PAPER CRANES THERAPY CO, LLC

NOTICE OF PRIVACY PRACTICES

Your Information. Your Rights. Our Responsibilities.

Effective date: November 4, 2026 **Privacy contact:** Callie Diz, LMSW

PLEASE REVIEW THIS NOTICE CAREFULLY. It describes how your health information may be used and disclosed and how you can access it. This notice applies to services provided by Paper Cranes Therapy Co, LLC (the "Practice") by Callie Diz, LMSW, licensed in Michigan and Arizona as stated below.

1. Our commitment to your privacy

The Practice is committed to protecting the privacy of your protected health information ("PHI"). PHI is information about your health, treatment, or payment for health care that identifies you or could reasonably be used to identify you. This Notice explains our privacy practices and your rights under the federal Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and other applicable laws.

This Notice applies to the clinical and billing records maintained by the Practice. It does not replace the separate informed consent, telehealth consent, financial policies, or any other documents you may receive.

2. Your choices

For certain information, you may tell us your preferences about what we share. We will follow your instructions where the law requires or permits us to do so. Unless you object, we may share relevant information with a family member, friend, or other person you identify as involved in your care or payment for care. If you are unable to express a preference because of an emergency or incapacity, we may share limited information when, in our professional judgment, doing so is in your best interest or is needed to lessen a serious and imminent threat.

We do not use or disclose your PHI for marketing, and we do not sell your PHI. We do not share your information with family members, employers, or other third parties simply because they ask.

3. How we may use and disclose your information

HIPAA permits certain uses and disclosures without your written authorization. We will use or disclose only the information reasonably necessary for the purpose, when the minimum-necessary standard applies.

Treatment

We may use your information to provide, coordinate, or manage your mental health care. For example, with appropriate legal authority, we may consult or coordinate with another health care provider involved in your care or make a referral.

Payment — insurance and self-pay

The Practice may accept payment directly from clients and may also submit claims to, or otherwise communicate with, health plans when a client chooses to use insurance. For insurance billing, we may disclose information such as your identity, dates of service, diagnosis or service codes, and other information reasonably needed to determine eligibility, obtain authorization, submit claims, or receive payment. We may also contact your health plan to verify benefits or coverage.

If you pay for a service or health care item entirely out of pocket and in full, you may ask us not to disclose information about that service to your health plan for payment or health care operations. We are required to honor that request unless disclosure is otherwise required by law. If you choose to submit a claim to insurance or otherwise seek reimbursement from your plan, information necessary for that purpose may be disclosed.

Health care operations

We may use or disclose PHI for permitted activities needed to operate the Practice, such as quality and compliance activities, audits, credentialing, legal and accounting services, and managing the Practice. When an outside vendor performs services for us that involve PHI, we will obtain a business associate agreement when HIPAA requires one.

Appointment and practice communications

We may contact you about appointments, scheduling, billing, treatment-related matters, or services using the contact information you provide. You may ask us to communicate with you in a particular way or at a particular location, as described in Section 5.

Other uses and disclosures permitted or required by law

We may disclose PHI when permitted or required by applicable law, including in the following circumstances:

- **Public health and safety:** to report certain events or conditions, or to prevent or lessen a serious and imminent threat to health or safety, consistent with law and professional obligations.
- **Abuse, neglect, or domestic violence:** to report suspected child abuse or neglect and other circumstances when reporting is required or permitted by law.
- **Legal proceedings:** in response to a qualifying court or administrative order, or other lawful process when the applicable legal requirements are met.
- **Law enforcement and oversight:** for legally authorized law enforcement, health oversight, licensing, or government functions.
- **Workers' compensation:** as authorized by laws governing workers' compensation.
- **Other required disclosures:** when federal or state law requires the disclosure.

The laws governing mental health records and professional confidentiality may provide protections beyond HIPAA. We will follow any more protective requirement that applies to the particular record or disclosure.

4. Uses and disclosures that generally require your written authorization

For uses and disclosures not described in this Notice, we will obtain your written authorization when required by law. You may revoke an authorization in writing at any time, except to the extent we have already acted in reliance on it.

Examples of disclosures that generally require authorization include:

- Most disclosures of separately maintained psychotherapy notes. Psychotherapy notes are a narrowly defined category of notes documenting or analyzing the contents of counseling conversations, maintained separately from the general clinical record. They do not include the ordinary clinical record, such as diagnosis, treatment plan, symptoms, progress, or session dates.
- Disclosures for marketing purposes when authorization is required.
- Sale of PHI, which generally requires authorization.
- Disclosures to people or organizations you designate when no other legal permission applies.

