

# **NOTICY OF PRIVACY PRACTICES OF LAURA BARDI MD, LLC**

## **Effective Date January 1, 2026**

**This notice describes:**

- HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED**
- YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION**
- HOW TO FILE A COMPLAINT CONCERNING A VIOLATION OF THE PRIVACY OR SECURITY OF YOUR HEALTH INFORMATION, OR OF YOUR RIGHTS CONCERNING YOUR INFORMATION**

**YOU HAVE A RIGHT TO A COPY OF THIS NOTICE (IN PAPER OR ELECTRONIC FORM) AND TO DISCUSS IT WITH LAURA BARDI MD, LLC IF YOU HAVE ANY QUESTIONS.**

### **About This Notice**

This Notice of Privacy Practices is NOT an authorization. It describes how Laura Bardi MD, LLC (“Practice”), our Qualified Service Organizations, and our Qualified Service Organizations’ subcontractors, may use and disclose your Protected Health Information (“PHI”) for purposes that are permitted or required by law. Protected Health Information is information about you, including demographic information, that may identify you and that relates to a past, present, or future medical condition; the provision of healthcare services; or the past, present, or future payment for the provision of healthcare services. This notice also describes your rights to access and control your PHI.

We are required by the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) and the Code of Federal Regulations Title 42 Part 2 (“42 CFR Part 2”) to maintain the privacy of your health information, to provide individuals with this Notice of our legal duties and privacy practices with respect to such information, and to abide by the terms of this Notice. We are also required by law to notify affected individuals following a breach of privacy of PHI.

### **Our Privacy Practice**

Practice and its associates are committed to providing you with quality substance use treatment services. An important part of that commitment is protecting your PHI. This notice describes our duties to protect your PHI in accordance with Federal Law.

### **Our Duties**

We are required by law to maintain the privacy of your PHI; to provide you with notice of our legal duties and privacy practices with respect to your PHI; and to notify you following a breach

of unsecured PHI related to you. We are required to abide by the terms of this Notice of Privacy Practices. This Notice of Privacy Practices is effective as of the date listed on the first page of this Notice. This Notice will remain in effect until it is revised. We are required to modify this Notice when there are material changes to your rights, our duties, or other practices contained herein.

We reserve the right to change our privacy policy and practices and the terms of this Notice, consistent with applicable law and our current business processes, at any time. Any new Notice of Privacy Practices will be effective for all PHI that we maintain at that time. Notification of revisions of this Notice of Privacy Practices will be provided as follows:

1. Upon request;
2. Electronically via our website; and
3. As posted in our place of business.

In addition to the above, we have a duty to respond to your requests (e.g. those corresponding to your rights) in a timely and appropriate manner.

### **Confidentiality of Substance Use Treatment Records**

The confidentiality of patient records pertaining to substance use treatment is protected by Federal Laws (HIPAA and 42 CFR Part 2). Generally, we may not disclose to anyone outside of Practice that you are a patient of Practice, or disclose your PHI unless:

1. You provide written consent to disclose the information (as discussed below in “Authorization to Use or Disclose PHI”);
2. The disclosure is made to medical personnel for treatment of a medical emergency which necessitates disclosure of the information;
3. The disclosure is made to a Qualified Service Organization (QSO) that provides covered services to Practice, and the information is needed to provide the covered services;
4. The disclosure is made to law enforcement to report a crime or threat of a crime committed on Practice premises or against Practice personnel;
5. When an immediate threat to the health or safety of an individual exists due to a crime or threat of a crime against Practice personnel or on Practice property;
6. The disclosure is required by a court order (as discussed below in “Uses and Disclosures”);
7. The disclosure is made in order to meet mandated reporting requirements (as discussed below in “Uses and Disclosures”);

8. The disclosure is made to public health authorities for the purpose of reporting certain diseases (as discussed below in “Uses and Disclosures”);
9. The disclosure includes de-identified information that is made as part of research approved by an Institutional Review Board;
10. The disclosure is made to qualified personnel for research, audit, or program evaluation (as discussed below in “Uses and Disclosures”);
11. The disclosure is made to report cause of death to public health authorities.

Violation of Federal law and regulations by Practice is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations.

Federal law and regulations do not protect any information about a crime committed by you against Practice or Practice personnel or about any threat to commit such a crime (as discussed below in “Uses and Disclosures”).

Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities (as discussed below in “Uses and Disclosures”).

See 42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3 for Federal laws and the Code of Federal Regulations Title 42 Part 2 for Federal regulations.

