# Notice of Privacy Practices

**Reflect, Reset, Restore, LLC**

**Lynette Trujillo, LCSW**
**Phone:** 505-617-9062
**Email:** LynetteTrujillo@Reflect-Reset-Restore.com

**NOTICE OF PRIVACY PRACTICES**

**Effective Date: August 31, 2026**

**THIS NOTICE DESCRIBES HOW MEDICAL AND MENTAL HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

## I. MY COMMITMENT TO YOUR PRIVACY

I understand that information about you and your health care is personal, and I am committed to protecting your health information.

I create and maintain records regarding the care and services you receive from me. These records are necessary to provide quality care, coordinate services when appropriate, obtain payment, operate my practice, and comply with applicable legal and professional requirements.

This Notice applies to records of your care generated or maintained by Reflect, Reset, Restore, LLC. It explains how I may use and disclose your protected health information ("PHI"), your rights regarding your health information, and my legal responsibilities regarding the privacy of that information.

I am required by law to:

- Maintain the privacy and security of your protected health information;
- Provide you with this Notice describing my legal duties and privacy practices;
- Notify you following a breach of unsecured protected health information when notification is required by law; and
- Follow the terms of the Notice of Privacy Practices currently in effect.

I may change the terms of this Notice as permitted by law. Changes may apply to all information I maintain about you, including information created or received before the change. An updated Notice will be available upon request and through the practice's available electronic resources.

## II. HOW I MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

The following sections describe ways I may use or disclose your protected health information. Not every possible use or disclosure is listed, but permitted uses and disclosures generally fall within the categories described below.

### Treatment

I may use or disclose your PHI to provide, coordinate, or manage your health care.

For example, with applicable legal protections, I may communicate with another health care professional involved in your treatment or make a referral to another provider when appropriate.

### Payment

I may use or disclose your PHI as necessary to obtain payment for services provided to you.

For example, I may submit information to your health insurance plan or communicate with your health plan regarding eligibility, benefits, authorization, claims, or payment for services.

### Health Care Operations

I may use or disclose your PHI as necessary to operate Reflect, Reset, Restore, LLC and provide quality care.

These activities may include billing, administrative functions, quality improvement, compliance activities, business management, professional consultation when permitted, and other health care operations authorized by law.

Disclosures for treatment purposes are generally not subject to the HIPAA minimum necessary standard because health care providers may require appropriate information to coordinate and provide care.

**III. OTHER USES AND DISCLOSURES PERMITTED OR REQUIRED BY LAW**

Subject to applicable federal and New Mexico law, I may use or disclose PHI without your written authorization in certain circumstances.

These circumstances may include:

**Required by Law**

I may use or disclose PHI when required by federal, state, or other applicable law. Any disclosure will be limited to what the applicable law requires.

**Public Health and Safety**

I may disclose information for certain legally authorized public health activities or when permitted or required by law to prevent or reduce a serious threat to the health or safety of a person or the public.

**Abuse or Neglect**

I may disclose information when permitted or required by applicable law regarding suspected abuse, neglect, or exploitation.

**Health Oversight Activities**

I may disclose PHI for legally authorized audits, investigations, inspections, licensing activities, or other health oversight activities.

**Judicial and Administrative Proceedings**

I may disclose PHI in response to a valid court or administrative order or other lawful legal process when the disclosure is permitted or required by law.

Mental health information may receive additional protections, and applicable legal requirements will be considered before information is disclosed.

**Law Enforcement**

I may disclose PHI for certain law enforcement purposes when permitted or required by law.

**Coroners and Medical Examiners**

I may disclose information to coroners or medical examiners when they are performing duties authorized by law.

**Research**

PHI may be used or disclosed for research when permitted under applicable privacy laws and required safeguards have been satisfied.

**Specialized Government Functions**

PHI may be disclosed for certain government functions when permitted by law, including certain military and veterans' activities, national security activities, protective services, and correctional or custodial situations.

