

# **REBEL BEHAVIORAL HEALTH, PLLC**

## **NOTICE OF PRIVACY PRACTICES**

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

PLEASE REVIEW CAREFULLY.

**If you have any questions about this notice, please contact us at 781-214-1844**

**The effective date of this privacy notice is 03/01/2026.**

At Rebel Behavioral Health, PLLC (hereinafter referred to as “Practice”), we respect the privacy and confidentiality of your health information. This Notice of Privacy Practices (“Notice”) describes how we may obtain, use and disclose your health information, and your rights concerning your health information. The Notice applies to your health information created, and/or maintained at our Practice, including any information that we receive from other health care providers or facilities. Your health information includes individually identifiable information that relates to your past, present or future health, treatment, or payment for health care services.

### **OUR RESPONSIBILITIES TO YOU:**

We are required by law to maintain the privacy of your health information, to provide you with notice of our legal duties and privacy practices with respect to your health information, and to comply with the terms of our Notice currently in effect.

### **WHO WILL FOLLOW THIS NOTICE:**

The privacy practices described in this Notice will be followed by (i) any health care professional who is authorized to enter information into your Practice medical record; (ii) all departments and units of the Practice ; (iii) all employees, staff and other Practice personnel; and (iv) our associates. All such parties may share your health information with each other for treatment, payment or operation purposes as described in this Notice. Other health care providers that are not affiliated with us may have different policies or notices regarding their use and disclosure of your health information created or received in their Practice or facility.

### **HOW WE WILL USE AND DISCLOSE YOUR HEALTH INFORMATION**

The categories listed below describe the different ways that we may use and disclose your health information. The examples included with each category below do not list every type of use or disclosure that may fall within that category. However, all of the ways we are allowed to use and disclose your health information will fall within one of the categories below.

### **USES AND DISCLOSURES FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS**

Upon your first visit to the Practice, you will be asked to consent in writing to uses and disclosures for treatment, payment, and health care operations purposes. As such uses and disclosures are essential to render your treatment, secure payment and operate our Practice, this consent is required of all of our patients, and we may condition the provision of non-emergency treatment upon on your provision of such a written consent to us.

**For Treatment:** We may obtain, use and disclose your health information to provide you with treatment or services and to coordinate your continuing care. We may disclose health information about you to doctors, nurses, technicians, medical students, or other Practice personnel who are involved in taking care of you both within our offices and with other health care providers involved in your care. For example, a professional in our office may need to consult with a professional from another Practice who has treated you for a condition that is relevant to your current condition. The Practice may also share health information about you with other parties to coordinate the treatment you need, such as prescriptions, lab work and x-rays.

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**Evaluation Sessions:** Evaluation sessions may take place in the presence of other family members and staff. Our sessions may also be recorded for record keeping and staff training purposes.

**For Payment.** We may use and disclose your health information so that the treatment you receive at the Practice may be billed to, and payment may be collected from, you, an insurance company or a third party. For example, we may need to give your insurer information about a test you received at the Practice so your insurer will pay us or reimburse you for the test. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

**For Health Care Operations.** We may use and disclose health information about you, as necessary, for Practice operations. For example, we may use health information to review our treatment and services and to evaluate the performance of our staff in caring for you and for other quality improvement and professional review purposes.

**Parties That Assist Us.** In connection with treatment, payment and health care operations, we may share your health information with our “business associates” that perform activities for us on our behalf, such as billing agents, management consultants and attorneys. We will obtain assurances from our business associates that they will appropriately safeguard your information.

**Appointment Reminders.** We may use and disclose health information about you to remind you about an appointment for treatment at the Practice.

**Treatment Alternatives.** We may use and disclose health information about you to tell you about or recommend possible treatment options that may be of interest to you.

**Health-Related Benefits and Services.** We may use and disclose health information about you to tell you about health-related benefits or services that may be of interest to you.

### **USES AND DISCLOSURES WE MAY MAKE WITHOUT YOUR WRITTEN AUTHORIZATION OR CONSENT**

**Individuals Involved in Your Care or Payment for Your Care.** We may disclose health information about you to a family member, relative or friend, or anyone else you identify, as follows: (i) when you are present prior to the use or disclosure and you do not object; or (ii) when you are not present (or you are incapacitated), provided that we determine it is in your best interests to make such disclosure. Such disclosures will only include health information that is directly relevant to the person’s involvement in your health care or payment related to your health care.

**Disaster Relief.** We may disclose health information about you to an entity assisting in a disaster relief effort.

**Research.** Under certain circumstances, we may use and disclose health information about you for research purposes. Most research projects are subject to a special approval process. Before we use or disclose your health information for research, the project will have been approved through this research approval process. We may also disclose health information about you to researchers (i) preparing to conduct a research project so long as the health information they review does not leave the Practice or (ii) conducting research after your death. Otherwise, your health information will not be used or disclosed for research purposes without your written authorization.

