SENSORY STEPPING STONES, LLC
NOTICE OF PRIVACY PRACTICES

Effective Date: August 28, 2026

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

Sensory Stepping Stones, LLC is committed to protecting the privacy and security of your protected health information (PHI). We are required by law to maintain the privacy and security of PHI, provide you with this Notice, and follow the privacy practices described in the Notice currently in effect.

YOUR RIGHTS

You have the following rights regarding the health information we maintain about you:

Access your records: Ask to see or receive an electronic or paper copy of your health record and other PHI we maintain. We will provide access within the time required by law and may charge a reasonable, cost-based fee when permitted.

Ask us to correct your record: Request an amendment in writing if you believe information is incorrect or incomplete. We may deny a request when permitted by law and will explain the reason in writing.

Request confidential communications: Ask us to contact you in a specific way or at a different address. We will accommodate reasonable requests.

Ask us to limit what we use or share: Request restrictions on certain uses or disclosures for treatment, payment, or health care operations. We are generally not required to agree. If you pay for a service in full and ask us not to disclose information about that service to a health plan for payment or health care operations, we will honor the request when required by HIPAA.

Get a list of certain disclosures: Request an accounting of certain disclosures made during the six years before your request. One accounting in any 12-month period is provided at no charge; additional requests may involve a reasonable fee.

Get a copy of this Notice: Request a paper copy at any time, even if you previously agreed to receive it electronically.

Choose someone to act for you: A legally authorized personal representative, such as a parent, legal guardian, or health care agent, may exercise applicable rights on your behalf. We may verify that person's authority.

File a complaint: Complain to Sensory Stepping Stones, LLC or the U.S. Department of Health & Human Services, Office for Civil Rights if you believe your privacy rights were violated. We will not retaliate against you for filing a complaint.

YOUR CHOICES

When permitted by law, you may tell us your preferences about sharing relevant information with family members, close friends, caregivers, or others involved in your care. If you cannot tell us your preference, such as in an emergency, we may share information when we determine it is in your best interest and the disclosure is permitted by law.

We will obtain written authorization when HIPAA requires it, including for certain marketing activities, the sale of PHI, and most uses and disclosures of psychotherapy notes. If fundraising communications are ever sent using information permitted by law, you may opt out of future fundraising contacts.

HOW WE MAY USE AND DISCLOSE YOUR INFORMATION

Treatment: We may use and share PHI to provide, coordinate, or manage your care and related services, including sharing appropriate information with professionals involved in your treatment.

Payment: Sensory Stepping Stones, LLC is a private-pay practice and does not bill health insurance companies directly. We may use PHI for client billing, processing payments, maintaining financial records, collection activities, and related administrative functions. If you request documentation for possible insurance reimbursement, we may provide appropriate billing or service information to you or, when required, another party with your authorization.

Health Care Operations: We may use and share PHI to operate our practice, improve services, conduct quality and administrative activities, manage care, and contact you when necessary.

Appointment and health-related communications: We may contact you with appointment reminders and information about treatment, programs, treatment alternatives, or other health-related services relevant to your care.

Business associates: We may share PHI with individuals or companies that perform services on our behalf when permitted by HIPAA. When required, they must appropriately safeguard the information.

OTHER PERMITTED OR REQUIRED USES AND DISCLOSURES

When applicable legal requirements are met, we may use or disclose PHI without separate authorization for purposes such as public health and safety; reporting suspected abuse or neglect; health oversight; certain judicial, administrative, law-enforcement, workers' compensation, research, medical examiner, organ donation, specialized government, and other activities permitted or required by law.

We will comply with applicable federal and New York State laws that provide greater privacy protection or impose additional restrictions on particular health information. Because we provide behavioral and mental health services, some records may receive additional confidentiality protection. Most uses and disclosures of psychotherapy notes, as specifically defined by HIPAA, require written authorization unless otherwise permitted or required by law.

If we receive or maintain substance use disorder patient records protected by 42 CFR Part 2, those records will be used and disclosed only as permitted by applicable federal law. This does not mean that Sensory Stepping Stones, LLC is a Part 2 program.

OTHER USES OF YOUR INFORMATION

Uses and disclosures not otherwise described in this Notice or permitted or required by law will be made only with your written authorization. You may revoke an authorization in writing at any time. Revocation will not affect actions already taken in reliance on the authorization.

OUR RESPONSIBILITIES

- Maintain the privacy and security of your PHI and follow applicable federal and state confidentiality requirements.
- Provide you with this Notice and follow the duties and privacy practices described in the Notice currently in effect.
- Notify you promptly if a breach occurs that may have compromised the privacy or security of your information, as required by law.

CHANGES TO THIS NOTICE

We may change the terms of this Notice and our privacy practices. Changes may apply to all PHI we maintain, including information created or received before the revised Notice becomes effective. The current Notice will be available upon request, at our office, and on our website.

QUESTIONS OR COMPLAINTS

Sensory Stepping Stones, LLC
Privacy Officer
1906 Route 52, Suite G
Hopewell Junction, NY 12533
(914) 244-4101
info@sensorysteppingstones.com

U.S. Department of Health & Human Services
Office for Civil Rights
200 Independence Avenue, S.W.
Washington, D.C. 20201
Toll-Free: (877) 696-6775

Sensory Stepping Stones, LLC will not retaliate against you for filing a privacy complaint.

ACKNOWLEDGMENT OF RECEIPT

I acknowledge that I received or was given the opportunity to receive a copy of the Sensory Stepping Stones, LLC Notice of Privacy Practices. Signing this acknowledgment does not authorize any special use or disclosure of my health information.

_____
Patient/Client Name

_____
Parent/Guardian Name, if applicable

_____
Signature

_____
Date

_____
Relationship to Patient/Client, if applicable

_____
Staff/Witness, if applicable