Thalassa Psychological Services, PLLC
Therapy in Midtown & Westchester

353 Lexington Avenue, Suite 314
New York, NY 10016
245 N Broadway, Suite 207
Sleepy Hollow, NY 10591

Notice of Privacy Practices

Thalassa Psychological Services PLLC
Your Information Your Rights Our Responsibilities

This Notice describes how health information about you may be used and disclosed and how you can obtain access to it. Please review it carefully.

This Notice applies to protected health information maintained by Thalassa Psychological Services PLLC and by clinicians and other workforce members acting for Thalassa. A clinician who is separately identified as the covered provider for a service may provide an additional Notice of Privacy Practices for that clinician's individual covered practice.

Effective date	September 9, 2026
Privacy contact	Privacy Officer, Thalassa Psychological Services PLLC
Phone	914-488-6432
Email	info@thalassapsych.com
Mail	245 N Broadway, Suite 207, Sleepy Hollow, NY 10591
Other location	353 Lexington Ave, Suite 314, New York, NY 10016
Website	https://www.thalassapsych.com

Your Rights

You have the right to:

- Inspect and obtain an electronic or paper copy of health information in your designated record set, subject to limited legal exceptions.
- Ask to correct health information that you believe is incorrect or incomplete.
- Request confidential communications and reasonable alternative ways or locations for us to contact you.
- Ask for limits on certain uses and disclosures.
- Receive an accounting of certain disclosures.
- Receive a paper copy of this Notice, even if you agreed to receive it electronically.
- Choose a legally authorized personal representative to act for you.
- Complain without retaliation if you believe your privacy rights were violated.

Your Choices

In certain situations, you may tell us whether and how to share information, including sharing with family members, close friends, or others involved in your care or payment for your care, and sharing for disaster-relief purposes. If you cannot state a preference, information may be shared when permitted by law and reasonably believed to be in your best interests or needed to reduce a serious and imminent threat.

We do not maintain a hospital directory and will not sell your health information. Written authorization is generally required for marketing, the sale of protected health information, and most uses or disclosures of psychotherapy notes. If fundraising communications are sent, you may tell us not to contact you again; any use of Part 2 information for fundraising will include the additional advance notice and choice required by law.

How to Exercise Your Rights

Access and Copies

You may submit a written request to inspect or receive an electronic or paper copy of health information in your designated record set. Under HIPAA, a copy or agreed summary is usually provided within 30 days. When New York Public Health Law section 18 applies, you generally must be offered an opportunity to inspect within 10 days and copies within a reasonable time. Limited exceptions may apply to psychotherapy notes, personal notes and observations, information prepared for legal proceedings, and information whose disclosure is reasonably expected to cause substantial and identifiable harm. If access is denied, you will receive the notice and review or appeal information required by law.

A reasonable, cost-based fee permitted by law may apply. Under New York law, access will not be denied solely because you cannot pay, and no fee is charged when records are requested to support an application, claim, or appeal for a government benefit or program when the statute applies.

Amendments

You may ask in writing to correct or add to health information that you believe is incorrect or incomplete. The request may be denied for reasons permitted by law, but you will ordinarily receive a written explanation within 60 days and information about submitting a statement of disagreement.

Confidential Communications

You may ask to be contacted in a particular way or at a different address. Reasonable requests will be honored. Please identify any method that is unsafe or inappropriate for messages about scheduling, billing, or care.

Restrictions

You may ask us not to use or disclose certain information for treatment, payment, or health care operations. We are not required to agree unless the request concerns disclosure to a health plan for payment or operations and you have paid in full out of pocket for the service, in which case the request will be honored unless disclosure is required by law. If a restriction is accepted, it will be followed except when disclosure is needed for emergency treatment or otherwise permitted by law.

Accounting of Disclosures

You may request a list of certain disclosures made during the six years before your request. The accounting does not include disclosures for treatment, payment, or health care operations and certain other disclosures excluded by law. One accounting in a 12-month period is free; a reasonable, cost-based fee may apply to an additional request after advance notice and an opportunity to withdraw or narrow it.

Personal Representatives

A person legally authorized to act for you, such as a guardian or health care agent acting within the scope of that authority, may exercise your privacy rights. We will verify the person's identity and authority before acting and may decline to treat a person as your representative when permitted by law to protect you from abuse, neglect, or endangerment.

How Health Information May Be Used or Disclosed

HIPAA permits certain uses and disclosures without a separate authorization. New York law, psychologist-patient privilege, and other laws may impose additional protections. When a more protective law applies, our practice follows it.

Treatment. We may use information to provide, coordinate, or manage your care. Because New York protects psychologist-patient confidentiality, identifiable information is generally disclosed to an outside provider with your written authorization unless disclosure is otherwise permitted or required by law.