**Marketing.** We may use or disclosure your health information, as necessary, to provide you with information about treatment alternatives or other health-related products or services provided by the Practice or to direct or recommend other therapies, providers or settings of care. We may use or disclosure your health information in the course of a face-to-face communication made to you or to provide you with a promotional gift of nominal value.

**As Required by Law.** We may use or disclose health information about you as required by federal, state or local law.

**To Avert a Serious Threat to Health or Safety.** We may use and disclose health information about you when we believe it is necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help limit or prevent the threat.

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**Personal Representatives.** Under Massachusetts law, the rights over health information uses and disclosures for patients not competent to make informed health care decisions rests with either a health care agent appointed by the patient, a court-appointed guardian, or a parent or other legal guardian in the case of a minor who is not emancipated or mature enough to make informed health care decisions. In the case of a deceased patient the authority over the use and disclosures of that patient's health information rests with the duly appointed executor or administrator of the patient's estate. Such individuals, as personal representatives of the patient, will be given full access to all of that patient's health information, unless we determine it is not in the best interest of the patient upon a reasonable belief the personal representative may be engaging in abuse or neglect or could endanger the patient.

**Minors.** If you are minor and we are treating you as an emancipated or mature minor without parental consent as allowed under Massachusetts law, your treating physician is required to notify your parent or legal guardian of any serious medical condition that you are believed to have but you shall be informed of such parental notification.

**Victims of Abuse, Neglect or Domestic.** We may disclose your health information to the appropriate government authorities if we believe you have been the victim of child, elderly or disabled person abuse, neglect, or domestic violence, in accordance with applicable Massachusetts law.

**Coroners, Medical Examiners, Funeral Directors, Organ and Tissue Donation.** We may release your health information to a coroner, medical examiner, funeral director and, if you are an organ donor, to an organization involved in the donation of organs and tissue.

**Specialized Government Functions.** If you are a member of the armed forces, we may use and disclose your health information as required by military command authorities. We may also release health information about foreign military personnel to the appropriate foreign military authority. We may release health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law, or so they may provide protection to the President, other authorized persons, foreign heads of state, or to conduct special investigations.

**Workers' Compensation.** We may use or disclose your health information to comply with laws relating to workers' compensation or similar programs, however, we will not report workplace injuries or other matters to your employer without your written authorization.

**Public Health Activities.** We may disclose health information about you for a variety of public health activities, such as preventing or controlling disease, injury or disability; reporting births, high risk infants and deaths; reporting reactions to medications or problems with products, or reporting wounds, burns, other injuries to local police and state public health and safety agencies.

**Health Oversight Activities.** We may disclose health information about you to a health oversight agency for certain legally authorized activities, such as, audits, investigations, inspections, response to complaints, or licensure and disciplinary actions and certification surveys to monitor the health care system, government health programs and compliance with applicable state and federal laws and regulations.

**Disclosure in Connection with State Practice s.** We may be required to disclose your health information in relation to various Massachusetts state agencies and programs, such as Veterans Benefits, Support of the Commonwealth, Aid to Families with Dependent Children, MassHealth, Medicaid, Department of Medial Security, Department of Mental Health and the Victim's Assistance Fund administered by the Attorney General.

**Lawsuits and Other Legal Proceedings.** We may disclose your health information in response to a court or administrative order or summons. In the event we are served with a subpoena, or other discovery request for your health information, we will either contact you to seek your written authorization or will otherwise object to such a production request in accordance with as Massachusetts law and not release any of your health information unless otherwise ordered to do so by a court with proper jurisdiction.

**Law Enforcement.** We may disclose health information about you to a law enforcement official in certain limited circumstances, such as, in response to a court order, warrant, administrative request, investigative demand or other legally authorized procedure; as required by law, or to address an imminent and serious danger. In addition, any licensed mental

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health professionals affiliated with us in certain circumstances must disclose explicit threats to kill or inflict serious bodily injury upon a reasonable identified victim(s).

**Inmates/Law Enforcement Custody.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information about you to the correctional institution or law enforcement official for the purpose of providing you with health care, protecting your health and safety or the health and safety of others, or for the safety and security of the correctional institution.

**Required Disclosures.** We are required to disclose your health information to the United States Department of Health and Human Services to review our compliance with federal law governing your privacy rights.

### **SPECIAL RULES REGARDING DISCLOSURES OF PROTECTED OR PRIVILEGED INFORMATION**

For disclosures concerning health information which is privileged or additionally protected under applicable federal or Massachusetts law, such as HIV and genetic tests results or mental health communications, we generally may not disclose such information unless you give us written authorization or a court orders the disclosure.

