

NOTICE OF PRIVACY PRACTICES

Fabrice Nye, Ph.D.

Effective Date: September 15, 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.

Scope of This Notice

This Notice applies to protected health information created or maintained by Fabrice Nye, Ph.D., in connection with my psychotherapy practice, including telehealth psychotherapy and medicine-related preparation and integration psychotherapy.

I am required by applicable federal and California law to protect the privacy of your health information, provide you with notice of my legal duties and privacy practices, and follow the terms of the Notice currently in effect.

How I May Use and Disclose Your Health Information

Treatment

I may use your health information to provide, coordinate, and manage your treatment. When clinically appropriate and permitted by law, I may communicate with other health care providers involved in your care, such as your psychiatrist, primary care clinician, prescriber, or therapist.

In some circumstances, I may ask for your written authorization before sharing information with another provider.

Payment

I may use and disclose your health information as necessary to obtain payment for covered services. This may include submitting claims and supporting information to Original Medicare and, when applicable, to your Medigap or other supplemental insurer.

If I provide you with a superbill, I provide it directly to you rather than submitting it to another insurer. You may then decide whether to submit it for reimbursement.

Health Care Operations

I may use your health information for activities necessary to operate my practice. These may include maintaining clinical and administrative records, practice management, privacy and security activities, and evaluating or improving the quality of the services I provide.

Service Providers and Business Associates

I use outside service providers to assist with functions such as scheduling, billing, electronic records, communication, transcription, and documentation support. In performing these services, they may create, receive, maintain, or transmit protected health information on my behalf.

When required by law, I enter into Business Associate Agreements or other appropriate agreements requiring these service providers to safeguard protected health information and use or disclose it only as permitted by law and the applicable agreement.

Recording and Documentation

With your consent, I may audio-record psychotherapy sessions to assist with clinical documentation and, occasionally, treatment-related review. Recording is not required in order to receive psychotherapy from me.

Recordings may be processed by service providers for speech-to-text transcription and computer-assisted documentation, including automated analysis. I review and edit the resulting draft documentation before finalizing the session note. The finalized session note becomes part of your clinical record.

I use audio recordings and full transcripts as temporary working materials and do not ordinarily retain them as part of the ongoing clinical record. I periodically delete copies I maintain when they are no longer needed.

You may withdraw your consent to recording for future sessions at any time. You may also ask me to delete an audio recording that I still maintain, unless there is a legal reason it must be preserved. If a retained recording is needed for your own therapeutic use, I may provide you with a copy through a secure download link.

Family Members and Other Support Persons

With your agreement, I may share limited health information with a family member, friend, or other person involved in your care when doing so is clinically appropriate.

If you are unable to meaningfully agree or object, there may be limited circumstances in which I may disclose information to a person involved in your care when permitted by law and when, in my professional judgment, the disclosure is in your best interests.

A family member, friend, or other person contacting me about you does not, by itself, authorize me to disclose information about you in return.

Other Uses and Disclosures Permitted or Required by Law

There are circumstances in which I may use or disclose health information without your written authorization when disclosure is permitted or required by law. These may include:

- reporting suspected child abuse or neglect, or abuse or neglect of an elder or dependent adult;
- taking appropriate protective action when there is a serious threat to health or safety;
- complying with lawful health oversight or public health requirements;
- responding to a court order, subpoena, or other judicial or administrative process when disclosure is legally permitted or required;
- disclosures to law enforcement in circumstances authorized by law; and
- other disclosures specifically permitted or required by federal or California law.

When disclosure is necessary, I will limit the information disclosed as required by applicable law.

Uses and Disclosures Requiring Your Authorization

Uses or disclosures of your health information that are not otherwise permitted or required by law generally require your written authorization.

I do not sell your health information. I will not use or disclose your health information for marketing when written authorization is required by law unless you provide that authorization.

I do not use identifiable client information for research, case reports, publications, presentations, teaching, or training.

If you give me a written authorization, you may revoke it in writing at any time, except to the extent that I have already acted in reliance on it or applicable law provides otherwise.

Your Rights

Right to Access and Obtain a Copy

You may inspect or obtain a copy of health information about you to which you have a legal right of access.

Please submit your request in writing to Fabrice Nye, Ph.D. at the address listed at the end of this Notice.

If you request an electronic copy and the information can reasonably be provided electronically, I will provide it electronically. I do not charge you for an electronic copy that I provide directly to you.

If you request paper copies, I may charge reasonable copying, supply, and mailing costs permitted by law.

In limited circumstances, I may deny access to particular information when permitted by law. If that occurs, I will explain the reason and any rights you may have to request review of the decision.

Right to Request an Amendment

If you believe that information in your clinical record is incorrect or incomplete, you may ask me to amend it.

Please submit your request in writing, identify the information you believe should be changed, and explain the amendment you are requesting.

I may deny an amendment request in circumstances permitted by law. If I deny your request, I will explain the reason in writing and inform you of any rights you have to respond to the decision.

Right to an Accounting of Disclosures

You may request an accounting of certain disclosures of your health information that I have made, subject to the exceptions and limitations provided by law.

An accounting does not include every use or disclosure of your health information, such as many disclosures made for treatment, payment, or health care operations.

Right to Request Restrictions

You may ask me to restrict certain uses or disclosures of your health information. I am not generally required to agree to a requested restriction, but I will consider your request and will honor restrictions when required by law.

If you pay in full out of pocket for a service, you may ask me not to disclose information about that service to a health plan for payment or health care operations when applicable law requires that restriction to be honored.

This right does not override Medicare claim-submission requirements that apply to covered Medicare services.

Right to Request Confidential Communications

You may ask me to communicate with you in a particular way or at a particular location.

For example, you may ask me to use a particular telephone number, to communicate by text rather than voicemail, or to use an alternate mailing address.

I will accommodate reasonable requests for confidential communications.

Right to a Paper Copy of This Notice

You may request a paper copy of this Notice at any time, even if you received or reviewed it electronically.

Personal Representatives

If a person has legal authority to act on your behalf with respect to your health care or health information, I will recognize that person as your personal representative to the extent required by law.

My Responsibilities

I am required by law to protect the privacy and security of your protected health information, to provide you with this Notice, and to follow the terms of the Notice currently in effect.

If a breach of unsecured protected health information occurs, I will notify you when notification is required by law.

Changes to This Notice

I may change the terms of this Notice and make the revised Notice effective for health information I already maintain as well as information I receive in the future.

If I make a material change, I will make the revised Notice available through my practice and on my website. You may request a paper copy at any time.

Complaints

If you believe your privacy rights have been violated or have concerns about my privacy practices, you may submit a complaint in writing to:

Fabrice Nye, Ph.D.

200 Tamal Plaza, Suite 235
Corte Madera, CA 94925
(707) 861-8079

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

I will not retaliate against you for making a privacy complaint or exercising your privacy rights.

Questions

If you have questions about this Notice or my privacy practices, contact:

Fabrice Nye, Ph.D.

200 Tamal Plaza, Suite 235

Corte Madera, CA 94925

(707) 861-8079

A current copy of this Notice is available at:

<https://drnye.net/npp>

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