Notice of Privacy Practices

Momentum Counseling Services, LLC

Andrew J. White, LCSW

(405) 583-9090

EFFECTIVE DATE OF THIS NOTICE

This Notice is effective as of September 4, 2026.

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 IT CAREFULLY.

I. MY PLEDGE AND LEGAL DUTIES REGARDING HEALTH INFORMATION

I understand that information about you and the health care you receive is personal. I am committed to protecting your health information. I create and maintain a record of the care and services you receive from me. I need this record to provide you with quality care, obtain payment when applicable, operate my practice, and comply with legal and professional requirements.

This Notice applies to records created or maintained by Momentum Counseling Services, LLC and Andrew J. White, LCSW.

Federal law refers to individually identifiable health information as protected health information ("PHI"). Oklahoma law provides additional confidentiality protections for mental health and drug or alcohol abuse treatment information, including the identity of a person who receives such services. When Oklahoma or another applicable law provides greater privacy protection than federal law, I will follow the more protective law.

I am required by law to:

- Maintain the privacy and security of your PHI.
- Give you this Notice describing my legal duties and privacy practices.
- Follow the terms of the Notice currently in effect.
- Notify affected individuals following a breach of unsecured PHI when notification is required by law.
- Limit uses and disclosures of mental health and drug or alcohol abuse treatment information as required by Oklahoma and federal law.

II. HOW I MAY USE AND DISCLOSE HEALTH INFORMATION FOR TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS

Treatment. I may use your PHI to provide, coordinate, or manage your care. I may disclose information to another health care professional involved in your treatment or consult with another professional on your behalf, as permitted by applicable law. For example, with appropriate legal authority, I may coordinate with a psychiatrist who is prescribing medication as part of your treatment.

Payment. I may use and disclose PHI as necessary to bill and obtain payment for services, determine eligibility or coverage, process claims, or obtain authorization for services. For example, I may provide information to your health plan so it can process and pay a claim. Substance use disorder information may be subject to additional authorization and disclosure restrictions.

Health Care Operations. I may use and disclose PHI to operate my practice, improve the quality of care, conduct compliance activities, obtain professional services, manage records, and perform administrative or business functions. For example, I may use PHI to review the quality of services or disclose limited information to a billing or electronic health record service that has agreed in writing to safeguard the information.

Oklahoma law provides heightened protection for mental health and drug or alcohol abuse treatment information. Uses and disclosures of such information will be limited to the minimum amount necessary when required by Oklahoma law. I will not disclose information merely because someone requests it. The use or disclosure must be authorized or otherwise permitted or required by applicable law.

III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR WRITTEN AUTHORIZATION

1. **Psychotherapy Notes.** Most uses and disclosures of psychotherapy notes require your written authorization. "Psychotherapy notes" are notes that meet the definition under federal law and are maintained separately from the remainder of your medical record. If I maintain psychotherapy notes, I may use or disclose them without your authorization only as permitted by applicable federal and Oklahoma law, including:

   a. For my own use in treating you.

   b. For my use in training or supervising mental health practitioners in group, joint, family, or individual counseling or therapy.

   c. To defend myself in a legal action or other proceeding brought by you.

   d. For use by the U.S. Department of Health and Human Services to investigate or determine my compliance with federal privacy requirements.

   e. When required by law, to the extent that the use or disclosure complies with and is limited to the requirements of that law.

   f. For lawful health oversight activities concerning the person who created the psychotherapy notes.

   g. For the lawful duties of a coroner or medical examiner.

   h. When permitted by law to prevent or lessen a serious threat to the health or safety of a person or the public.

2. **Marketing.** I will not use or disclose your PHI for marketing purposes without your written authorization when authorization is required by law.
3. **Sale of PHI.** I will not sell your PHI. Any disclosure that would constitute a sale of PHI under federal law would require your written authorization.
4. **Fundraising.** I do not use your PHI or substance use disorder patient records for fundraising communications.
5. **Other Uses and Disclosures.** Uses and disclosures not described in this Notice will be made only with your written authorization unless otherwise permitted or required by law.

You may revoke an authorization in writing at any time. Revocation will not affect uses or disclosures already made in reliance on the authorization, and other legal exceptions may apply.