### **YOUR WRITTEN AUTHORIZATION IS REQUIRED FOR ALL OTHER USES AND DISCLOSURES OF YOUR HEALTH INFORMATION**

We will obtain your written authorization prior to making any use or disclosure other than those described above. A written authorization is designed to inform you of a specific use or disclosure of your health information. You may revoke a written authorization previously given at any time, but you must do so in writing. If you revoke your authorization, we will no longer use or disclose your health information for the purposes specified in that authorization except where we have already taken actions in reliance on your authorization.

### **HOW WE PROTECT YOUR HEALTH INFORMATION WITHIN THE PROGRAM**

The Practice protects oral, written and electronic health information throughout its offices. We will not sell your health information to anyone. We have many internal policies and procedures designed to control and protect the internal privacy and security of your health information. These policies and procedures address, for example, use of health information by our employees. In addition, we train all of our employees about these policies and procedures. Our policies and procedures are periodically evaluated and updated for compliance with applicable law.

### **YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

Although your medical records are the physical property of the Practice, you have the following rights regarding the health information we maintain about you:

**Right to Inspect and Copy.** You or your personal representative generally has the right to inspect and to obtain a copy of your documented health information used to make decisions about your care. To inspect or copy such records, a written request must be submitted to our **Privacy Officer, Sarah Rebel, PMHNP-BC at 781-214-1844 or Sarah@RebelBehavioralHealth.com**. In certain instances, we may deny such a request, but you may request that the denial be reviewed. If you or your personal representative requests a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request, however, we may not charge you for copying records if you requested the records to support an application for a public benefit. We reserve the right to charge a higher fee for providing copying of you records to other authorized persons, or for the production of summaries or reports.

**Right to Amend.** If you feel the health information we have about you is incorrect or incomplete, you may ask us to amend the information while it is kept by or for us. To request an amendment, you must submit your request and your reason for the request in writing to our Privacy Officer. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if the information (a) was not created by us, unless you provide reasonable information that the originator of the information is no longer available to make the amendment; (b) is not part of the health information kept by or for us; (c) is not part of the health information you are permitted to inspect and copy; or, (d) is accurate and complete.

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**Right to an Accounting of Disclosures.** You have the right to request an “accounting” of certain disclosures of your health information. This is a listing of disclosures made by us or by others on our behalf but does not include disclosures (a) for treatment, payment and health care operations; (b) made to you or family or friends you have designated; (c) made upon the authorization of you or your personal representative; (d) made before April 14, 2003; and (e) for other purposes, including national security purposes. To request this list of disclosures, you must submit your request in writing to our Privacy Officer. Your request must state a time period that may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first accounting you request within a 12-month period will be free; for further requests, we may charge you our costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

**Right to Request Restrictions.** You have the right to request limitations on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to family members or friends involved in your care. To request restrictions, you must make your request in writing to our Privacy Officer. In your request, you must tell us (1) what information you want to limit, (2) whether you want to limit our use, disclosure or both, and (3) to whom you want the limits to apply, (for example no disclosure of a biopsy result to your spouse). **We are not required to agree to your request.** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

**Right to Request Confidential Communications.** You have the right to request that we communicate with you about your health matters in a certain way or at a certain location. For example, you can ask that we not leave appointment reminders on an answering machine. To request confidential communications, you must specify how or where you wish to be contacted and make your request in writing to our Privacy Officer. We will not ask you the reason for your request. If your request relates to any party responsible for the payment of your medical care we may require you to provide information as to how payment will be handled. We will accommodate all reasonable requests.

**Right to a Paper Copy of this Notice.** You have the right to a paper copy of this Notice even if you have agreed to receive this notice electronically. You may request a copy of this notice at any time from our Privacy Officer. In addition, you may obtain a copy of this Notice at our website [RebelBehavioralHealth.com](http://RebelBehavioralHealth.com).

**Change to this Notice.** We reserve the right to change our privacy Practices and make the revised Practices effective for all health information we already have about you as well as any information we receive in the future. Should we make any important changes to our privacy Practices, a revised Notice will be posted in the Practice and on our website at [RebelBehavioralHealth.com](http://RebelBehavioralHealth.com) and paper copies will be available at the Practice.

**How to Exercise Your Rights.** To exercise any of your Rights described in this Notice, please write or call:

Sarah Rebel, PMHNP-BC  
781-214-1844  
[Sarah@RebelBehavioralHealth.com](mailto:Sarah@RebelBehavioralHealth.com).

**Complaints.** If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the United States Department of Health and Human Services. You may file a complaint with the Practice by writing to the Practice Privacy Officer at the address above. We will not retaliate against you for filing a complaint.