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## NOTICE OF PRIVACY PRACTICES

Effective Date: August 19, 2025

### Acknowledgement of Receipt of Privacy Notice

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information (PHI). Protected Health Information (PHI) means any information about your health, treatment, or payment for care that could identify you. This includes things like your name, date of birth, address, insurance details, diagnoses, session notes, billing records, and other information connected to your care. In short: if it ' s about your health and can be linked to you, it counts as PHI.

### I. My Pledge Regarding Health Information

I understand that health information about you is personal, and I am committed to protecting it. I create a record of the care and services you receive to provide quality care and comply with legal requirements. This Notice applies to all records generated by my practice. By law, I am required to: Make sure PHI that identifies you is kept private. Provide you with this Notice of legal duties and privacy practices. Follow the terms of the Notice currently in effect.

### II. How I May Use and Disclose Health Information About You

I may use and disclose your PHI for treatment, payment, or health care operations. For example, I may consult with another provider about your care, coordinate services, send appointment reminders, or process billing. I may also disclose information when required by law, such as in response to a court order.

### III. Certain Uses and Disclosures Require Your Authorization

Psychotherapy notes, marketing purposes, and the sale of PHI all require your written authorization, except in very limited circumstances. I will not use or disclose your PHI for these purposes without your explicit consent.

### IV. Uses and Disclosures That Do Not Require Authorization

I may use or disclose PHI without your authorization when required by law (such as reporting abuse), for public health purposes, for oversight agencies, law enforcement, research under strict guidelines, or workers ' compensation.

### V. Certain Uses and Disclosures Require You to Have the Opportunity to Object

You may choose whether I share information with family, friends, or others involved in your care or payment for your care.

### VI. Your Rights Regarding PHI

You have the right to request restrictions on use and disclosure of PHI, request confidential communication, see and obtain copies of your records, request corrections, receive an accounting of disclosures, revoke authorizations, and file a complaint without retaliation.

## VII. Complaints

If you believe your rights have been violated, you may contact me directly or file a complaint with the U.S. Department of Health & Human Services (HHS) Office for Civil Rights at 200 Independence Avenue, S.W., Washington, D.C. 20201. Phone: 1-877-696-6775. Website: [www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints).

## VIII. Changes to This Notice

I may change the terms of this Notice at any time. The revised Notice will apply to all PHI that I maintain and will be available in my office and on my website.