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## Notice of New Dawn Psychological Services LLC Privacy Practices

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.

Privacy is a very important concern for all those who utilize my services and for me. It is also complicated because of the many federal and state laws and our professional ethics. Because the rules are so complicated, some parts of this notice are very detailed, and you probably will have to read them several times to understand them. If you have any questions, the compliance officer, Dr. Caitilin Barrett (307-500-2441, [cbarrett@newdawnpsychservices.com](mailto:cbarrett@newdawnpsychservices.com)), will be happy to help you understand the procedures and your rights.

### **Contents of this notice of privacy practices**

A. Introduction: To my clients

B. What is meant by your medical information

C. How information is collected

D. Privacy and the laws about privacy

E. How your protected health information (PHI) can be used and shared

Uses and disclosures with your consent

The basic uses and disclosures: For treatment, payment, and health care operations

Other uses and disclosures in health care

Uses and disclosures that *require* your consent and authorization

Uses and disclosures that *don't require* your consent or authorization

When required by law  
For law enforcement purposes  
For public health activities  
For matters relating to deceased persons  
For specific government functions  
To prevent a serious threat to health or safety  
Uses and disclosures where you have *an opportunity to object*  
An *accounting* of disclosures I have made

F. Your rights about your protected health information

G. If you have questions or problems

## **A. Introduction: To my clients**

This notice will tell you how I handle your medical information. It tells how I *use* this information here in this practice, how I *disclose* (share) it with other health care professionals and organizations, and how you can see it. I want you to know all of this so that you can make the best decisions for yourself and your family. Please note that this document provides general information about privacy practices. Specific consent and information about the collection and use of information, like AI assisted note taking and mobile SMS, may be requested to provide you with the most flexibility and information possible. If you have any questions or would like more information about this notice, please contact me, the compliance officer, for answers or explanations.

## **B. What is meant by your medical information**

Each time you use our services or any doctor's office, hospital, clinic, or other health care provider, information is collected about you and your physical and mental health. It may include information about your past, present, or future health or conditions, or the tests or treatments you received from us or others, or about payment for healthcare. Typical types of information collected include your name, phone number, email address, physical address, biological sex, and date of birth. All this information is called "PHI," which stands for "protected health information," which means its privacy must be protected. This information goes into your medical or health care records in this practice.

At this practice, your PHI is likely to include this kind of information:

- Your history: Things that happened to you as a child; your school and work experiences; your marriage, relationships, and other personal history.
- Your medical history of problems and treatments.

- Reasons you came for treatment: Your problems, complaints, symptoms, or needs.
- Diagnoses: These are the medical terms for your problems or symptoms.
- A treatment plan: This is a list of the treatments and other services that I think will best help you.
- Progress notes: Each time you are seen, I write down some things about how you are doing, what I notice about you, and what you tell me.
- Records I get from others who treated you or evaluated you.
- Psychological test scores, school records, and other evaluations and reports (if applicable).
- Information about medications you took or are taking.
- Legal matters.
- Billing and insurance information

There may also be other kinds of information that go into your health care records here.

I use PHI for many purposes. For example, I may use it here:

- To plan your care and treatment.
- To decide how well my treatments are working for you
- To provide customer service and coordinate care
- When I talk with other health care professionals who are also treating you, such as your family doctor or the professional who referred you to me. When I do this, I will ask for your consent. Almost always, I will also ask you to sign a release-of-information form, which will explain what information is to be shared and why.
- For teaching and training other health care professionals or for medical or psychological research. If I do this, your name will never be disclosed, and there will be no way for them to find out who you are. Before I proceed, I will obtain your consent and request that you sign an authorization, which will inform you of the information that will be shared and the reasons for doing so.

- To show that you actually received services from me, which I billed to you or your health insurance company. I will talk to you before the information is released to insurance.
- For public health officials trying to improve health care in this area of the country.
- To improve the way I do my job by measuring the results of my work.

When you understand what is in your record and what it is used for, you can make better decisions about what other persons or agencies should have this information, when, and why.

