R.I. Gen. Laws Chapter 5-37.3, and relevant mental health confidentiality laws.

Confidential healthcare communications and treatment information will be protected against unauthorized disclosure.

Where Rhode Island law imposes requirements more protective than HIPAA, those requirements will be followed.

Massachusetts

Pathways Therapy recognizes Massachusetts laws protecting confidential mental health communications and clinical records, including applicable provisions of Massachusetts General Laws Chapter 112 and other relevant statutes.

Additional safeguards may apply to psychotherapy communications, substance use disorder treatment information, certain sensitive health information, and records involving minors.

We will comply with applicable Massachusetts requirements governing patient authorization, disclosure, and record access.

Connecticut

Pathways Therapy recognizes Connecticut confidentiality and privilege protections applicable to mental health treatment, including Connecticut General Statutes Sections 52-146c through 52-146j and other provisions applicable to the treating professional and services provided.

Mental health communications and records will be disclosed only with appropriate authorization or where disclosure is otherwise legally permitted.

Additional restrictions may apply to psychiatric and other privileged treatment communications.

More Protective Laws

When applicable state law provides greater privacy protection than HIPAA and is not preempted, Pathways Therapy will follow the more protective requirement.

11. OUR LEGAL RESPONSIBILITIES

Pathways Therapy, LLC is committed to:

- Maintaining the privacy and security of PHI as required by applicable law.
- Providing this Notice of Privacy Practices.
- Following the terms of the notice currently in effect.
- Maintaining appropriate confidentiality and information security safeguards.
- Restricting access to PHI based on authorized job responsibilities.
- Notifying affected individuals following a breach of unsecured PHI when notification is legally required.
- Complying with applicable federal and state confidentiality requirements.

We reserve the right to change our privacy practices and revise this notice.

Changes may apply to PHI already maintained by our practice and information obtained in the future, as permitted by law.

An updated notice will be made available on our website and upon request.

12. WEBSITE PRIVACY AND ONLINE INQUIRIES

When individuals visit our website or submit inquiries, we may receive information they voluntarily provide, including their name, contact details, and requested services.

Information collected through online forms, scheduling systems, patient portals, or other technologies will be handled according to applicable privacy and security requirements.

We will not knowingly use website tracking or advertising technologies in a manner that impermissibly discloses PHI.

Visitors should avoid submitting detailed clinical information through general website contact forms unless the form is specifically designated and appropriately secured for that purpose.

Website cookies, analytics, and other data collection practices are further addressed in our separate Website Privacy Policy, where applicable.

13. HOW TO EXERCISE YOUR PRIVACY RIGHTS

To request records, request an amendment, restrict disclosures, obtain an accounting of disclosures, or ask questions about this notice, please contact:

Pathways Therapy, LLC

HOW TO CONTACT PATHWAYS THERAPY, LLC

For questions about this Notice of Privacy Practices, to exercise your privacy rights, or to submit a request concerning your Protected Health Information (PHI), please contact:

Pathways Therapy, LLC

Location: East Providence, Rhode Island

HIPAA Privacy Contact: Niecey

Email: niecey@stillwaterpathways.com

Additional Business Contact: Gina

Email: gina@stillwaterpathways.com

Please do not send sensitive clinical information through unsecured email. You may contact us to request a secure method of communication.

You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, at <https://www.hhs.gov/ocr/privacy/hipaa/complaints/>.

Pathways Therapy, LLC will not retaliate against you for filing a complaint or exercising your privacy rights.

Please do not send sensitive clinical information through unsecured email.

14. FILING A PRIVACY COMPLAINT

If you believe your privacy rights have been violated, you may contact the Pathways Therapy Privacy Officer.

You may also file a complaint with:

U.S. Department of Health and Human Services

Office for Civil Rights (OCR)

Website: <https://www.hhs.gov/ocr/privacy/hipaa/complaints/>

Pathways Therapy will not retaliate against anyone for submitting a privacy complaint or exercising a legal privacy right.

15. ACKNOWLEDGMENT OF RECEIPT

You have the right to receive a copy of this Notice of Privacy Practices.

We may request your acknowledgment of receipt as part of our intake process. Your acknowledgment confirms receipt or availability of the notice and does not waive your privacy rights.

Pathways Therapy, LLC

Compassionate Care. Confidential Support. A Path Forward.

Effective Date: October 11, 2026