

## NOTICE OF PRIVACY PRACTICES

Pax Mentis Psychiatry, PLLC is the business entity and does not itself provide medical care.

Telepsychiatry services rendered by Dr. Niiang Mung, MD who is licensed in California and Texas.

This Notice describes how your health information may be used and disclosed and how you can get access to this information. Please review it carefully.

### I. MY PLEDGE REGARDING HEALTH INFORMATION

Your privacy is very important to me. I create and maintain a record of the care and services you receive to provide you with quality care and to comply with legal requirements.

I am required by law to:

- Make sure that your Protected Health Information ("PHI") is kept private.
- Provide you with this notice of my legal duties and privacy practices.
- Follow the terms of this notice while it is in effect.

Because my practice uses secure telehealth platforms, I may use or disclose your information through electronic means that meet HIPAA security standards.

I may change the terms of this Notice at any time, and the revised Notice will apply to all information I maintain. The latest version will always be available upon request and on my website.

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

The law allows me to use and disclose your PHI for certain purposes without your written authorization.

Treatment, Payment, and Health Care Operations:

I may use and disclose your PHI to provide treatment, obtain payment, and conduct health-care operations.

Lawsuits and Disputes:

If you are involved in a lawsuit or legal proceeding, I may disclose health information about you or your minor child(ren) in response to a court, administrative order, subpoena, or other lawful process, if certain safeguards are met.

### III. USES AND DISCLOSURES THAT REQUIRE YOUR AUTHORIZATION

Marketing and Testimonials: I will not use or disclose your PHI for marketing purposes without your written authorization.

Sale of PHI: I will never sell your PHI.

### IV. USES AND DISCLOSURES THAT DO NOT REQUIRE YOUR AUTHORIZATION

I may use or disclose your PHI without your written authorization for the following reasons: appointment reminders, legal requirements, public health, oversight, law enforcement, research, and other purposes as described in the full Notice.

### V. USES AND DISCLOSURES REQUIRING YOUR OPPORTUNITY TO OBJECT

You have the right to decide whether I may share your PHI with family members, friends, or others involved in your care or payment.

### VI. YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

You have the following rights:

- To request restrictions on certain uses or disclosures of your information.
- To access and amend your medical records.
- To receive an electronic copy of your medical record if it is maintained electronically, and to request transmission to a third party of your choosing. (HITECH Act)
- To request confidential communications.
- If you pay for services out of pocket in full, you have the right to request that I not disclose information about that service to your health plan.
- To receive a copy of this Notice.
- To revoke prior authorizations.
- To file complaints with me or with the U.S. Department of Health and Human Services (HHS).

Complaints to HHS may be filed through the Office for Civil Rights at <https://www.hhs.gov/hipaa/filing-a-complaint>.

## VII. RECORD RETENTION

In compliance with Texas Medical Board Rule §165.1 and comparable California Board of Medicine guidelines, I maintain adult records for at least seven (7) years from the last date of treatment, and for minors, at least seven (7) years after the patient reaches age 18.

## VIII. CHANGES TO THIS NOTICE

I may change the terms of this Notice at any time. The revised version will apply to all existing PHI and will be available upon request and on my website.

## IX. STATE-SPECIFIC NOTICE

For more information about your privacy rights under state law, visit:

- Texas: <https://www.hhs.texas.gov/hipaa>
- California: <https://oag.ca.gov/privacy/medical-privacy>

California Patients: In compliance with the California Confidentiality of Medical Information Act (Cal. Civ. Code §56 et seq.), your identifiable medical information will not be disclosed without your written authorization except as required by law, for treatment, payment, or health-care operations, or in emergencies. You have the right to inspect or obtain copies of your records under §56.10–56.16.

For questions about this Notice, please contact:

Privacy Officer: Dr. Niiang Mung, Pax Mentis Psychiatry, PLLC

Email: [paxmentispsych@gmail.com](mailto:paxmentispsych@gmail.com)

Phone: 806-256-6387

Effective Date: November 1, 2025

© 2025 Pax Mentis Psychiatry, PLLC | All Rights Reserved