

NOTICE OF PRIVACY PRACTICES

Effective Date: February 16, 2026

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

What is “Medical Information”?

The term “medical information” is synonymous with the terms “personal health information” and “**protected health information**” or “**PHI**” for purposes of this Notice. It means any individually identifiable health information (either directly or indirectly identifiable), whether oral or recorded in any form or medium, that is created or received by a health care provider, health plan, or others and relates to the past, present, or future physical or mental health or condition of an individual (you); the provision of health care (e.g., mental health) to an individual (you); or the past, present, or future payment for the provision of health care to an individual (you).

Danielle Dufault, LMFT, is a medical provider. More specifically, Danielle Dufault, LMFT, is a Licensed Marriage and Family Therapist in the states of Washington and New Mexico operating under the name Danielle Dufault, MA, PLLC (the “Practice”).

The Practice is committed to protecting your privacy and is required by federal law to maintain the privacy of PHI. The Practice is required to provide you with this Notice of Privacy Practices (this “Notice”), which explains the Practice's legal duties and privacy practices and your rights regarding PHI that the Practice collects and maintains. The Practice is required to follow the terms currently in effect.

YOUR RIGHTS

You have the following rights regarding your PHI:

To inspect and/or obtain a copy of your PHI.

- You may ask to see or get an electronic or paper copy of your medical record and other health information maintained by the Practice.
- In certain cases involving mental health information, the Practice may offer to provide a summary in lieu of full records if you agree in advance. The Practice may provide a copy or a summary of your health information, within 15 working days as required by Washington law (RCW 70.02) but no later than 30 days as permitted by HIPAA. If additional time is needed, you will be notified in writing. The Practice may charge a reasonable, cost-based fee limited to labor for copying, supplies, and postage, as permitted by law. The Practice may deny your request in limited circumstances permitted by law, including if it reasonably determines that access may endanger your life or another person's life (45 CFR §164.524). You have the right to review such denial.

To request amendments to your PHI.

- You may ask to correct PHI you believe is incorrect or incomplete. The Practice may require you to make your request in writing and provide a reason for the request.
- The Practice may deny your request. The Practice will send a written explanation for the denial within 60 days. You may submit a written statement of disagreement.

NOTICE OF PRIVACY PRACTICES

To request confidential communications.

- You may ask the Practice to contact you in a specific way.
- Example: You may request to be contacted at a specific phone number or email address.
- The Practice will say “yes” to all reasonable requests.

To limit what PHI is used or shared in certain situations.

- You may ask the Practice not to use or share your PHI for treatment, payment, or business operations. The Practice is not required to agree if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you may ask the Practice not to share PHI with your health insurer.
- You may ask for the Practice not to share PHI with family members or friends by stating the specific restriction requested and to whom you want the restriction to apply.
- The Practice may share information with disaster relief organizations unless you object.
- You may change your mind at any time and request changes in writing by contacting the Practice as noted below.

To obtain a list of those with whom your PHI has been shared.

- You may ask the Practice for a list, called an accounting, of the times your health information has been shared. You may receive one accounting every 12 months at no charge, but you may be charged a reasonable fee if you ask for one more frequently. You may request an accounting of disclosures for up to six (6) years prior to the date of your request (45 CFR §164.528).

To receive a copy of this Notice.

- You may ask the Practice for a paper copy of this Notice, even if you agreed to receive the Notice electronically.

To choose someone to act for you.

- If you have given someone medical power of attorney or if someone is your legal guardian, that person may exercise your rights.

To file a complaint if you feel your rights are violated.

- You may file a complaint without fear of retaliation.
- You may file a complaint, ask questions or exercise your rights at any time by contacting the Practice’s privacy officer directly at:

Name/Title: Danielle Dufault, LMFT
Address: 4143 California Avenue SW, Suite A, Seattle, WA 98116
Email: Info@DanielleDufault.com
Phone: (206) 390-1417

- You may file a complaint with:

U.S. Department of Health and Human Services Office for Civil Rights
www.hhs.gov/ocr/privacy/hipaa/complaints/
200 Independence Avenue, S.W., Washington, D.C. 20201
1-877-696-6775

NOTICE OF PRIVACY PRACTICES

OUR USES AND DISCLOSURES

Routine Uses and Disclosures of PHI.

- The Practice will make reasonable efforts to limit PHI to the minimum necessary to accomplish the intended purpose, except where otherwise permitted by law.
- The Practice is permitted under federal law to use and disclose PHI, without your written authorization, for certain routine uses and disclosures, such as those made for treatment, payment, and health care operations.
- The Practice typically uses or shares your health information in the following ways:

To treat you.

- The Practice may use and share PHI with other professionals who are treating you.
- Example: This Practice routinely discusses or exchanges PHI to collaborate with your primary care physician (PCP) and/or other treating providers involved in your healthcare.

To run the health care operations.

- The Practice may use and share your PHI to run the business, improve your care, and contact you.
- Example: The Practice uses your PHI to send you appointment reminders.

To bill for your services.

- The Practice may use and share PHI to bill and get payment from health plans or other entities.
- Example: The Practice gives PHI to your health insurance plan so it will pay for your services.

Sharing of Psychotherapy Notes.

