NOTICE OF
PRIVACY PRACTICES

Brent Edwards, PMHNP-BC • Effective August 1, 2026

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.

Your Information. Your Rights. Our Responsibilities.

This Notice of Privacy Practices explains your rights, our legal duties, and the ways we may use or share your protected health information (PHI). It applies to telehealth services provided by Brent Edwards, PMHNP-BC.

YOUR RIGHTS

- Get a copy of your health record
- Ask us to correct your record
- Request confidential contact
- Ask us to limit certain sharing
- Get a list of certain disclosures
- Complain without retaliation

YOUR CHOICES

- Tell us how to share with family or friends
- Decide about certain marketing uses
- Authorize most uses of psychotherapy notes
- Revoke an authorization in writing

OUR USES

- Treat you and coordinate care
- Run the practice
- Bill for services
- Comply with the law
- Help with public health and safety
- Respond to legal requests

Questions or privacy requests Contact Brent Edwards, PMHNP-BC, Privacy Officer, using the information on the final page.

1. Your Rights

You have the following rights regarding health information we maintain about you. Some rights may be limited by law in particular circumstances.

Get an electronic or paper copy of your health record. You may ask to inspect or receive a copy of your health record and other health information we have about you. We will usually provide the requested information within 30 days. We may charge a reasonable, cost-based fee when permitted by law.

Ask us to correct your health record. You may ask us to correct health information you believe is inaccurate or incomplete. We may deny the request, but we will explain the reason in writing, usually within 60 days.

Request confidential communications. You may ask us to contact you in a particular way—for example, only by phone—or at a different address. We will accommodate reasonable requests.

Ask us to limit what we use or share. You may ask us not to use or share certain information for treatment, payment, or health care operations. We are not always required to agree. If you pay in full out of pocket for a service, you may ask us not to share information about that service with your health plan for payment or operations purposes unless the law requires disclosure.

Get a list of certain disclosures. You may ask for an accounting of certain times we shared your information during the six years before your request, including who received it and why. The accounting will not include every type of disclosure, such as most disclosures for treatment, payment, or health care operations. One accounting in a 12-month period is free; a reasonable fee may apply to additional requests.

Get a copy of this notice. You may ask for a paper or electronic copy of this notice at any time, even if you agreed to receive it electronically.

Choose someone to act for you. If you have given someone medical power of attorney or if someone is your legal guardian, that person may exercise your rights and make choices about your health information as permitted by law. We may verify the person's authority before acting.

File a complaint without retaliation. You may complain if you believe your privacy rights were violated. We will not retaliate against you for filing a complaint.

2. Your Choices

For certain health information, you may tell us your preferences about what we share. Tell us what you want us to do, and we will follow your instructions when the law allows.

People involved in your care

You may tell us whether and how to share relevant information with family members, friends, caregivers, or others involved in your care or payment for your care. You may also tell us how to communicate in a disaster-relief situation.

If you cannot tell us your preference—for example, because you are unconscious—we may share information if we believe it is in your best interest. We may also share information when needed to lessen a serious and imminent threat to health or safety, as permitted by law.

Written permission is generally required

We will obtain your written authorization before we use or disclose PHI for purposes that are not described in this notice, unless the law permits or requires the use or disclosure without authorization. You may revoke an authorization in writing, except to the extent we have already acted in reliance on it.

- Most uses and disclosures of psychotherapy notes require your written authorization.
- Uses and disclosures for marketing generally require your written authorization.
- A sale of your PHI requires your written authorization.
- We do not currently conduct fundraising. If that changes, you may ask us not to contact you again.

3. How We May Use and Share Your Information

The examples below describe common ways we may use or disclose PHI without obtaining a separate written authorization. Other uses and disclosures permitted or required by law may also apply.

Treat you and coordinate care. We may use your PHI and share it with physicians, therapists, pharmacies, laboratories, hospitals, or other professionals involved in your care. This includes care coordination, consultation, referrals, electronic prescribing, and reviewing medication history.

Run the practice. We may use and share PHI to operate the practice, improve quality, manage services, train, conduct compliance activities, and support patient care. We use service providers for functions such as electronic health records, secure telehealth, insurance administration, documentation support, electronic prescribing, communications, and technology. When required, these business associates must protect your information under written agreements and applicable law.

