NOTICE OF PRIVACY PRACTICES

Wynd Psychiatry LLC

Effective Date: September 16, 2026

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, HOW YOU CAN GET ACCESS TO THIS INFORMATION, AND YOUR PRIVACY RIGHTS. PLEASE REVIEW IT CAREFULLY.

PRIVACY CONTACT	**Paul Y. Lee, MD, Privacy Officer** Wynd Psychiatry LLC | (201) 579-3257 | care@wyndpsychiatry.com 6 Kilmer Rd, #1260, Edison, NJ 08817 | www.wyndpsychiatry.com

OUR RESPONSIBILITIES

Wynd Psychiatry is required by law to protect the privacy and security of your protected health information (PHI), provide you with this Notice, and follow the privacy practices described here. We will notify you promptly if a breach occurs that may have compromised the privacy or security of your information. We may change this Notice and apply the revised Notice to information we already maintain as well as information we receive in the future. The current Notice will be available on our website and upon request.

YOUR RIGHTS

- **Access your records.** You may ask to see or receive an electronic or paper copy of your medical record and other health information we maintain about you, subject to limited exceptions. We will usually respond within 30 days and may charge only fees permitted by law.
- **Request an amendment.** If you believe information in your record is incorrect or incomplete, you may ask us to amend it. We may deny the request in some circumstances, but we will explain the reason in writing.
- **Request confidential communications.** You may ask us to contact you in a specific way or at a specific location. We will accommodate reasonable requests.
- **Request restrictions.** You may ask us to limit certain uses or disclosures for treatment, payment, or health care operations. We are not generally required to agree. If you pay in full out-of-pocket for a service, you may ask us not to disclose information about that service to your health plan for payment or health care operations, and we will honor the request unless disclosure is required by law.
- **Receive an accounting of disclosures.** You may request a list of certain disclosures of your PHI made during the six years before your request. The accounting generally does not include disclosures for treatment, payment, or health care operations, disclosures made directly to you, disclosures you authorized, and certain other disclosures allowed by law.
- **Receive a copy of this Notice.** You may ask for a paper copy at any time, even if you agreed to receive it electronically.
- **Choose someone to act for you.** A legally authorized personal representative may exercise your privacy rights on your behalf. We will verify that person's authority before acting.
- **File a complaint.** You may complain to Wynd Psychiatry or to the U.S. Department of Health and Human Services Office for Civil Rights if you believe your privacy rights were violated. We will not retaliate against you for filing a complaint.

YOUR CHOICES

In some situations, you may tell us your preferences about how your information is shared. For example, you may ask us to share relevant information with a family member, close friend, or another person involved in your care or payment for your care. If you are unable to tell us your preference, we may share information when permitted by law and when we reasonably believe it is in your best interest or necessary to lessen a serious and imminent threat to health or safety.

We will obtain your written authorization before using or disclosing PHI for marketing, selling your PHI, or most uses and disclosures of psychotherapy notes, unless a specific exception applies. If you give us written authorization, you may revoke it in writing at any time; revocation will not affect actions already taken in reliance on your authorization.

HOW WE MAY USE AND DISCLOSE YOUR INFORMATION

Treatment

We may use and share your health information to provide, coordinate, and manage your psychiatric care and to communicate with other health care professionals involved in your treatment.

Payment

We may use and share your health information to bill for services, determine benefits or coverage, submit claims, collect payment, and communicate with health plans or other payers as permitted by law.

Health Care Operations

We may use and share your health information to operate the practice, improve quality and safety, maintain records, conduct compliance activities, coordinate scheduling and onboarding, communicate appointment reminders, and work with vendors or business associates that support the practice. Business associates are required to safeguard PHI as required by law and contract.

Other Uses and Disclosures Permitted or Required by Law

We may use or disclose PHI without your authorization when the law permits or requires it, including for certain public-health and safety activities; reporting suspected abuse, neglect, or domestic violence; health oversight; research when legally authorized; workers' compensation; law-enforcement or other government requests; court or administrative proceedings; medical examiner or funeral-director functions; and disclosures to the U.S. Department of Health and Human Services to demonstrate compliance with federal privacy law. These disclosures are subject to the conditions and limits required by applicable law.

SPECIAL PROTECTIONS FOR SENSITIVE INFORMATION

Psychotherapy notes and certain other sensitive records receive additional protection under federal or state law. When a law provides greater privacy protection than HIPAA, Wynd Psychiatry will follow the more protective rule.

To the extent Wynd Psychiatry receives or maintains substance use disorder patient records that are protected by 42 CFR Part 2, those records have additional federal protections. We will not use or disclose Part 2 records in a civil, criminal, administrative, or legislative investigation or proceeding against you unless you provide the required written consent or the disclosure is authorized by an applicable court order and subpoena or other process permitted by Part 2.

New Jersey law also protects the confidentiality of patient treatment records. We will disclose records to third parties only when you authorize the disclosure or when another applicable law permits or requires it, and we will apply any additional protections required for specially protected information.

QUESTIONS OR COMPLAINTS

To ask questions, exercise your rights, or make a privacy complaint, contact:

Privacy Officer	Paul Y. Lee, MD
Phone	(201) 579-3257
Email	care@wyndpsychiatry.com
Mail	Wynd Psychiatry LLC, 6 Kilmer Rd, #1260, Edison, NJ 08817

You may 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; phone 1-877-696-6775; or through the HHS HIPAA complaint website. Wynd Psychiatry will not retaliate against you for filing a complaint.

ACKNOWLEDGMENT OF RECEIPT

I acknowledge that I received Wynd Psychiatry LLC's Notice of Privacy Practices. My signature confirms receipt of the Notice only; it does not authorize any use or disclosure of my health information beyond what is permitted by law or by a separate written authorization.

Patient name _____

Signature _____

Date _____

If you decline to sign this acknowledgment, Wynd Psychiatry will document its good-faith effort to provide the Notice. Your care will not be conditioned on signing this acknowledgment.