- Psychotherapy Notes are treated differently than Progress Notes. (Progress Notes include symptoms, diagnosis, treatment plan. Progress Notes are part of the official medical record and are accessible to clients and insurers).
- The Practice does not routinely share psychotherapy notes and will only do so as permitted or required by law.
- Psychotherapy notes are maintained separately and are not disclosed without your written authorization except as permitted under HIPAA, such as for use by the provider, training, or legal defense. In situations involving serious threats or mandatory reporting, the Practice may disclose relevant PHI, but not psychotherapy notes unless permitted by law.

NOTICE OF PRIVACY PRACTICES

Uses and Disclosures of PHI That May Be Made Without Your Authorization or Opportunity to Object.

The Practice may be allowed or required to use or disclose PHI without your authorization or an opportunity for you to object. The Practice must meet many conditions in the law before it may share your information for these purposes. For more general information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

These situations are rare but include:

To help with public health and safety issues.

- Public health: To prevent the spread of disease and report adverse reactions to medication.
- Required by the Secretary of Health and Human Services: The Practice may be required to disclose your PHI to the Secretary of Health and Human Services to investigate or determine our compliance with the requirements of the final rule on Standards for Privacy of Individually Identifiable Health Information.
- Health oversight: For audits, investigations, and inspections by government agencies that oversee the health care system, government benefit programs, other government regulatory programs, and civil rights laws.
- Serious threat to health or safety: To prevent a serious and imminent threat of harm to you or a third party.
- Abuse or Neglect: To report abuse, neglect, or domestic violence.

To comply with law, law enforcement, or other government requests.

- Required by law: If required by federal, state or local law.
- Judicial and administrative proceedings: To respond to a court order, subpoena, or discovery request.
- If disclosure is compelled by a board, commission, or administrative agency for purposes of adjudication pursuant to its lawful authority.
- Law enforcement: For law to locate and identify you or disclose information about a victim of a crime.
- National security and intelligence activities: For intelligence, counterintelligence, protection of the President, other authorized persons or foreign heads of state, for purpose of determining your own security clearance and other national security activities authorized by law.
- Workers' Compensation: To comply with workers' compensation laws or support claims.

To comply with other requests.

- Coroners and Funeral Directors: To perform their legally authorized duties.
- Organ Donation: For organ donation or transplantation.
- Research: For research that has been approved by an institutional review board.
- Inmates: To create or receive PHI in the course of providing care.
- To business associates who perform services on behalf of the Practice and are required to safeguard your information.

Uses and Disclosures of PHI That May Be Made With Your Authorization or Opportunity to Object.

Unless you object, the Practice may disclose PHI:

- To your family, friends, or others if PHI directly relates to that person's involvement in your care.
- If you cannot tell the Practice your preference, for example if you are unconscious, the Practice may go ahead and share your information believed to be in your best interest.

NOTICE OF PRIVACY PRACTICES

Uses and Disclosures of PHI Based Upon Your Written Authorization Only.

The Practice must obtain your written authorization to use and/or disclose PHI for the following purposes:

Use and Disclosure of Substance Use Disorder Records Subject to 42 CFR Part 2:

(A) If applicable, your substance use disorder (“SUD”) records are protected by federal law under 42 C.F.R. Part 2 (“Part 2”). This law provides extra confidentiality protections and requires a separate patient consent for the use and disclosure of SUD counseling notes. Each disclosure made with patient consent must include a copy of the consent or a clear explanation of the scope of the consent. It must also be accompanied by a written notice containing the language in 42 CFR Part 2.32(a). Disclosure of these records requires your explicit written consent, except in limited circumstances such as:

- Medical Emergencies: to the extent necessary to treat you.
- Reporting Crimes on Program Premises.
- Child Abuse Reporting: In connection with incidents of suspected child abuse or neglect to appropriate state or local authorities.

(B) Prohibitions on Use and Disclosure of Part 2 Records:

SUD records received from programs subject to Part 2, or testimony relaying the content of such records, shall not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you unless based on your written consent, or a court order after notice and an opportunity to be heard is provided to you or the holder of the record, as provided in Part 2. A court order authorizing use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure before the requested SUD record is used or disclosed. In cases where SUD records are disclosed to the Practice or business associates of the Practice pursuant to your written consent for treatment, payment, and healthcare operations, redisclosure is limited and must comply with applicable federal law, including 42 CFR Part 2 and HIPAA.

- You may revoke your authorization, at any time, by contacting the Practice in writing, using the information above. The Practice will not use or share PHI other than as described in this Notice unless you give your permission in writing.

Other Uses and Disclosures.

- The Practice does not sell or market PHI.
- The Practice does not use PHI for fundraising.
- Certain mental health records may be subject to additional protections under state laws.
- In some cases, minors age 13 and older may have rights to control their own health information under state laws.
- If you choose to communicate via email or text, there may be some risk to confidentiality, as electronic communications may not be fully secure despite reasonable safeguards.

NOTICE OF PRIVACY PRACTICES

OUR RESPONSIBILITIES

- The Practice is required by law to maintain the privacy and security of PHI.
- The Practice is required to abide by the terms of this Notice currently in effect.
- Where more stringent state or federal law governs PHI, the Practice will abide by the more stringent law.
- The Practice must provide you with a copy of this Notice.
- The Practice reserves the right to amend this Notice. All changes are applicable to PHI collected and maintained by the Practice.
- Should the Practice make changes, an amended Notice will be provided to you (if actively in treatment with the Practice). You may obtain a current or revised Notice at any time by requesting a copy from the Practice by contacting the privacy officer listed above.
- You will be notified without unreasonable delay and no later than 60 days following discovery of a breach of unsecured PHI.
- For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html