

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.

Effective date: October 5, 2026. As a solo practice, I serve as my own privacy officer. To ask a question or make a request, contact me at 857-410-6631, chelsey.solar@solsticehealthpsych.com, or through the SimplePractice client portal.

Massachusetts law often gives mental health information more protection than federal law. Where it does, I follow the stricter rule, as described below. This notice works together with my Informed Consent, which explains the limits of confidentiality in more detail.

Your Rights

When it comes to your health information, you have the following rights:

- **Get a copy of your record.** You can ask to see or get a paper or electronic copy of your record. I will respond, usually within 30 days, and may charge a reasonable, cost-based fee as permitted by law. Under Massachusetts law, if I believe reviewing the full record could be harmful to you or others, I may offer a summary instead. You may then ask that the full record be sent to another mental health professional of your choosing.
- **Ask me to correct your record.** You can ask me to correct information you think is incorrect or incomplete. I may say no, but I will tell you why in writing within 60 days.
- **Request confidential communications.** You can ask me to contact you in a specific way, such as only by phone or at a different address. I will say yes to all reasonable requests.
- **Ask me to limit what I use or share.** You can ask me not to use or share certain information for treatment, payment, or operations. I am not required to agree and may say no if it could affect your care or the safety of you or others. Because you pay for services in full out of pocket, I will not share information with your health insurer unless you submit a superbill yourself or the law requires it.
- **Get a list of those I have shared information with.** You can ask for a list (accounting) of the times I have shared your information in the six years before your request, who received it, and why. This excludes disclosures for treatment, payment, and operations, and certain others, such as those you asked me to make. One list per year is free; I may charge a reasonable, cost-based fee for another within 12 months.
- **Get a copy of this notice.** You can ask for a paper copy at any time, even if you agreed to receive it electronically.

- **Choose someone to act for you.** If someone is your legal guardian or has your health care power of attorney, that person can exercise your rights and make choices about your health information. I will confirm their authority before acting.
- **File a complaint.** If you believe your privacy rights have been violated, you can contact me directly. You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights, 200 Independence Avenue, S.W., Washington, D.C. 20201, 1-877-696-6775, www.hhs.gov/hipaa/filing-a-complaint, or with the Massachusetts Board of Registration of Psychologists, 100 Cambridge Street, 19th Floor, Boston, MA 02114, (617) 624-6151, mass.gov/orgs/board-of-registration-of-psychologists. I will not retaliate against you for filing a complaint.

Your Choices

- **Family, friends, and others involved in your care.** I will share information with them only with your permission. If you are unable to tell me your preference, such as in an emergency, I may share information if I believe it is in your best interest, or when needed to lessen a serious and imminent threat to health or safety.
- **Never without your written permission.** I will never use or share your information for marketing, sell your information, or share psychotherapy notes, except as the law specifically allows.
- **Fundraising.** I do not conduct fundraising and will not contact you for that purpose.

How I Use and Share Your Information

- **Treatment.** I use your information to provide your care. I share it with your physicians or other providers only with your written authorization, except in an emergency.
- **Payment.** I use your information to process your payments through SimplePractice and its card processor, and to prepare superbills at your request. I do not bill insurance. If an unpaid balance is referred for collection, only your name, contact information, dates of service, and amount owed are shared.
- **Running my practice.** I use your information to manage your care and run my practice, including appointment reminders. Vendors who handle your information on my behalf, such as my electronic health record and phone service, are bound by business associate agreements to protect it. When I consult with other professionals, I do not share identifying information.

Other Uses and Disclosures

The law permits or requires me to share information in certain other situations, usually only after specific legal conditions are met:

- **Safety and mandated reporting.** I must report suspected abuse, neglect, or exploitation of a child, an adult age 60 or older, or a person with a disability, and I may take protective action when there is a serious threat to someone's health or safety.
- **Lawsuits and legal proceedings.** Massachusetts law protects communications with your psychotherapist. I will not release your records or testify about your treatment in response to a subpoena alone; I will do so only with your written authorization or a court order, or as otherwise required by law.
- **Health oversight and compliance.** I may share information with agencies that oversee health care, such as the Board of Registration of Psychologists, and with the U.S. Department of Health and Human Services if it reviews my compliance with privacy law.
- **Other legal requirements.** When required by law, I may share information for workers' compensation claims, with law enforcement, for special government functions such as national security, with a medical examiner or funeral director, or with organ procurement organizations.
- **Research.** I do not use or share client information for research.
- **Specially protected information.** Massachusetts law requires your specific written consent before I disclose HIV test results or genetic information, and limits disclosure of information about legally protected reproductive and gender-affirming health care.
- **Substance use disorder records.** If I have substance use disorder treatment records about you that are protected by federal law (42 CFR Part 2), I will not use or share them in any civil, criminal, administrative, or legislative investigation or proceeding against you without your written consent or a court order and a subpoena.

My Responsibilities

- **Privacy and security.** I am required by law to maintain the privacy and security of your protected health information.
- **Breach notification.** I will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- **Following this notice.** I must follow the practices described in this notice and give you a copy of it. I will not use or share your information in other ways unless you authorize it in writing. You may revoke an authorization in writing at any time, except for information already shared.
- **Changes to this notice.** I may change the terms of this notice, and the changes will apply to all information I have about you. The updated

notice will be available on request, through the client portal, and on my website.