**Workers' Compensation**

I may disclose PHI as authorized by and to the extent necessary to comply with workers' compensation laws or similar programs.

**Appointment Reminders and Health-Related Services**

I may use your contact information to communicate with you regarding appointments.

I may also contact you regarding treatment alternatives or other health-related services that may be relevant to your care.

**IV. USES AND DISCLOSURES THAT GENERALLY REQUIRE YOUR AUTHORIZATION**

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

If you provide authorization, you may revoke that authorization in writing at any time, except to the extent that action has already been taken in reliance on it or as otherwise permitted by law.

**Psychotherapy Notes**

I may maintain "psychotherapy notes," as that term is defined under HIPAA.

Psychotherapy notes receive special protection under federal law. Uses or disclosures of psychotherapy notes generally require your written authorization except in limited circumstances permitted or required by law.

These exceptions may include:

- My use of the notes in treating you;
- Use for certain training or supervision activities permitted by law;
- My use in defending myself in a legal proceeding initiated by you;
- Use by the U.S. Department of Health and Human Services to investigate or determine compliance with HIPAA;
- Uses or disclosures required by law to the extent permitted by applicable requirements;
- Certain legally authorized health oversight activities involving the originator of the psychotherapy notes;
- Certain uses by a coroner or medical examiner performing legally authorized duties; or
- Uses or disclosures necessary and permitted by law to help avert a serious and imminent threat to health or safety.

**Marketing**

I will not use or disclose your PHI for marketing purposes without your authorization when authorization is required by law.

**Sale of Protected Health Information**

Reflect, Reset, Restore, LLC does not sell your PHI in the regular course of business.

Uses or disclosures that constitute a sale of PHI under applicable law will not occur without authorization when authorization is required.

**V. FAMILY MEMBERS, FRIENDS, CAREGIVERS, AND OTHERS INVOLVED IN YOUR CARE**

When permitted by law, I may disclose relevant PHI to a family member, friend, caregiver, or another person you identify as being involved in your care or payment for your health care.

You generally have the right to agree to, limit, or object to these disclosures.

If you are unable to communicate your preference, such as during an emergency, I may disclose relevant information when permitted by law and when, based on professional judgment, the disclosure is in your best interest.

Any disclosure will be limited to information relevant to that person's involvement in your care or payment for your care.

**VI. ADDITIONAL PROTECTIONS FOR CERTAIN HEALTH INFORMATION**

Certain types of health information may receive additional protection under federal or New Mexico law.

When a law provides greater privacy protection than HIPAA, I will follow the law that provides the greater protection when applicable.

**Mental Health Information**

Because Reflect, Reset, Restore, LLC provides behavioral health services, your records may contain sensitive mental health information.

I will use and disclose mental health information in accordance with applicable federal and New Mexico confidentiality requirements. When applicable law requires your authorization or imposes additional limitations on disclosure, those requirements will be followed.

**Substance Use Disorder Records**

Certain substance use disorder records may receive additional confidentiality protections under federal law, including 42 CFR Part 2.

If Reflect, Reset, Restore, LLC creates, receives, or maintains records that are protected by Part 2, those records will be used and disclosed in accordance with applicable Part 2 requirements.

Part 2-protected information will not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you based on the content of those records except as permitted by applicable law.

Additional consent or other protections may apply to the use and disclosure of Part 2 records.

**VII. YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

You have certain rights regarding your protected health information.

**1. Right to Access Your Health Information**

You generally have the right to inspect and obtain an electronic or paper copy of PHI maintained about you in your designated record set.

Psychotherapy notes, as defined by HIPAA, and certain other information may be excluded from this right of access as permitted by law.

I will respond to requests within the timeframe required by applicable law. A reasonable, cost-based fee may be charged for copies when permitted by law.

**2. Right to Request an Amendment**

If you believe PHI maintained about you is incorrect or incomplete, you may request an amendment.

