Understory Therapy, PLLC
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Notice of Privacy Practices

Effective date: August 27, 2026

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Understory Therapy, PLLC is committed to protecting the privacy of your health information. We are required by law to maintain the confidentiality of your protected health information (PHI), provide you with this notice, and follow its terms.

In this notice, "we," "us," and "the practice" mean Understory Therapy, PLLC and the clinicians and staff who work for it.

How We May Use and Disclose Your Health Information

Treatment.
We may use and share your PHI to provide and coordinate your care. For example, if your therapist consults with another provider about your treatment, relevant information may be shared. Treatment disclosures are not subject to a minimum necessary standard — providers need full information to deliver quality care.

Clinical supervision and consultation.
Some of our clinicians are working toward full licensure and practice under the supervision of a licensed clinician, as Washington law requires. Your therapist's supervisor will review your care, including your record, as part of that supervision. Our clinicians also consult with one another about cases. Everyone involved is bound by the same confidentiality obligations described in this notice. If your therapist is supervised, that will be disclosed to you before treatment begins.

Payment and health care operations.
We may use and share your PHI to bill and collect payment for services, and to run the practice — for example, quality review, staff training, and business management.

Appointment reminders and health-related communications.
We may contact you about upcoming appointments or to share information about treatment alternatives or other health services we offer.

Family members or others involved in your care.
We may share your PHI with a family member, friend, or other person you identify as involved in your care or payment — unless you object. In emergencies, consent may be obtained after the fact.

Business associates.
We work with vendors and service providers — such as our electronic health record system — who may have access to your PHI in order to support practice operations. These business associates are required by written agreement and by law to protect your information and use it only for the purposes for which it was shared.

As required or permitted by law.
We may disclose your PHI without your authorization when required by law, including:

- Public health reporting — including suspected child, elder, or dependent adult abuse or neglect, or to prevent a serious threat to health or safety
- Health oversight — audits, investigations, or licensure proceedings
- Judicial or administrative proceedings — court orders, subpoenas, or other lawful process; we prefer to obtain your authorization first when possible
- Law enforcement — including reporting crimes on our premises
- Coroners or medical examiners — when performing legally authorized duties
- Research — under legally required privacy protections
- Specialized government functions — national security, military operations, or correctional institution safety, as authorized by law
- Workers' compensation — to comply with applicable laws; we prefer to obtain your authorization first when possible

What Requires Your Written Authorization

Three uses always require your explicit written authorization: sharing your psychotherapy notes (your therapist's private session notes, separate from your general health record, as defined in 45 CFR § 164.501); use of your information for marketing; and the sale of your PHI. We will never use your information for marketing or sell it.

Psychotherapy notes may be used without authorization for your own treatment within the practice, for training supervisees, to defend the practice or a clinician in legal proceedings you initiate, or when required by law.

Your Rights

Request restrictions.

You may ask us to limit how we use or share your PHI. We are not required to agree, but will consider your request. If you paid out-of-pocket in full for a service, you have the right to request that we not share that information with your health plan.

Confidential communications.

You may request that we contact you in a specific way (for example, home phone only, or a different mailing address). We will accommodate all reasonable requests.

You also have the right to request communication via alternative means, including standard SMS text messaging. Because standard SMS is not encrypted and is not a HIPAA-secure channel, any such request requires your separate written acknowledgment that you understand this risk. This acknowledgment is included in the Client Intake & Consent Packet. Providing this consent is voluntary and does not affect your right to treatment.

Access your records.

You may inspect or receive a copy of your health record (excluding psychotherapy notes) within 30 days of a written request. A reasonable fee may apply.

Accounting of disclosures.

You may request a list of disclosures we have made outside of treatment, payment, and operations. We will respond within 60 days. The list covers the prior six years. The first request per year is free; additional requests may incur a reasonable fee.

Amend your records.

If you believe your records are incorrect or incomplete, you may request an amendment in writing. We may deny the request but will explain our reasoning within 60 days.

Breach notification.
You have the right to be notified if a breach occurs that may have compromised the privacy or security of your information.

Copy of this notice.
You may request a paper or electronic copy of this notice at any time.

How to File a Complaint

If you believe your privacy rights have been violated, you may file a complaint with us or with the U.S. Department of Health and Human Services, Office for Civil Rights. You will not be penalized or retaliated against for filing a complaint.

- Mail: Hubert H. Humphrey Building, 200 Independence Ave., S.W., Washington, D.C. 20201
- Online: www.hhs.gov/ocr/privacy/hipaa/complaints
- Phone: 1-800-368-1019 · TDD: 1-800-537-7697

To file a complaint with the practice, contact us at (206) 627-0570 or hello@understorytherapygroup.com.

Updates

We may update this notice at any time. For material changes, we will make the updated notice available in our office, on our website, and will notify active clients directly. Changes apply to all information we hold about you.

Acknowledgment of Receipt

By signing below, you acknowledge that you have received and reviewed this Notice of Privacy Practices. Please ask us any questions before signing.

_____ _____

Client (or parent / legal guardian) signature Date

_____

Printed name