NOTICE OF PRIVACY PRACTICES

Gateway Family Therapy Services, PLLC
Gateway Therapy & Wellness
Effective Date: September 17, 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.

Your Privacy Matters

Gateway Family Therapy Services, PLLC, doing business as Gateway Therapy & Wellness, is committed to protecting the privacy and security of your health information. This Notice describes how we may use and disclose your protected health information ("PHI"), your rights regarding that information, and our responsibilities under applicable privacy laws.

Your Rights

You have certain rights regarding your health information. You may:

Get a copy of your health records

You may ask to see or obtain an electronic or paper copy of your health information. We will generally provide a copy or summary within the time required by law. We may charge a reasonable, cost-based fee when permitted by law.

Ask us to correct your health records

You may ask us to correct health information that you believe is incorrect or incomplete. We may deny your request in certain circumstances, but we will explain the reason in writing.

Request confidential communications

You may ask us to contact you in a particular way, such as at a specific telephone number or email address, or to send communications to a different address. We will accommodate reasonable requests.

Ask us to limit what we use or share

You may ask us not to use or disclose certain health information for treatment, payment, or health care operations. We are not required to agree to every request. If you pay for a health care service or item out of pocket in full, you may ask us not to disclose information about that service or item to your health insurer for payment or health care operations. We will honor that request unless the law requires us to disclose the information.

Get a list of certain disclosures

You may request an accounting of certain disclosures of your health information made during the six years before your request. The accounting generally does not include disclosures made for treatment, payment, or health care operations or certain other disclosures excluded by law.

Get a copy of this Notice

You may request a paper copy of this Notice at any time, even if you have agreed to receive it electronically.

Choose someone to act for you

If you have given someone medical power of attorney or another person has legal authority to act on your behalf, that person may exercise your rights and make choices regarding your health information as permitted by law. We will verify that the person has appropriate authority before taking action.

File a complaint

You may file a complaint if you believe your privacy rights have been violated. You may contact Gateway Therapy & Wellness using the information at the end of this Notice. You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights. We will not retaliate against you for filing a complaint.

How We May Use and Share Your Health Information

Treatment

We may use and share your health information to provide, coordinate, or manage your treatment. For example, your therapist may communicate with another health care professional involved in your care when permitted by law.

Payment

We may use and disclose your health information to bill and obtain payment from health plans or other entities responsible for payment. For example, we may provide information to your health insurance company so that it can process a claim for therapy services.

Health Care Operations

We may use and disclose your health information to operate our practice, improve the quality of care, conduct administrative activities, and manage our services. For example, we may use health information for quality improvement, staff training, credentialing, compliance, or business management activities.

Other Uses and Disclosures

As permitted or required by law, we may use or disclose your health information for certain other purposes, which may include:

- Public health and safety activities
- Reporting suspected abuse, neglect, or domestic violence when required or permitted by law
- Health oversight activities
- Responding to certain legal proceedings or lawful requests
- Workers' compensation matters
- Preventing or reducing a serious and imminent threat to health or safety
- Complying with other requirements of law

Additional protections may apply to certain types of health information, including mental health records and substance use disorder records.

Your Choices

In certain circumstances, you may tell us your preferences about how we share your information. For example, where permitted by law, you may tell us whether we may share relevant information with family members, friends, or others involved in your care or payment for your care.

If you are unable to communicate your preference, such as during an emergency, we may share information when we determine that doing so is in your best interest and is permitted by law.

Uses and Disclosures That Generally Require Your Written Authorization

Written authorization is generally required for:

- Most uses and disclosures of psychotherapy notes, as defined by HIPAA
- Certain marketing activities
- The sale of protected health information
- Other uses and disclosures for which authorization is required by law

If you provide written authorization, you may generally revoke it in writing at any time. Revocation will not affect actions already taken in reliance on your authorization.

Substance Use Disorder Records

To the extent Gateway Therapy & Wellness creates, receives, or maintains substance use disorder patient records protected by 42 CFR Part 2, additional federal confidentiality protections may apply.

Such records will be used and disclosed in accordance with applicable federal law. Certain uses or disclosures may require your written consent, and Part 2 records are subject to additional protections regarding their use in civil, criminal, administrative, and legislative proceedings against a patient.

Our Responsibilities

Gateway Therapy & Wellness is required by law to:

- Maintain the privacy and security of your protected health information
- Notify you if a breach occurs that may have compromised the privacy or security of your information
- Follow the duties and privacy practices described in the Notice currently in effect
- Provide you with a copy of this Notice upon request

We will not use or disclose your health information other than as described in this Notice unless you authorize us in writing or another use or disclosure is permitted or required by law.

Changes to This Notice

We may change the terms of this Notice, and changes may apply to all health information we maintain, including information created or received before the change. If we make a material change, the revised Notice will be made available upon request, at our office, and on our website.

Questions or Privacy Complaints

If you have questions about this Notice, want to exercise your privacy rights, or believe your privacy rights have been violated, please contact:

Brittany Brunson, COO
Privacy Officer
Gateway Family Therapy Services, PLLC
Gateway Therapy & Wellness
400 Edison Ave.
Benton, AR 72015

Phone: 501-425-6476
Email: info@gatewayfamilytherapy.com

You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights. We will not retaliate against you for filing a complaint.