### **C. How information is collected**

Information is collected in multiple ways and from multiple sources. Examples include:

- Consent & intake forms through the practice portal
- Email
- Verbal communication (phone or telehealth)
- Messaging (mobile text messages or secure messages through the portal)

### **D. Privacy and the laws about privacy**

I am required to inform you about privacy due to a federal law, the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and the HIPAA Omnibus Final Rule of 2013. HIPAA requires me to keep your PHI private and to give you this notice about my legal duties and my privacy practices. This form is not legal advice. This is to inform you about your rights and my procedures. It is based on current federal and state laws and may change if those laws or court decisions are amended. If I change my privacy practices, they will apply to all the PHI I keep. I will also post the new Notice of Privacy Practices on my website ([newdawnpsychservices.clientsecure.me](http://newdawnpsychservices.clientsecure.me)), where it can be accessed, in addition to sending you a notice via the client portal about the change. You or anyone else can also get a copy from me at any time. I will obey the rules described in this notice.

### **E. How your protected health information (PHI) can be used and shared**

Except in special circumstances, when I use or disclose your PHI at this practice, I share only the *minimum necessary* PHI needed for those individuals to perform their jobs. The laws give you the right to know about your PHI, to know how it is used, and to have a say in how it is shared. Now, I will tell you more about how I use your information. Primarily, I will use it here and disclose (share) your PHI for routine purposes to provide for your care, and I will provide more details about these uses below. For other purposes, I must inform you about them and request that you sign a written Release of Information form. However, the HIPAA law also states that there are certain uses and disclosures that don't require your consent or authorization, which I

will explain below in Section Three. However, in most cases, I will explain the PHI and who it will be shared with, and ask you to agree to this by signing a release-of-information form.

### 1. Uses and disclosures with your consent

I need information about you and your condition to provide you with the best possible care. In almost all cases, I intend to use your PHI here or share it with other people or organizations to provide treatment to you, arrange for payment for my services, or perform other business functions called “health care operations.” You must agree to let me use and share your PHI in the ways that are described in this Notice of Privacy Practices. To agree, I will ask you to sign a separate consent form before I begin to treat you. If you do not consent to this, I will not treat you because there is a risk of not helping you if I don’t have some information.

#### *a. The basic uses and disclosures: For treatment, payment, and health care operations*

Here, I will provide more information on how your information will be used for these purposes.

##### *For treatment:*

I use your information to provide you with psychological treatments or services. These might include individual or group therapy, psychological, educational, or vocational testing, treatment planning, or measuring the benefits of my services.

I may share your PHI with others who provide treatment to you. If you would like me to share any of the information with your personal physician/care team, I can share some of your PHI with the team members, so that these providers will work best together. You can also request that other professionals treating you share their findings, the actions they took, and their plans so we all can decide what treatments work best for you and follow a treatment plan.

If I need to share your PHI with any other professionals outside this practice, I will require your permission, as indicated on a signed release-of-information form. For example, I may refer you to other professionals or consultants for services I cannot provide. When I do this, I need to tell them things about you and your conditions. Later, I will obtain their findings and opinions, and those will be added to your records here. If you receive treatment in the future from other professionals, I can also share your PHI with them. I can do this only with your permission, which you can provide by signing a release-of-information form. This is so that you will know what information is being shared and with whom. These are some examples so that you can see how I use and disclose your PHI for treatment.

In order to decrease administrative burden and increase engagement in sessions, I utilize AI-assisted note-taking tools. This involves recording sessions and generating transcripts. Although these transcripts are not kept for more than 7 days (often less) and the information is not directly disclosed to any entity, it is important for clients to be aware that information, potentially PHI, may be involved. Clients receive a dedicated document that explains AI-assisted note-taking. Consent for recording and the use of AI note-taking is requested via a dedicated consent form.

*For payment:*

I may use your information to bill you, your insurance, or others, so I can be paid for the treatments I provide to you. I may contact your insurance company to find out exactly what your insurance covers. I must provide your birthdate, insurance number, diagnoses, what treatments you have received, and the changes I expect in your conditions. I may need to tell them about when the session occurred, where you and I were located during the session, and your progress. Insurers may also request to review some records to assess the completeness of my record-keeping or confirm aspects of the sessions.