IV. CERTAIN USES AND DISCLOSURES MAY BE MADE WITHOUT YOUR WRITTEN AUTHORIZATION

Subject to the limitations imposed by Oklahoma and federal law, I may use or disclose PHI without your written authorization for the following purposes:

1. **Required by Law.** I may use or disclose PHI when state or federal law requires it. Any use or disclosure will comply with and be limited to the requirements of the law.
2. **Public Health and Safety.** I may disclose PHI for legally authorized public health and safety activities, including:
   - Reporting suspected child abuse or neglect.
   - Reporting suspected abuse, neglect, or exploitation of a vulnerable adult.
   - Responding to an immediate medical emergency.
   - Preventing or lessening a serious threat to the health or safety of a person or the public.
3. **Health Oversight.** I may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, inspections, or professional licensure proceedings.
4. **Judicial and Administrative Proceedings.** Except when otherwise specifically permitted by law, Oklahoma mental health and drug or alcohol abuse treatment information will not be disclosed for a judicial or administrative proceeding without a valid written authorization or a valid court order issued by a court of competent jurisdiction.

A subpoena, discovery request, or other legal demand by itself is not sufficient to authorize disclosure of Oklahoma mental health or drug or alcohol abuse treatment information. I may seek legal guidance, assert applicable privileges, request a protective order, or otherwise respond as permitted or required by law.

5. **Law Enforcement.** I may disclose PHI for limited law enforcement purposes when specifically permitted or required by law, including reporting a crime or threat of a crime occurring on my premises or against me. Mental health and substance use disorder information will receive the additional protection required by applicable law.
6. **Coroners, Medical Examiners, and Funeral Directors.** I may disclose PHI to a coroner, medical examiner, or funeral director when permitted by law and necessary for that person to perform legally authorized duties.

7. **Organ and Tissue Donation.** I may disclose PHI to organizations involved in organ, eye, or tissue donation or transplantation when permitted by applicable law.
8. **Research.** I may use or disclose PHI for research only when permitted by applicable federal and Oklahoma law, such as:
    - With your written authorization.
    - With an approved waiver from an Institutional Review Board or Privacy Board.
    - For a legally permitted review preparatory to research.
    - For qualifying research involving deceased persons.

I do not currently conduct research using client PHI.

9. **Specialized Government Functions.** I may disclose PHI when permitted by law for specialized government functions, such as military and veterans' activities, national security and intelligence activities, protective services for government officials, or legally authorized correctional activities.
10. **Workers' Compensation.** I may disclose PHI as authorized by and to the extent necessary to comply with workers' compensation or similar laws.
11. **Appointment Reminders and Health-Related Services.** I may use your PHI to contact you about appointments, treatment alternatives, or health-related services that may be of interest to you.
12. **Compliance with Privacy Laws.** I may disclose PHI to the U.S. Department of Health and Human Services when required for an investigation, compliance review, or enforcement action.

V. ADDITIONAL PROTECTION FOR SUBSTANCE USE DISORDER PATIENT RECORDS

To the extent that I receive or maintain substance use disorder patient records protected by 42 C.F.R. Part 2, those records, or testimony describing the contents of those records, will not be used or disclosed in a civil, criminal, administrative, or legislative investigation or proceeding against you unless:

- You provide written consent; or
- The use or disclosure is authorized by a qualifying court order accompanied by a subpoena or another legal requirement compelling disclosure, as provided by applicable law.

VI. USES AND DISCLOSURES FOR WHICH YOU HAVE AN OPPORTUNITY TO AGREE OR OBJECT

1. **Family Members, Friends, and Others Involved in Your Care or Payment.** With your agreement, or when you do not object after being given an opportunity to do so, I may disclose PHI relevant to a family member, close friend, or another person involved in your care or payment for your care.
2. **When You Cannot Express a Preference.** If you are not present or cannot express a preference because of incapacity or an emergency, I may use professional judgment to disclose limited PHI that is directly relevant to another person's involvement in your care or payment when I determine that the disclosure is in your best interests.

I may also disclose information when permitted by law to prevent or lessen a serious threat to health or safety.

VII. PERSONAL REPRESENTATIVES AND MINORS

If a person has legal authority to act as your personal representative, such as a court-appointed guardian, health care agent, or another person authorized by law, that person may exercise your privacy rights to the extent of that authority. I will verify the person's authority before treating the person as your personal representative.

For an unemancipated minor, a parent, legal guardian, or another person authorized by law generally acts as the minor's personal representative.