I may deny the request under circumstances permitted by law. If your request is denied, you will receive information regarding the denial and your applicable rights.

**3. Right to Request Confidential Communications**

You may request that I communicate with you about your health information in a particular way or at a particular location.

For example, you may ask that I contact you only at a particular telephone number or email address.

Reasonable requests will be accommodated as required by law.

**4. Right to Request Restrictions**

You may ask me to limit how certain PHI is used or disclosed for treatment, payment, or health care operations.

I am not generally required to agree to your request unless otherwise required by law. If I agree to a restriction, I will comply with it except when disclosure is otherwise permitted or required by law.

**5. Right to Restrict Disclosure to a Health Plan When You Pay in Full**

If you pay out-of-pocket and in full for a specific health care service, you may request that PHI related solely to that service not be disclosed to your health plan for payment or health care operations purposes.

When required by law, I will honor this request.

**6. Right to an Accounting of Certain Disclosures**

You may request an accounting of certain disclosures of your PHI.

The accounting generally does not include disclosures for treatment, payment, or health care operations, disclosures you specifically authorized, and certain other disclosures excluded by law.

I will respond within the timeframe required by law. The first accounting within a 12-month period will be provided without charge. A reasonable, cost-based fee may be charged for additional requests when permitted by law, and you will be informed of any fee in advance.

**7. Right to Receive a Copy of This Notice**

You may request a paper or electronic copy of this Notice of Privacy Practices at any time.

You may request a paper copy even if you previously agreed to receive this Notice electronically.

**8. Right to Have Someone Act for You**

If another person has legal authority to act on your behalf, such as a legal guardian or an individual holding appropriate legal authority, that person may exercise applicable privacy rights on your behalf.

I may verify that person's authority before taking action.

**VIII. QUESTIONS OR COMPLAINTS ABOUT YOUR PRIVACY RIGHTS**

If you have questions about this Notice, would like additional information regarding my privacy practices, or believe your privacy rights have been violated, you may contact:

**Privacy Contact:** Lynette Trujillo, LCSW
**Reflect, Reset, Restore, LLC**
**Phone:** 505-617-9062
**Email:** LynetteTrujillo@Reflect-Reset-Restore.com

You may file a complaint directly with Reflect, Reset, Restore, LLC by contacting me using the information above.

You may also file a complaint with the **U.S. Department of Health and Human Services, Office for Civil Rights (OCR)** if you believe your privacy rights have been violated.

Complaints to OCR may be submitted through the methods made available by the U.S. Department of Health and Human Services.

**Reflect, Reset, Restore, LLC will not retaliate against you or penalize you for filing a privacy complaint with the practice or with the U.S. Department of Health and Human Services.**

**IX. MY RESPONSIBILITIES**

I am required by law to maintain the privacy and security of your protected health information.

I will notify you promptly if a breach occurs that may have compromised the privacy or security of your information when notification is required by law.

I will follow the duties and privacy practices described in this Notice while it is in effect.

I will not use or disclose your information other than as described in this Notice unless you authorize me to do so in writing or another use or disclosure is permitted or required by law.

If you authorize a use or disclosure, you may revoke your authorization in writing as permitted by law. A revocation will not undo actions already taken in reliance on a valid authorization.

**X. CHANGES TO THIS NOTICE**

I may change the terms of this Notice as permitted by law.

Changes may apply to all information maintained by Reflect, Reset, Restore, LLC, including information created or received before the revised Notice became effective.

The current Notice will be available upon request and through the practice's available electronic resources.

**ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

Under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), you have certain rights regarding the use and disclosure of your protected health information.

By electronically signing this document, I acknowledge that I have received and had the opportunity to review the Notice of Privacy Practices for Reflect, Reset, Restore, LLC.

I understand that I may ask questions about this Notice and may request a paper or electronic copy for my records.

**BY ELECTRONICALLY SIGNING BELOW, I ACKNOWLEDGE RECEIPT OF THE NOTICE OF PRIVACY PRACTICES.**