*For health care operations.*

Using or disclosing your PHI for health care operations goes beyond my care and payment for services. For example, I may use your PHI to identify areas where I can improve the care and services I provide. I may be required to provide some information to government health agencies, so they can study disorders and treatments and develop plans for necessary services. If I do, your name and all personal information will be removed from what I send.

*b. Other uses and disclosures in health care*

*Appointment reminders:*

I may use and disclose your PHI to reschedule or remind you of appointments for treatment or other care. If you want me to call or write to you only at your home or your work, or you prefer some other way to reach you, I usually can arrange that. Just tell me.

*Treatment alternatives:*

I may use and disclose your PHI to tell you about or recommend possible treatments or alternatives that may be of help to you.

*Other benefits and services:*

I may use and disclose your PHI to tell you about health-related benefits or services that may be of interest to you.

*Research:*

I may use or share your PHI to do research to improve treatments—for example, comparing two treatments for the same disorder, to see which works better or faster. In all cases, your name, address, and other personal information will be removed from the information given to researchers. I will discuss this with you, and I will not use your PHI unless you give your consent on an authorization form. If the researchers need to know who you are, I will discuss the research project with you, and I will not send any information unless you sign a special release-of-information form.

*Business associates:*

I hire other businesses to perform certain tasks for me. In the law, they are called my “business associates.” Examples include a copy service to make copies of your health records and a billing service to determine, print, and mail your bills. These business associates need to receive some of your PHI to do their jobs properly. To protect your privacy, they have agreed in their contracts with me to safeguard your information in the same manner as I do.

## 2. Uses and disclosures that require your consent

If I want to use your information for any purpose besides those described above, I need your permission on a release-of-information form. If you do allow me to use or disclose your PHI, and then change your mind, you can cancel that permission in writing at any time. I will then stop using or disclosing your information for that purpose. Of course, I cannot take back any information I have used here already or disclosed to anyone with your permission. As a psychologist licensed in Wyoming, Utah, Florida, and with approval to practice through the interjurisdictional pact, PsyPact, I maintain your privacy more carefully than is required by HIPAA. The HIPAA rules are described below, but I will almost always discuss these with you and ask you to sign a release of information so that you are fully informed.

## 3. Uses and disclosures that don't require your consent or authorization

The HIPAA laws allow me to use and disclose some of your PHI without obtaining your consent or authorization in certain cases. Here are some examples of when I might do this. I will almost always notify you if any of these situations occur.

### ***a. When required by law***

There are some federal, state, or local laws that require me to disclose PHI:

- I have to report suspected abuse or neglect of protected populations, including children, elders, frail/disabled persons, etc. to a state agency.
- I must report the use of child pornography.
  - If you are involved in a lawsuit or legal proceeding, and I receive a subpoena, discovery request, or other lawful process, I may have to release some of your PHI. I will only do so after telling you about the request and will suggest that you talk to your lawyer.
  - I have to disclose some information to the government agencies that check on me to see that I am obeying the privacy laws, and to organizations that review my work for quality and efficiency.

### ***b. For law enforcement purposes***

I may release medical information if asked to do so by a law enforcement official to investigate a crime or criminal.

### ***c. For public health activities***

I may disclose some of your PHI to agencies that investigate diseases or injuries.

***d. For matters relating to deceased persons***

I may disclose PHI to coroners, medical examiners, or funeral directors, and to organizations relating to organ, eye, or tissue donations or transplants.

***e. For specific government functions***

I may disclose PHI of military personnel and veterans to government benefit programs relating to eligibility and enrollment. I may disclose your PHI to workers' compensation and disability programs, to correctional facilities if you are an inmate, or to other government agencies for national security reasons.

***f. To prevent a serious threat to health or safety***

If I come to believe that there is a serious threat to your health or safety, or that of another person or the public, I can disclose some of your PHI. I will only do this to those people who can prevent the danger.

If it is an emergency, and I am unable to get your agreement, I can disclose information if I believe that it is what you would have wanted and if I believe it will help you. When I do share information in an emergency, I will tell you as soon as I can. If you don't approve, I will stop, as long as it is not against the law.