Payment. We may use or disclose information to bill you, prepare a superbill, process payment, obtain benefits information, respond to lawful utilization review, or collect an unpaid balance. Only information reasonably necessary for the purpose will be used or disclosed.

Health Care Operations. We may use or disclose information to operate the practice, improve quality, conduct compliance activities, arrange professional consultation or coverage, train or supervise authorized personnel, perform audits, and work with business associates that are contractually required to safeguard information.

Appointment and Service Communications. We may contact you about appointments, treatment alternatives, health-related services, payment, or administrative matters, using the communication preferences and safeguards established with you.

Required by Law and Health Oversight. We may disclose information when federal or state law requires it and to authorized oversight agencies for audits, investigations, inspections, licensure, and compliance review.

Public Health and Safety. We may make legally permitted or required disclosures for public-health activities and to prevent or reduce a serious and imminent threat. New York psychologists are mandated reporters of suspected child abuse or maltreatment in circumstances covered by law. New York does not impose a universal duty on private practitioners to report suspected abuse of every competent adult living in the community; special reporting rules may apply in covered facilities or programs.

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New York Mental Hygiene Law Section 9.46. When a treating mental health professional determines, using reasonable professional judgment, that a patient is likely to engage in conduct resulting in serious harm to self or others, a report to the county Director of Community Services or designee may be required. The statute limits information ultimately sent for firearm-eligibility purposes and contains a safety exception.

Workers Compensation and Government Functions. We may disclose information as authorized for workers' compensation, military or national-security functions, correctional institutions, protective services, and other specialized government functions.

Law Enforcement and Legal Proceedings. We may disclose information when a valid law or court order permits or requires it. Psychologist-patient privilege and New York confidentiality law may restrict disclosure. A subpoena alone does not necessarily resolve privilege, and legal clarification may be sought before information is released.

Coroners Funeral Directors and Organ Donation. We may disclose information to a coroner, medical examiner, funeral director, or organ-procurement organization when authorized by law.

Research. We may use or disclose information for research only when the applicable legal requirements are satisfied, such as your authorization or approval of a qualified privacy or institutional review process.

Information Requiring Additional Protection

Psychotherapy Notes

Most uses and disclosures of psychotherapy notes, as HIPAA defines that term, require your written authorization. Limited exceptions include use by the note's originator for treatment; specified training or supervision; defense in a legal action you bring; HHS compliance review; uses or disclosures required by law; certain oversight of the note's originator; use by a coroner or medical examiner; and disclosures needed to avert a serious and imminent threat when permitted by law.

Mental Health and Other Sensitive Information

Mental health treatment information is protected by HIPAA, New York confidentiality law, and psychologist-patient privilege. Information involving HIV, genetic testing, reproductive or sexual health, minors, or other specially protected subjects may be subject to additional federal or state restrictions. Written authorization will be obtained when required, and only information permitted for the lawful purpose will be disclosed.

Substance Use Disorder Records

If our practice creates or maintains substance use disorder patient records protected by 42 CFR part 2, those records receive additional protection. Such records will not be used or disclosed in a civil, criminal, administrative, or legislative investigation or proceeding against you unless you provide specific written consent or a court authorizes the use or disclosure and the legally required subpoena or other compulsory process is issued. A general authorization for treatment, payment, or health care operations does not authorize use of Part 2 records against you in such a proceeding.

Authorizations

Uses and disclosures not described in this Notice will be made only with your written authorization unless another law permits or requires them. You may revoke an authorization in writing at any time, except to the extent action has already been taken in reliance on it or another legal exception applies. Signing an acknowledgment that you received this Notice is not an authorization and does not waive any privacy right.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will notify you as required if a breach may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices in the Notice currently in effect and provide you with a copy.
- We will not use or disclose information other than as described here unless you authorize it in writing or the law permits or requires it.
- We will limit uses, disclosures, and requests to the minimum necessary when that standard applies.

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Changes to This Notice

We may change this Notice. A revised Notice may apply to information already maintained as well as information received later. The current Notice will be available on request, at each service location, and at https://www.thalassapsych.com. A revised Notice will show its effective date.

Questions and Complaints

For questions, requests, or a complaint about privacy practices, contact the Privacy Officer using the information on page 1. 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, calling 1-877-696-6775, or writing to 200 Independence Avenue SW, Washington, DC 20201. You will not be retaliated against for filing a complaint.

Acknowledgment of Receipt

Acknowledgment confirms only that you received this Notice. It does not mean that you agree with the Notice, authorize any use or disclosure, or waive any right. You may decline to sign; the covered provider will document the good-faith effort to provide the Notice and obtain acknowledgment.

I acknowledge that I received this Notice of Privacy Practices.

_____ _____
Patient or authorized representative Date

_____ _____
Representative's authority, if applicable Date

If acknowledgment is not obtained, staff documentation of good-faith effort and reason:

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