### **Uses and Disclosures**

Uses and disclosures of your PHI may be permitted, required, or authorized. The following categories describe various ways that we use and disclose PHI.

**Written Consent.** We may disclose information with other persons or entities as requested by you and with your written consent.

**Among Practice Personnel.** We may use or disclose information between or among Practice personnel having a need for the information in connection with their duties that arise out of the provision of diagnosis, treatment, or referral for treatment of substance use and substance use disorders. Your PHI may be used in connection with billing statements we send you and in connection with tracking charges and credits to your account.

**Emergency Situations.** We may disclose information to medical personnel for the purpose of treating you in an emergency.

**Qualified Service Organizations.** We may disclose your PHI to QSO’s that are contracted by us to perform services on our behalf which may involve receipt, use or disclose of your PHI. All QSO’s must agree to: (i) Protect the privacy of your PHI; (ii) Use the PHI only for the purposes for which the QSO was engaged; (iii) Be bound by 42 CFR Part 2 regulations; and (iv) if

necessary, resist in judicial proceedings any efforts to obtain access to patient records except as permitted by law.

**Crimes on Premises.** We may disclose information to law enforcement officers that is directly related to the commission of a crime or threat to commit a crime on Practice premises or against Practice personnel, or when an immediate threat to the health or safety of an individual exists due to a crime or threat to commit a crime.

**Court Order.** We may disclose information required by a court order, provided certain regulatory requirements are met.

**Mandated Reporting Requirements.** We may disclose information required to report under State Law incidents of suspected abuse including but not limited to child abuse and neglect, elder abuse, abuse of a dependent adult, and domestic violence to the appropriate state or local authorities. We may also report information to the appropriate state or local authorities when an immediate threat to the health or safety of an individual exists due to situations such as patient reports of suicidal or homicidal ideation, lack of capacity, or impairment to drive safely.

**Public Health.** We may share de-identified information with public health authorities for the reporting of certain reportable diseases.

**Research.** We may use and disclose your de-identified information for research if certain requirements are met, including approval by an Institutional Review Board.

**Secretary of Health and Human Services.** We are required to disclose PHI to the Secretary of the U.S. Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA Privacy Rules.

**Audit and Evaluation Activities.** We may disclose your information to persons conducting certain audit and evaluation activities, provided the person agrees to certain restrictions on disclosure of information.

**Reporting of Death.** We may disclose your information related to cause of death to a public health authority that is authorized to receive such information.

### **Authorization to Use or Disclose PHI**

Other than as stated above, we will not use or disclose your PHI other than with your written consent. Subject to compliance with limited exceptions, we will not use or disclose treatment notes, use or disclose your PHI for marketing purposes, or sell your PHI unless you have signed a written consent form. If you or your representative authorizes us to use or disclose your PHI, you may revoke that authorization at any time to stop future uses or disclosures. This request must be made in writing to [drbardi@laurabardimd.com](mailto:drbardi@laurabardimd.com). We will honor oral revocations upon authenticating your identity until a written revocation is obtained. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect.

## **Patient/Client Rights**

The following are the rights that you have regarding PHI that we maintain about you. Information regarding how to exercise those rights is also provided. Protecting your PHI is an important part of the services we provide you. We want to ensure that you have access to your PHI when you need it and that you clearly understand your rights as described below.

### **Right to Notice**

You have the right to adequate notice of the uses and disclosures of your PHI, and our duties and responsibilities regarding same, as provided for herein. You have the right to request both a paper and electronic copy of this Notice. You may ask us to provide a copy of this Notice at any time. You may obtain this Notice on our website at [www.laurabardimd.com](http://www.laurabardimd.com) or by emailing [drbardi@laurabardimd.com](mailto:drbardi@laurabardimd.com).

### **Right of Access to Inspect and Copy**

You have the right to access, inspect and obtain a copy of your PHI for as long as we maintain it as required by law. This right may be restricted only in certain limited circumstances as dictated by applicable law. All requests for access to your PHI must be made in writing to [drbardi@laurabardimd.com](mailto:drbardi@laurabardimd.com). Under a limited set of circumstances, we may deny your request. Any denial of a request to access will be communicated to you in writing. If you are denied access to your PHI, you may request that the denial be reviewed. Another licensed health care professional chosen by Laura Bardi MD, LLC will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the decision made by the designated professional. If you are further denied, you have a right to have a denial reviewed by a licensed third-party healthcare professional. We will comply with the decision made by the designated professional.