**4. Uses and disclosures where you have an opportunity to object**

I can share some information about you with your family and anyone else you choose, such as close friends or clergy. I will ask you which persons you want me to tell, and what information you want me to tell them about your condition or treatment. You can tell me what you want, and I will honor your wishes as long as it is not against the law.

**5. An accounting of disclosures I have made**

When I disclose your PHI, I will keep a record of whom I sent it to, when I sent it, and what I sent. You can get an accounting (a list) of many of these disclosures. I may charge you a reasonable fee if you request more than one accounting in any 12-month period. If the records are sent as electronic medical records, I will always record that, and there will be no charge for an accounting.

**F. Your rights about your protected health information**

1. You can ask me to communicate with you about your health and related issues in a particular way or at a certain place that is more private for you. For example, you can ask me to call you at home, rather than at work, to schedule or cancel an appointment. I will try my best to do as you ask, and I don't need an explanation. Sending your information via email carries some risk that it could be intercepted by someone else. I use a HIPAA-compliant email service and mobile text



messaging to help ensure the protection of your PHI. I also utilize a secure messaging service through the client portal. This is the preferred method for communicating PHI. Please note that anything you send us electronically becomes a part of your legal record, even if I do not place it in the chart. Be mindful of this, and please do not forward us emails from third parties or others in your life. It is better to utilize screen sharing during an appointment so we can discuss it.

2. You have the right to ask us to limit what I tell people involved in your care or with payment for your care, such as family members and friends. You can ask during a session or phone call, and I may then ask for your written permission. I don't have to agree to your request, but if I do agree, I will honor it except when it is against the law, when there is an emergency, or when the information is necessary to treat you.

3. You have the right to prevent my sharing your PHI with your insurer or payer for its decisions about your benefits or some other uses, if you paid me directly ("out of pocket") for the treatment or other services, and are not asking the insurer to pay for those services unless I am under contract with your insurer (on their panel of providers) or any other entity that may be paying for the services.

4. You have the right to review the PHI I have about you, including your medical and billing records. In some very unusual circumstances, if there is very strong evidence that reading this would cause serious harm to you or someone else, you may not be able to see all of the information.

5. You can get a copy of these records, but I may charge you a reasonable cost-based fee. If your records are in electronic form, not on paper, you can request an electronic copy of your PHI. Please contact me, the compliance officer, to arrange a time to view your records. Generally, I do not recommend obtaining a copy of your records, as it may be viewed by others accidentally. I will be happy to review the records with you, provide a summary to you, or work out any other method that satisfies you.

6. You have the right to add to (amend) your records to explain or correct anything in them. If you believe that the information in your records is incorrect or missing something important, you can ask me to make additions to your records or to include your own written statements to correct the situation. You must submit this request in writing and send it to me, the Compliance Officer.

7. You have the right to revoke consent to share certain types of information, for example, you can opt out of engaging in mobile text messaging at any time by texting STOP to the business number or reaching out via email or phone.

8. You have the right to a copy of this notice. If I change this notice, I will post the new one on the website and notify you of the change via a secure message on the client portal. You can always get a copy from me, the compliance officer.

9. If you have a problem with how your PHI has been handled or if you believe your privacy rights have been violated, contact me, the compliance officer. I will do my best to resolve any

issues and comply with your requests. You have the right to file a complaint with us and with the Secretary of the U.S. Department of Health and Human Services at 200 Independence Avenue SW, Washington, DC 20201, or by calling 202-619-0257.

10. I will not in any way limit your care here or take any actions against you if you complain or request changes.

You may have other rights that are granted to you by the laws of the state of Wyoming, and these may be the same as or different from the rights described above. I will be happy to discuss these situations with you now or as they arise.

**G. If you have questions or problems**

If you have any questions or problems related to my health information privacy policies, please contact me, the compliance officer (Dr.Caitilin Barrett, 307-500-2441), [cbarrett@newdawnpsychservices.com](mailto:cbarrett@newdawnpsychservices.com)).

The effective date of this notice is 2/8/2026.