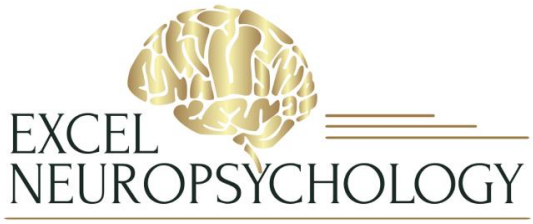

Notice of Privacy Practices

THIS NOTICE EXPLAINS HOW YOUR MEDICAL INFORMATION MAY BE USED AND HOW YOU CAN ACCESS IT. PLEASE READ IT CAREFULLY.

I. Psychologist Duties: Excel Neuropsychology, P.C., is legally required to protect the privacy of your protected health information (PHI) and to provide this Notice describing our legal duties and privacy practices. We are also required by law to provide you with adequate notice of your rights and our legal duties if we create or maintain records protected by 42 C.F.R. Part 2. We may revise the privacy policies and practices described in this Notice; until you are notified otherwise, we will follow the terms currently in effect. Any updated policies and procedures will be posted on our website at www.excelneuro.com.

II. Uses and Disclosures That Do Not Require Consent or Authorization: We may use or share your PHI without your written authorization for:

- **Treatment**: We may need to use or disclose your PHI for the care we provide or coordinate, or care provided by other health professionals. For example, we may consult with your primary care physician or another psychologist about your care.
- **Payment**: Activities to obtain payment for services.
- **Health Care Operations**: Administrative, quality improvement, and practice management purposes. For example, information on the services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality improvement. Nonetheless, in all cases, your anonymity will be maintained.
- **Appointment reminders, treatment alternatives, and health-related services:** We may use and disclose health information to remind you of appointments and to inform you about treatment options, health-related benefits, or services that may be of interest.
- **Child abuse or neglect**: If, in our professional capacity, we know of or reasonably suspect that a child has been abused or neglected, we are *required* to report this to law enforcement, probation, or child welfare authorities. We may also report suspected serious emotional harm to these agencies.
- **Elder or dependent adult abuse**: If we observe or learn of suspected physical abuse, abandonment, abduction, isolation, financial abuse, or neglect of an elder (60 or older) or dependent adult, or if such an adult reports these events to your provider, we *must* report the matter to adult protective services or local law enforcement. We are not required to report if: (1) the elder/dependent adult reports abuse but there is no independent corroborating evidence; (2) the person has a diagnosis of mental illness or dementia or is under a conservatorship for that reason; and (3) based on clinical judgment, your provider reasonably believes the abuse did not occur.
- **Health oversight activities**: Relevant confidential mental health information may be disclosed in response to lawful oversight requests, such as investigations or subpoenas by the California Board of Psychology or other authorized oversight agencies.
- **Data Breach**: We may use or disclose your PHI to provide lawful notices in the event of unauthorized access to or disclosure of your information.
- **Legal and administrative proceedings**: If you are involved in litigation and someone seeks records about professional services we provided, we will not disclose your information unless: (1) you or your attorney provide written authorization; (2) a court orders disclosure; or (3) a properly issued subpoena duces tecum (to produce records) is served and you have not filed a motion to quash or modify it. Note that the confidentiality privilege may not apply when the services are provided for a court-ordered evaluation or an evaluation requested by a third party; We will inform you beforehand in such cases. Note, for records protected by 42 C.F.R. Part 2, such records or testimony relaying their content shall not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you unless you provide specific written consent or a court order is issued in accordance with 42 C.F.R. Part 2.

- **Threats to health or safety**: If you communicate a serious threat of physical violence against a reasonably identifiable victim, we must take reasonable steps to notify the potential victim and law enforcement. If we have reasonable cause to believe you pose a danger to yourself or others, we may disclose information necessary to prevent the threatened harm.
- **Workers' compensation**: If you pursue a workers' compensation claim, we may disclose records created as a result of employment-related treatment to your employer or the insurer when relevant to the claim, subject to applicable limitations (e.g., describing functional limitations without stating medical cause), and typically only with prior written consent when required by law.
- **Research purposes:** For research purposes, including studying and comparing the mental health of patients who received one form of therapy versus those who received another form of therapy for the same condition.
- **Other permitted disclosures**: There are additional limited circumstances where disclosure without consent is allowed under federal privacy rules and state confidentiality laws, including certain law enforcement requests, public health reporting, coroner/medical examiner inquiries, public health surveillance or FDA reporting, and specialized government functions (e.g., military fitness, VA benefit determinations, national security).