Exceptions may apply when:

- The minor may legally consent to services.
- A court order or another law limits parental authority or access.
- A legally recognized confidential relationship exists.
- Treating the person as the minor's personal representative could subject the minor to abuse, neglect, or endangerment, and I determine in my professional judgment that doing so would not be in the minor's best interests.

VIII. YOUR RIGHTS REGARDING YOUR PHI

1. **The Right to Request Restrictions.** You may ask me not to use or disclose certain PHI for treatment, payment, or health care operations. I am generally not required to agree to your request. If I agree, I will comply with the

restriction except when disclosure is needed to provide emergency treatment or another legal exception applies.

2. **The Right to Restrict Disclosures to a Health Plan for Services Paid in Full.** If PHI pertains solely to a health care item or service for which you, or someone other than the health plan on your behalf, have paid me out-of-pocket in full, you may ask me not to disclose that PHI to your health plan for payment or health care operations. I must agree to that request unless disclosure is required by law.
3. **The Right to Request Confidential Communications.** You may ask me to contact you in a specific way, such as at a particular telephone number, or to send communications to a different address. I will accommodate reasonable requests.
4. **The Right to Inspect and Obtain a Copy of Your PHI.** You may ask to inspect or obtain an electronic or paper copy of the medical record and other PHI that I maintain about you. Psychotherapy notes and certain other information may be excluded from access as permitted by law.

I will ordinarily provide a copy or, if you agree, a summary within 30 days after receiving your request. If additional time is permitted and needed, I will notify you in writing.

I may charge a reasonable, cost-based fee as permitted by law. If access is denied, I will explain the reason in writing and tell you about any available right to have the denial reviewed.

5. **The Right to Request an Amendment.** If you believe PHI I maintain about you is incorrect or incomplete, you may request an amendment. I may deny the request for reasons permitted by law, but I will explain the denial in writing, ordinarily within 60 days, and describe any additional rights you may have.
6. **The Right to an Accounting of Disclosures.** You may ask for an accounting of certain disclosures of your PHI made during the six years before the date of your request.

The accounting will not include disclosures for treatment, payment, or health care operations and certain other disclosures excluded by law, such as disclosures you authorized or requested.

I will provide one accounting in any 12-month period at no charge. I may charge a reasonable, cost-based fee for an additional accounting within the same 12-month period after informing you of the cost and giving you an opportunity to withdraw or modify the request.

7. **The Right to a Paper Copy of This Notice.** You may request a paper copy of this Notice at any time, even if you agreed to receive it electronically. I will provide a paper copy promptly.
8. **The Right to Have a Personal Representative Act for You.** A person who is legally authorized to act for you may exercise your rights and make choices about your PHI within the scope of that authority.
9. **The Right to File a Complaint.** You may file a complaint if you believe your privacy rights have been violated. I will not retaliate against you for filing a complaint or exercising a privacy right.

IX. QUESTIONS, PRIVACY CONTACT, AND COMPLAINTS

For questions about this Notice, to exercise a privacy right, or to make a privacy complaint to Momentum Counseling Services, LLC, contact:

Andrew J. White, LCSW
Telephone: (405) 583-9090

You may make a complaint by telephone or submit a written complaint through the practice's secure client portal. Please describe what happened and the privacy concern you would like addressed.

You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by:

- Visiting: https://www.hhs.gov/hipaa/filing-a-complaint/index.html
- Calling: 1-877-696-6775
- Sending a letter to:

U.S. Department of Health and Human Services
Office for Civil Rights
200 Independence Avenue, S.W.
Washington, D.C. 20201

I will not retaliate against you for filing a complaint with me, the Office for Civil Rights, or another legally authorized agency.

X. CHANGES TO THIS NOTICE

I reserve the right to change the terms of this Notice and to make the revised Notice effective for all PHI I maintain, including PHI created or received before the revision, as permitted by law.

When I make a material change, I will promptly revise the Notice. The current Notice will be available upon request, through the secure client portal, and on my website. If I maintain a physical service-delivery location, the current Notice will also be available and prominently posted there as required by law.

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

By signing or checking the acknowledgment box below, I acknowledge that I received Momentum Counseling Services, LLC's Notice of Privacy Practices.

My signature or acknowledgment confirms receipt only. It does not mean that I agree to any use or disclosure beyond what applicable law permits, and it does not waive any privacy right.