We may charge a reasonable, cost-based fee for the copying and/or mailing process of your request. As to PHI which may be maintained in electronic form and format, you may request a copy to which you are otherwise entitled in that electronic form and format if it is readily producible, but if not, then in any readable form and format as we may agree (e.g. PDF). Your request may also include transmittal directions to another individual or entity.

### **Right to Amend**

1. If you believe the PHI we have about you is incorrect or incomplete, you have the right to request that we amend your PHI for as long as it is maintained by us. The request must be made in writing to [drbardi@laurabardimd.com](mailto:drbardi@laurabardimd.com) and you must provide a reason to support the requested amendment. Under certain circumstances we may deny your request to amend, including but not limited to, when the PHI: 1. Was not created by us; 2. Is excluded from access and inspection under applicable law; or 3. Is accurate and complete. If we deny amendment, we will provide the rationale for denial to you in

writing. You may write a statement of disagreement if your request is denied. This statement will be maintained as part of your PHI and will be included with any disclosure. If we accept the amendment we will work with you to identify other healthcare stakeholders that require notification and provide the notification.

### **Right to Request an Accounting of Disclosures**

We are required to create and maintain an accounting of certain disclosures we make of your PHI. You have the right to request a copy of such an accounting during a time period specified by applicable law prior to the date on which the accounting is requested (up to six years). You must make any request for an accounting in writing to [drbardi@laurabardimd.com](mailto:drbardi@laurabardimd.com). We are not required by law to record certain types of disclosures (such as disclosures made pursuant to an authorization signed by you), and a listing of these disclosures will not be provided. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests. We will notify you of the fee to be charged (if any) at the time of the request.

### **Right to Request Restrictions**

You have the right to request restrictions or limitations on how we use and disclose your PHI for treatment, payment, and operations. We are not required to agree to restrictions for treatment, payment, and healthcare operations except in limited circumstances as described below. This request must be in writing to [drbardi@laurabardimd.com](mailto:drbardi@laurabardimd.com). If we agree to the restriction, we will comply with the restriction going forward, unless you take affirmative steps to revoke it or we believe, in our professional judgment, that an emergency warrants circumventing the restriction in order to provide the appropriate care or unless the use or disclosure is otherwise permitted by law. In rare circumstances, we reserve the right to terminate a restriction that we have previously agreed to, but only after providing you with a notice of termination.

### **Out-of-Pocket Payments**

You have the right to request that your PHI not be disclosed to a health plan for purposes of payment or healthcare operations, and we are required by law to honor that request unless affirmatively terminated by you in writing and when the disclosures are not required by law. This request must be made in writing to [drbardi@laurabardimd.com](mailto:drbardi@laurabardimd.com).

### **Right to Confidential Communications**

You have the right to communicate with Practice about your PHI via HIPAA-compliant means of communication. Practice will make reasonable efforts to promote the utilization of the most secure methods of communication, such as software platforms with data encryption, HIPAA familiarity, and a willingness to sign HIPAA Business Associate Agreements and Qualified Service Organization Agreements. This may mean that conversations over certain communication platforms are highlighted as preferable based on higher levels of data encryption

and security, but many communication platforms may be made available to you. Standard email, voicemail messages, text messages, and other instant messaging are not HIPAA-compliant means of communication. If you choose to communicate with practice about your PHI via one of these non-secure formats, you authorize Practice to communicate with you in the same format.

### **Right to Notification of a Breach**

You have the right to be notified in the event that we (or one of our Qualified Service Organizations) discover a breach of PHI.

### **Right to Voice Concerns**

You have the right to file a complaint in writing with us or with the U.S. Department of Health and Human Services if you believe we have violated your privacy rights. Any complaints to us should be made in writing to our Privacy Official at the address listed below **We will not retaliate against you for filing a complaint.**

### **Questions, Requests for Information, and Complaints**

For questions, requests for information, more information about our privacy policy or concerns, please contact Dr. Bardi by emailing [drbardi@laurabardimd.com](mailto:drbardi@laurabardimd.com).

We support your right to privacy of your Protected Health Information. If you believe your rights have been violated and would like to submit a complaint directly to the U.S. Department of Health & Human Services, then you may submit a formal written complaint to the following address:

#### **U.S. Department of Health & Human Services**

Office for Civil Rights  
200 Independence Avenue, S.W.  
Washington, D.C. 20201  
877-696-6775  
[OCRMail@hhs.gov](mailto:OCRMail@hhs.gov)  
[www.hhs.gov](http://www.hhs.gov)