If your records are protected under 42 C.F.R. Part 2, certain uses and disclosures permitted by HIPAA for treatment, payment, and health care operations are materially limited by the stricter standards of those regulations. Furthermore, information disclosed pursuant to these rules may be subject to redisclosure by the recipient and may no longer be protected by federal privacy standards.

III. Uses and Disclosures That Require Your Written Authorization: We will obtain your written authorization before using or disclosing PHI for purposes that fall outside of treatment, payment, and health care operations.

Psychotherapy notes—notes taken during individual, group, joint, or family therapy sessions that are kept separate from the rest of your record—receive special protection and will not be used or released without your specific authorization, unless the use or disclosure is:

- For our use in treating you.
- For our use in training or supervising mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy.
- For our use in defending us in legal proceedings instituted by you.
- For use by the Secretary of Health and Human Services to investigate our compliance with HIPAA.
- Required by law and the use or disclosure is limited to the requirements of such law.
- Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes.
- Required by a coroner who is performing duties authorized by law.
- Required to help avert a serious threat to the health and safety of others.

This protection also applies to substance use disorder (SUD) counseling notes created in the course of SUD diagnosis, treatment, or referral; those notes are treated like psychotherapy notes and generally require your written authorization for disclosure except as listed above. You may revoke or change any authorization for PHI or psychotherapy notes at any time; however, revocations or changes are effective only once we receive them in writing.

III. Certain Uses and Disclosures Require You to Have the Opportunity to Object: Disclosures to family, friends, or others. We may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

IV. Patient Rights: You have the right to:

- Request and receive information about the psychologist's credentials and professional background, such as licensure, education, training, experience, memberships, areas of specialization, and any limitations.
- Be treated with dignity and respect, and access care in a safe environment, free from sexual, physical, and emotional abuse.

- Ask questions about the services you receive and request and receive information from the psychologist about your progress toward your treatment goals.
- Decline to answer questions or withhold information you do not wish to share.
- Be informed of the limits of confidentiality and the situations in which the psychologist is legally required to disclose information.
- Know whether supervisors, consultants, trainees, or others will be involved in or discuss your case.
- Refuse any specific treatment or discontinue treatment (or other services) without coercion or harassment.
- Refuse electronic recording of sessions.
- Other than "psychotherapy notes" and "SUD counseling notes," request a copy (and in most cases) receive a summary of your medical record within 30 days of submitting your written request. You may be charged a reasonable, cost-based fee for doing so.
- Make a written request for a copy of your records or have a copy of your records transferred to any psychologist or agency you choose. You can seek a second opinion regarding the psychologist's services at any time.
- Make a written request for restrictions on the use or disclosure of certain PHI for treatment, payment, or health care operation purposes. We are not required to agree to your request, and we may say "no" if it is believed it would affect your health care.
- Report alleged unethical or illegal conduct by a psychologist to the California Board of Psychology.
- You have the right to be contacted in a specific way (for example, home or office phone) or to send mail to a different address.
- Request a correction or amendment of your PHI if you believe that there is an error. We may say "no" to your request, but we will tell you why in writing within 60 days of receiving your request.
- Request an accounting of instances in which we have disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided us with an authorization.
- You have the right to get a paper and email copy of this Notice.

VI. Questions and Complaints: If you have questions about this Notice, disagree with an access decision, or have other concerns about your privacy rights, contact Zanjbeel Mahmood, PhD, at (562) 204-6646. To file a complaint with our office, send a written statement to Zanjbeel Mahmood, PhD, 3711 Long Beach Blvd, Suite 4057, Long Beach, CA 90807 (mailing address only) or email zmahmood@excelneuro.com. You may also file a written complaint with the Secretary of the U.S. Department of Health and Human Services (hhs.gov). You will not be retaliated against for filing a complaint.

VII. Effective Date, Scope, and Changes to This Notice: This Notice is effective May 29, 2026. Excel Neuropsychology reserves the right to change the privacy practices described in this Notice to comply with legal requirements. Any revisions will apply to all protected health information maintained. You may request the updated Notice at any time.

Notice to Consumers: Dr. Mahmood is a licensed psychologist through the California Board of Psychology (License # PSY34686). Questions or complaints to the Board may be submitted electronically or by mail; instructions are available at https://www.psychology.ca.gov/consumers/filecomplaint.shtml.