Bill for services. We may use and share PHI to obtain payment, submit or support claims, confirm eligibility or benefits, collect patient balances, and respond to payment questions. This may include sharing information with health plans, payment processors, or organizations that assist with insurance administration.

Communicate with you. We may use your contact information for appointment reminders, scheduling, portal notifications, treatment follow-up, payment communications, and information about services related to your care. Messages may be sent by the communication methods you authorize or request.

Other Permitted or Required Disclosures

Public health and safety. We may share information for public-health activities, reporting adverse events, preventing disease, reporting suspected abuse or neglect, and preventing or reducing a serious threat to health or safety, as permitted or required by law.

Research. We may use or share information for health research when the research has appropriate legal approval or when the information has been prepared so that it does not identify you.

Compliance with law. We will share information when federal or state law requires it, including with the U.S. Department of Health and Human Services if it requests information to verify compliance with federal privacy law.

Organ and tissue donation. We may share information with organ-procurement organizations when applicable.

Medical examiners and funeral directors. We may share information with a coroner, medical examiner, or funeral director when a person dies.

Workers' compensation, law enforcement, and government functions. We may share information for workers' compensation claims, lawful law-enforcement requests, health-oversight activities, and special government functions such as military, national-security, or protective services when the law permits or requires it.

Legal proceedings. We may disclose PHI in response to a valid court or administrative order, subpoena, discovery request, or other lawful process, subject to applicable protections and objections.

4. Information With Additional Protections

Some information receives greater protection under federal or California law. When a law is more protective than HIPAA, we will follow the more protective rule.

Mental health information and psychotherapy notes

Mental health information may be subject to additional California confidentiality requirements. Psychotherapy notes, if created and maintained separately from the rest of the medical record, receive special protection under federal law. Most uses or disclosures of psychotherapy notes require your written authorization, with limited exceptions allowed by law.

Substance-use-disorder records

Certain records about substance-use-disorder diagnosis, treatment, or referral may be protected by 42 C.F.R. Part 2 in addition to HIPAA. To the extent we create, receive, or maintain records that are subject to Part 2, we will follow those additional protections.

Records protected by Part 2, or testimony describing their contents, generally may not be used or disclosed in a civil, criminal, administrative, or legislative proceeding against a patient unless the patient provides written consent or a court order and subpoena satisfy applicable Part 2 requirements.

Minors and personal representatives

A parent, guardian, or other personal representative may exercise privacy rights for a minor or another patient when permitted by law. California and federal law may give a minor control over specific records or services in some circumstances. We will apply the law to each request.

5. Our Responsibilities

- We are required by law to maintain the privacy and security of your PHI.
- We will notify you promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in the version of this notice currently in effect.
- We will not use or share your information for purposes other than those described here unless you authorize it in writing, except when the law permits or requires otherwise.
- We use administrative, technical, and physical safeguards designed to protect information used in telehealth and electronic services. No electronic system can be guaranteed completely secure.

6. Changes to This Notice

We may change the terms of this notice, and the changes may apply to all PHI we maintain, including information created or received before the change. The revised notice will be available upon request and posted on our website. The effective date will appear at the top of the revised notice.

7. Questions, Requests, or Complaints

Contact the Privacy Officer below to exercise a privacy right, ask a question, request a copy of this notice, or file a complaint. Please do not send urgent clinical concerns or emergency messages to the privacy email address.

PRACTICE PRIVACY OFFICER

Brent Edwards, PMHNP-BC

Privacy Officer

3722 Arnold Avenue, Apt 8

San Diego, CA 92104

(619) 736-6536

brent@pacifichealthsystems.com

brent-edwards.clientsecure.me

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office for Civil Rights

You may also file a complaint with the Office for Civil Rights. Filing a complaint will not affect your care.

hhs.gov/hipaa/filing-a-complaint

Availability of This Notice

This notice is available electronically on the practice website and in paper form upon request. A good-faith effort will be made to obtain written acknowledgment that you received the notice, as required by applicable law.