NOTICE OF PRIVACY PRACTICES

Effective Date: October 15, 2025

This Notice describes how medical and mental-health information about you may be used and disclosed, and how you can get access to this information. Please review it carefully.

1. Our Duties

Con Alma Therapy, PLLC (“we,” “our,” “practice”) is required by law to maintain the privacy and security of your protected health information (“PHI”). We must provide you with this Notice, notify you in case of a data breach, and follow the terms of this Notice. We may change these terms at any time, and updates will be posted in our office and on our website.

2. Your Rights

• Get an electronic or paper copy of your record within 30 days of request.

• Ask us to correct your record if you believe it is incorrect or incomplete.

• Request confidential communications (e.g., only at certain addresses or phone numbers).

• Ask us to limit what we use or share; we’ll consider all reasonable requests.

• Request an accounting of disclosures of your PHI.

• Get a paper copy of this Notice even if you agreed to receive it electronically.

• File a complaint with our Privacy Officer or with the U.S. Department of Health and Human Services (HHS) without fear of retaliation.

3. Our Uses and Disclosures

We typically use or share your health information to provide treatment, obtain payment, or conduct health-care operations.

Treatment: Sharing information with other providers involved in your care.

Payment: Using or disclosing information to bill and obtain payment for services.

Health-Care Operations: Using PHI for quality assessment, supervision, or compliance activities.

4. Other Permitted or Required Uses and Disclosures

We may share your PHI as required by law (e.g., reporting abuse, responding to court orders), to prevent serious threats to health or safety, for public health oversight, or for specialized

government functions. Disclosures are limited to the minimum necessary.

5. Uses and Disclosures Requiring Authorization

Other uses and disclosures, such as psychotherapy notes, marketing, sale of information, and most substance-use disorder records, require your written authorization. You may revoke authorization in writing at any time.

6. Additional Information on Current and Upcoming HIPAA Changes

We comply with current HIPAA Privacy and Security Rules. New rules proposed for 2025 will strengthen cybersecurity requirements. Con Alma Therapy, PLLC already employs multi-factor authentication, encryption, and regular risk assessments to protect your data. If future changes affect your rights, we will issue an updated Notice.

We also protect reproductive and sexual health information and do not disclose such details without your explicit authorization, unless required by law.

7. Contact Information

Privacy Officer: Alicia Enciso Litschi, Ph.D.
Con Alma Therapy, PLLC
1735 E. Ft. Lowell, Suite 5
Tucson, AZ 85719
Phone: 512-686-7525
Email: conalmatherapy@conalmatherapy.com

Acknowledgment of Receipt

I acknowledge that I have received a copy of this Notice of Privacy Practices.

Client Name: _____

Signature: _____ Date: _____