

Notice of Privacy Practices

HIPAA Notice of Privacy Practices — McAllister Mental Health

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.

Effective Date: April 20, 2026

Practice: McAllister Mental Health

Legal entity: Stacy McAllister, LLC

This Notice of Privacy Practices describes how McAllister Mental Health may use and disclose your Protected Health Information (PHI) and how you can access this information. Please review it carefully. Please direct any questions about this notice or privacy practices to Dr. McAllister using the contact information below.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.
- For minor patients, please note that we may follow the consenting patient’s contact preferences (the minor when the minor is 14 or older and consented under Pennsylvania Act 147; the parent or guardian when the patient is under 14 or when the parent is the personal representative).

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information

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- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
 - We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.
- For minor patients age 14 and older who consented to their own outpatient mental health treatment under Pennsylvania Act 147 of 2004, the minor — not the parent — exercises these rights, subject to limited exceptions. The Practice maintains a separate Minor Consent and Parent-Access Framework that addresses these situations in detail; ask us for a copy if you would like to understand how this works.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Treat you

We can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

Bill for your services

We can use and share your health information to bill and get payment from health insurance.

Note: McAllister Mental Health does not accept insurance, so does not directly bill your insurance. If you seek out of network reimbursement from your health insurance, then you may choose to share basic health information, including diagnosis codes that accompany your billing invoice. Please ask Dr. McAllister if you have questions regarding this process.

How else can we use or share your health information?

We are allowed or required to share your information in other ways — usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Mandated reporting under Pennsylvania law

As a mandated reporter under Pennsylvania law, Dr. McAllister is required to report suspected child abuse under the Pennsylvania Child Protective Services Law and suspected elder abuse under the Older Adults Protective Services Act. These reports are made without your authorization when the statutory trigger is met. We document all such reports in the chart.

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests

We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Ambient AI Session Recording

We may use artificial-intelligence-assisted documentation tools to help us take accurate notes during your sessions. If we use these tools during your sessions, we will tell you in advance, we will obtain your consent, and we will use only tools that meet HIPAA requirements for handling protected health information. You may decline this use without affecting your care. For details, see our separate Ambient AI Documentation Consent.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We reserve the right to change the terms of this notice at any time. Any changes will apply to all information we have about you, including information we received before the change. When the notice is materially changed, the updated notice will be available in our office, on our website at www.McAllisterMentalHealth.com, and upon request. You will be offered the updated notice at your next appointment.

Contact Information

For questions about this notice, to exercise your rights, or to file a complaint:

Stacy McAllister, MD
Privacy Officer, McAllister Mental Health
150 S Warner Road, Suite 130
King of Prussia, PA 19406
(215) 645-2905
stacy@mcallistermentalhealth.com



851 Duportail Rd 2nd Floor
Chesterbrook, PA 19087

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Acknowledgment of Receipt

I acknowledge that I have received a copy of the Notice of Privacy Practices for McAllister Mental Health.

Signature: _____

Date: _____

Printed name: _____

If you are signing for a minor patient, please also indicate the minor's name and your relationship:

HIPAA Medication Information Release Form

This form authorizes Dr. McAllister to release certain information about your medical treatment to the specific individuals you identify. This is a patient authorization as defined under 45 CFR §164.508 and may be revoked at any time as described below.

Patient Name: _____

Patient Date of Birth: _____

Name of person completing this form: _____

If patient is age 14 or older, the patient must complete this form. For patients age 13 and younger, the form must be completed by their legal guardian.

This age distinction reflects Pennsylvania Act 147 of 2004, which permits minors age 14 and older to consent to their own outpatient mental health treatment and to control the release of their treatment information.

I authorize the release of information including the diagnoses, records, examinations rendered to me, and billing information to the following individuals:

- Parent
- Spouse
- Child
- Other
- Information is not to be released to anyone

If applicable, please specify the names and contact information for the above individuals who may receive your health information: _____

I authorize the release of information limited to the diagnosis, appointment dates/attendance and billing to the following individuals:

- Parent
- Child
- Spouse
- Other
- Information is not to be released to anyone

If applicable, please specify the names and contact information for the above individuals who may receive limited health information: _____

Expiration of this authorization

This authorization expires on: _____ (date)

OR: I want this authorization to remain in effect until I revoke it in writing.

Your rights regarding this authorization

Right to revoke. You have the right to revoke this authorization at any time by providing written notice to Dr. McAllister. Your revocation will be effective when received, except to the extent that Dr. McAllister has already acted in reliance on this authorization.



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Treatment is not conditional on this authorization. We will not refuse to treat you, change the quality of your care, or require you to sign this authorization as a condition of receiving treatment from McAllister Mental Health.

Potential for redisclosure. Once information is disclosed pursuant to this authorization, it may be redisclosed by the person or organization that received it, and it may no longer be protected by federal privacy laws. For example, a family member receiving diagnosis information may discuss it with others.

Signature: _____

Date: _____

Printed name: _____

If the patient is a minor age 14 or older who is completing this form, the patient signs above. If the patient is under age 14, the legal guardian completing this form signs above.