

NOTICE OF PRIVACY PRACTICES

PROVIDER: ARACELYS ROMÁN, COUNSELING PSYCHOLOGIST (LICENSE NO. 8880)

EMERGE & BLOOM, LLC

EMAIL: ARACELYS@EMERGEANDBLOOM.COM

EFFECTIVE DATE: MARCH 8, 2026

THIS NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

My commitment to your privacy

I understand that your health information is personal. I am legally required to protect it, provide you with this Notice, and follow the terms of the Notice currently in effect. I create and maintain a record of the care and services you receive to provide quality treatment and to comply with law. I may change this Notice; if I do, the new Notice will apply to all information I maintain and will be available in the office and on request.

How I may use and disclose your information without your written authorization

1) Treatment, Payment, and Health Care Operations (“TPO”)

I may use and share your protected health information (PHI) as needed to treat you (for example, consulting with another licensed provider about your care), to obtain payment (for example, submitting claims), and for health care operations (for example, quality improvement, training, supervision, or business planning). For treatment, I may need to use or share your full record with other professionals directly involved in your treatment so that you receive safe, informed, and high-quality care, but your information is never shared beyond what is clinically necessary.

2) When the law allows or requires it

Subject to limits under applicable law, I may use or disclose PHI without your authorization for purposes such as:

- **Danger to self, the psychologist, or others:** If there is a reasonable clinical assessment that the person receiving services poses an imminent danger to their own life or to the life of others, necessary measures will be taken to ensure safety, including notifying emergency services or family members, as appropriate.
- **Abuse, maltreatment, or neglect:** There is a legal obligation to report to the appropriate authorities any suspicion or knowledge of maltreatment, abuse, or neglect of minors, elderly individuals, or persons with disabilities or who are unable to care for themselves.
- **Damage to public or private property:** In situations where there is indication, intent, or admission that the person receiving services may cause significant damage to public or private property, the psychologist has an ethical responsibility to take steps to prevent it. This may include disclosing the minimum necessary information to the relevant authorities to prevent such harm.
- **Waiver of confidentiality by the person receiving services:** The person receiving services may voluntarily authorize the disclosure of information through written consent. This waiver will specify what information may

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be shared, with whom, and for what purpose. Disclosure will occur only within the limits established by the person and may be revoked at any time, except in situations where the law provides otherwise.

- **Court order or legal subpoena:** If a court issues an order or subpoena requiring the disclosure of information or clinical records, the psychologist will comply with that order, after notifying the person receiving services—when it is safe and legally permissible—to give them the opportunity to contest it with legal counsel.
- **Sexual exploitation by a mental health professional:** If information is received indicating that a person receiving services has been a victim of sexual exploitation by a mental health provider, there is an obligation to report it to the corresponding district attorney and the relevant licensing board.
- **Legal claim against the practice:** In the event that the person receiving services files a legal claim or ethical complaint against Emerge & Bloom LLC and Aracelys Román, information necessary to adequately respond to such a claim may be disclosed.
- **Insurance companies and third-party payers:** If insurance benefits are used to cover services, the insurance company may require clinical information such as diagnosis, treatment plan, and progress notes to process claims. Please note that once this information is shared with the insurer, this practice has no control over how it is handled thereafter.
- **Professional consultation:** At times, consultation with other mental health professionals may occur to ensure the quality of services. These consultations are conducted without revealing personally identifying information when possible, and all shared information remains subject to the same confidentiality obligations.
- **When the psychologist determines that the patient needs hospitalization due to a mental health condition:** The psychologist may disclose the information strictly necessary to emergency services or the appropriate hospital institution in order to protect the patient’s health and safety and ensure they receive proper care.

3) Persons involved in your care

If you identify and authorized a family member, friend, or other person involved in your care or payment, I may share relevant information with them. You may object now or later. If you are not present or unable to agree/object (for example, an emergency), I may share information if, in my professional judgment, it is in your best interests.

4) Business Associates

I may share your PHI with third-party service providers known as “Business Associates”, for example, billing services, electronic health record (EHR) vendors, telehealth platforms, or IT support providers, who assist in operating this practice. These entities are required by law to protect your PHI and are bound by a written Business Associate Agreement (BAA) that obligates them to safeguard your information in accordance with HIPAA. I am not responsible for the privacy practices of Business Associates beyond the terms of those agreements.

