Notice of HIPAA Privacy Practices

Effective Date: August 19, 2026

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

This Notice of Privacy Practices is provided to you in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and applicable California law. It describes the privacy practices of Liberation Science Psychiatry and Nicholas Reeves, MD.

Our Responsibilities

We are required by law to maintain the privacy of your protected health information (PHI), to provide you with this notice of our legal duties and privacy practices, and to notify you following a breach of your unsecured PHI. We will not use or disclose your PHI except as described in this notice, except where permitted or required by law.

How We May Use and Disclose Your Health Information

Treatment. We may use and disclose your PHI to provide, coordinate, or manage your medical treatment. For example, we may share information with other health care providers involved in your care, such as a referring physician, pharmacy, or laboratory.

Payment. We may use and disclose your PHI so that treatment and services may be billed to and payment collected from you, an insurance company, or a third party.

Health Care Operations. We may use and disclose your PHI for practice operations, such as quality assessment, training of health care professionals, licensing, and business planning.

Appointment Reminders. We may use or disclose your PHI to contact you as a reminder that you have an appointment for treatment or care, via telephone, text message, email, or the secure patient portal.

As Required By Law. We will disclose your PHI when required to do so by federal, state, or local law.

Special Situations

We may use or disclose your PHI in the following special situations, subject to applicable legal requirements and limitations:

- **Public health activities** such as reporting disease, births, deaths, child or dependent adult abuse or neglect, and adverse reactions to medications.
- **Health oversight activities** such as audits, investigations, inspections, and licensure by health oversight agencies.
- **Lawsuits and disputes** in response to a court or administrative order, or in response to a subpoena, discovery request, or other lawful process.
- **Law enforcement** to identify or locate a suspect, fugitive, material witness, or missing person, or in connection with a crime.
- **Coroners, medical examiners, and funeral directors** to identify a deceased person or determine cause of death.
- **Organ and tissue donation** to organizations that handle procurement or transplantation.
- **Serious threats to health or safety** to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.
- **Workers' compensation** for purposes related to workers' compensation or similar programs.

Mental Health and Substance Use Information

Information related to mental health treatment and substance use disorder treatment records receive additional protections under federal and California law (including 42 CFR Part 2). We will not disclose such information without your separate written authorization, except as expressly permitted by law.

Uses and Disclosures Requiring Your Authorization

For uses and disclosures not described above — including most uses of psychotherapy notes, marketing, and the sale of your PHI — we will obtain your written authorization. You may revoke an authorization in writing at any time, except to the extent we have already acted in reliance on it.

Your Rights Regarding Your Health Information

Right to Inspect and Copy. You may request to inspect and obtain a copy of your PHI in a designated record set. Requests must be in writing; a reasonable fee may apply.

Right to Amend. You may request an amendment to your PHI if you believe it is incorrect or incomplete. We may deny your request under certain circumstances.

Right to an Accounting of Disclosures. You may request a list of certain disclosures of your PHI we have made.

Right to Request Restrictions. You may request a restriction or limitation on the PHI we use or disclose for treatment, payment, or operations. We are not required to agree to all requests, except as required by law for out-of-pocket payments paid in full.

Right to Request Confidential Communications. You may request that we communicate with you in a certain way or at a certain location.

Right to a Paper Copy of This Notice. You may request a paper copy of this notice at any time.

Right to Breach Notification. You will be notified in writing following a breach of your unsecured PHI as required by law.

Changes to This Notice

We reserve the right to change this notice. We reserve the right to make the revised notice effective for PHI we already have as well as any information we receive in the future. The current notice will be posted and dated.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with the practice or with the Secretary of the Department of Health and Human Services. We will not retaliate against you for filing a complaint.

To file a complaint with the practice, contact the Privacy Officer using the contact information on the Contact page of this website.