5. Your rights regarding your health information

You have the following rights, subject to applicable legal exceptions:

- **Access:** You may request to inspect or obtain a copy of your clinical record and other PHI maintained by the Practice. Submit your request in writing using the contact information in Section 10. We generally must act on a request within 30 days, with one permitted extension when applicable. Certain information, including separately maintained psychotherapy notes, is not subject to the HIPAA access right.
- **Amendment:** You may ask us in writing to amend information you believe is inaccurate or incomplete. We may deny a request in certain circumstances allowed by law and will provide a written explanation if we do.
- **Confidential communications:** You may ask us to contact you by a particular method or at a particular location. We will accommodate reasonable requests as required by law.
- **Restrictions:** You may ask us to limit certain uses or disclosures for treatment, payment, or health care operations. We are not generally required to agree, except for the required restriction described in Section 3 when you pay in full out of pocket and request that information not be sent to your health plan.
- **Accounting of disclosures:** You may request an accounting of certain disclosures made during the six years before your request. The accounting does not include many routine disclosures, including most disclosures for treatment, payment, and health care operations. The first accounting in a 12-month period is free; a reasonable, cost-based fee may apply to additional

requests.

- **Paper copy:** You may request a paper copy of this Notice at any time, even if you agreed to receive it electronically.
- **Personal representative:** A person legally authorized to act for you may exercise your rights, subject to verification of that person's authority and applicable law.

6. Telehealth, email, text, and electronic systems

The Practice may provide services through telehealth and may use electronic health records, scheduling systems, payment processors, email, text messaging, and video-conferencing platforms. We will use reasonable safeguards and select vendors in a manner consistent with applicable privacy and security requirements, including business associate agreements when required.

Electronic communications can carry privacy and security risks. Email or text may be viewed by someone with access to your device, account, or phone plan, and messages may be stored by service providers. Please avoid sending highly sensitive clinical information through ordinary email or text unless we have discussed the risks and an appropriate method. You may request confidential communications using a different method or destination.

For telehealth sessions, we ask you to participate from a private location when possible and to take reasonable steps to prevent others from hearing or viewing the session. We will take reasonable steps on our end to protect session privacy.

7. Substance use disorder records

Some substance use disorder ("SUD") records are subject to additional federal confidentiality protections under 42 CFR Part 2. If the Practice receives or maintains records that are subject to Part 2, those records will be handled in accordance with the applicable Part 2 requirements. Part 2 generally restricts the use or disclosure of protected SUD records in civil, criminal, administrative, or legislative proceedings against the patient without the consent or qualifying court order required by federal law. Not every reference to substance use in a general mental health record is necessarily a Part 2 record.

8. Our responsibilities

We are required by law to maintain the privacy and security of your PHI, provide you with this Notice, follow the privacy practices described here while this Notice is in effect, and notify you following a breach of unsecured PHI when required by law. We will not use or disclose your PHI other than as described in this Notice unless you authorize us in writing or the law permits or requires the use or disclosure.

The Practice reserves the right to change its privacy practices and this Notice as permitted by law. Any revised Notice will apply to PHI we maintain. The current Notice will be available on the Practice website and upon request.

9. Complaints

If you believe your privacy rights have been violated, you may complain to the Practice or to the U.S. Department of Health and Human Services, Office for Civil Rights ("OCR"). We will not retaliate against you for filing a complaint.

To complain to the Practice:
Callie Diz, LMSW — Privacy Contact
Paper Cranes Therapy Co, LLC
29532 Southfield Rd, Ste 115, Southfield, MI 48076
Phone: 248-266-2954
Email: callie@papercranestherapyco.com

To complain to OCR:
Online: https://www.hhs.gov/hipaa/filing-a-complaint/
Telephone: 1-800-368-1019
Mail: U.S. Department of Health and Human Services, Office for Civil Rights, 200 Independence Avenue, S.W., Washington, D.C. 20201.

10. Contact the Practice

For questions about this Notice, to exercise a privacy right, or to request a paper copy, contact:

Callie Diz, LMSW
Paper Cranes Therapy Co, LLC
29532 Southfield Rd, Ste 115, Southfield, MI 48076
Phone: 248-266-2954
Email: callie@papercranestherapyco.com

Provider identification: Callie Diz, LMSW (Michigan); LCSW (Arizona). Services are provided only in jurisdictions where the provider is authorized to practice and consistent with applicable state law.

Important customization note: This document is a tailored starting draft, not a certification of HIPAA compliance or legal advice. Before posting, confirm the effective date, actual billing and technology workflows, and whether any records are subject to 42 CFR Part 2. Have the final notice reviewed by a Michigan/Arizona health-care privacy attorney or qualified HIPAA compliance professional. The Notice must accurately describe actual practices.