5) Telehealth and Electronic Communications

If telehealth services or electronic communications (such as email or text messaging) are used, please be aware that these methods carry inherent privacy risks. Unencrypted email and standard text messages are not fully secure and may be accessed by unauthorized parties. By agreeing to communicate via these methods, you acknowledge and accept these risks. I will make reasonable efforts to use HIPAA-compliant platforms for telehealth sessions and to protect your PHI in all electronic communications. You may request an alternative, more secure method of communication at any time.

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6) Minor Clients

This practice does not currently provide psychological services to minors (persons under 18 years of age). If this change, a separate policy addressing minor consent, parental access to records, and applicable protections under Puerto Rico Law 408-2000 and HIPAA will be provided at that time. Under Puerto Rico law, minors may consent to certain mental health services independently; in such cases, parental or guardian access to records may be restricted consistent with the minor's rights and applicable law. Any expansion of services to minor clients will be communicated in an updated Notice of Privacy Practices.

Uses and disclosures that require your written authorization

Certain uses/disclosures will **only** occur with your signed authorization:

- **Psychotherapy notes:** I keep psychotherapy notes separate from your clinical record. I will not use or disclose these notes without your authorization except for limited purposes (e.g., my own use in treating you; training/supervision programs; my defense in legal proceedings you initiate; certain oversight or public safety situations required or permitted by law).
- **Marketing:** I will not use or disclose your PHI for marketing purposes.
- **Sale of PHI:** I will not sell your PHI in the ordinary course of business.

You may revoke any authorization at any time in writing, except to the extent I have already relied on it.

Your rights regarding your PHI

- **Right to access:** You may inspect or receive a paper or electronic copy of your record (excluding psychotherapy notes and certain litigation-related materials). I will provide it within 30 days of your written request (one 30-day extension is permitted when necessary). Reasonable, cost-based copy/administrative fees may apply.
- **Right to request restrictions:** You may ask me to restrict how I use/disclose your PHI for TPO or to persons involved in your care. I am not required to agree, except I **must** agree not to disclose information about a service to your health plan for payment or operations if you paid for that service out-of-pocket in full and no disclosure is otherwise required by law.
- **Right to confidential communications:** You may request that I contact you in a specific way (e.g., a particular phone number or mailing address). I will accommodate reasonable requests.
- **Right to amend:** If you believe your PHI is incorrect or incomplete, you may request an amendment. I will respond within 60 days (with one possible 30-day extension). If I deny your request, I will explain why in writing and tell you how to submit a statement of disagreement.
- **Right to an accounting of disclosures:** You may request a list ("accounting") of certain disclosures of your PHI made in the prior six (6) years, excluding disclosures for treatment, payment, health care operations, and other specified exceptions.
- **Right to a copy of this Notice:** You can receive a paper copy of this Notice at any time, even if you agreed to receive it electronically.
- **Breach notification:** You will be notified if a breach of your unsecured PHI occurs that may have compromised the privacy or security of your information.

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My duties

- Maintain the privacy and security of your PHI and provide this Notice describing my legal duties and privacy practices.
- Notify you in the event of a qualifying breach of unsecured PHI.
- Follow the terms of this Notice while it is in effect.
- Explain any material changes and provide an updated Notice upon request.

Complaints and questions

If you have questions or believe your privacy rights have been violated, contact:

Privacy Contact: Aracelys Román | **Email:** aracelys@emergeandbloom.com

You may also file a complaint with the **U.S. Department of Health and Human Services, Office for Civil Rights (OCR)** via the online portal or by mail/phone. You will not face retaliation for filing a complaint.

- Online: <https://www.hhs.gov/hipaa/filing-a-complaint/>
- Phone: (800) 368-1019 (TTY: (800) 537-7697)
- Mail: HHS/OCR, 200 Independence Ave SW, Room 509F, HHH Bldg., Washington, DC 20201

Changes to this Notice

I may change my privacy practices and this Notice at any time. Changes will apply to information I already maintain and future information. The current Notice will be available in the office and upon request.