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Constructive Alternatives, LLC  
24300 Chagrin Blvd., Suite 309  
Beachwood, OH 44122

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**NOTICE OF POLICIES AND PRACTICES TO  
PROTECT THE PRIVACY OF YOUR HEALTH INFORMATION**

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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.

Constructive Alternatives, LLC (the “Practice”) is committed to protecting your privacy. The Practice is required by federal and state law to maintain the privacy of Protected Health Information (“PHI”), which is information that identifies or could be used to identify you. The Practice is required to provide you with this Notice of Privacy Practices (this “Notice”), which explains the Practice's legal duties and privacy practices and your rights regarding PHI that we collect and maintain.

**YOUR RIGHTS**

Your rights regarding PHI are explained below. To exercise these rights, please submit a written request to the Practice at the address noted below.

To inspect or obtain a copy of your PHI.

- You can ask for an electronic or paper copy of your PHI. The Practice may charge you a reasonable fee.
- The Practice may deny your request if the PHI has been destroyed (e.g., after termination of care, at which time records are destroyed after a legally designated period), or when it believes the disclosure is likely to have an adverse effect on you or otherwise endanger you or someone else. You may have a right to have this decision reviewed.

To request to amend your PHI.

- You can ask to correct PHI you believe is incorrect or incomplete. The Practice may require you to make your request in writing and provide a reason for the request.
- The Practice may deny your request. The Practice will send a written explanation for the denial and allow you to submit a written statement of disagreement.

To request confidential communications.

- You can ask the Practice to contact you in a specific way (e.g., by alternate means or at an

alternate location) in order to protect your privacy (e.g., sending bills or statements to an alternate address or contacting you using an alternate phone number). The Practice will say “yes” to all reasonable requests.

To limit what PHI is used or shared.

- You can ask the Practice not to use or share PHI for treatment, payment, or business operations. The Practice is not required to agree if it would affect your care or is otherwise mandated by law.
- If you pay for a service or health care item out-of-pocket in full, you can ask the Practice not to share PHI with your health insurer.

To obtain a list of those with whom your PHI has been shared.

- You can ask for a list, called an accounting, of the times your health information has been shared. You can receive one accounting every 12 months at no charge, but you may be charged a reasonable fee if you ask for one more frequently.

To receive a copy of this Notice.

- You can ask for a paper copy of this Notice, even if you agreed to receive the Notice electronically.

To 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.

To file a complaint if you feel your rights are violated.

- You can file a complaint by contacting the Practice using the following information:

Constructive Alternatives, LLC

24300 Chagrin Blvd., #309

Beachwood, OH 44122

216-223-7169

- You can also call The Ohio Board of Psychology at 614-466-8808 or 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/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).

- The Practice will not retaliate against you for filing a complaint.

## OUR USES AND DISCLOSURES

### 1. Routine Uses and Disclosures of PHI

The Practice is permitted under federal law to use and disclose PHI, without your written authorization, for certain routine uses and disclosures, such as those made for treatment, payment, and the operation of our business. The Practice typically uses or shares your health information in the following ways:

To treat you.

- The Practice can use and share PHI with other professionals who are treating you.
- Example: Your primary care doctor asks about your mental health treatment.

To run the health care operations.

- The Practice can use and share PHI to run the business, improve your care, and contact you.
- Example: The Practice uses PHI to send you appointment reminders if you choose.

To bill for your services.

- The Practice can use and share PHI to bill and get payment from health plans or other entities.
- Example: The Practice gives PHI to your health insurance plan so it will pay for your services.

### 2. Uses and Disclosures of PHI That May Be Made Without Your Authorization or Opportunity to Object

The Practice may use or disclose PHI without your authorization or an opportunity for you to object, in the following circumstances:

- **Child Abuse:** If a Practice provider knows or suspects that a child under 18 years of age or a developmentally disabled or physically impaired person under 21 years of age has suffered or faces a threat of suffering any physical or mental wound, injury, disability, or condition of a nature that reasonable indicates abuse or neglect, the law requires immediate reporting of that knowledge or suspicion to the Ohio Public Children Services Agency or a municipal or county peace officer.
- **Elder Abuse:** If a Practice provider has reasonable cause to believe that an elderly adult is being abused, neglected, or exploited, or is in a condition which is the result of abuse, neglect, or exploitation, the provider is required by law to immediately report such

belief to the County Department of Job and Family Services or other appropriated agency.

- Domestic Abuse: In the case that any adult client is a victim of domestic violence, Practice providers must record information about this in your treatment record.
- Judicial or Administrative Proceedings: If you are involved in a court proceeding and a request is made for information about professional services provided by the Practice and/or the records thereof, such information is privileged under state law and will not be released without your written authorization or a court order. This privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. The Practice provider must inform you in advance if this is the case.
- Serious Threat to Health or Safety: If a Practice provider believes you pose a clear and substantial risk of imminent serious harm to yourself or another person, the Practice/provider may disclose your relevant confidential information to public authorities, the potential victim, other professionals, and/or your family/significant others in order to protect against such harm. If you communicate an explicit threat of inflicting imminent and serious physical harm or causing the death of one or more clearly identifiable victims, and a Practice provider believes you have the intent and ability to carry out the threat, the Practice/provider may take one or more of the following actions in a timely manner: 1) take steps to hospitalize you on an emergency basis, 2) establish and undertake a treatment plan calculated to eliminate the possibility that you will carry out the threat, and initiate arrangements for a second opinion risk assessment with another mental health professional, 3) communicate to a law enforcement agency and, if feasible, to the potential victim(s), or victim's parent or guardian if a minor, all of the following information: a) the nature of the threat, b) your identity, and c) the identity of the potential victim(s).
- Health Oversight: If there is an inquiry or complaint made about the Practice or Practice provider's professional conduct to the Ohio Board of Psychology or other governing/certifying bodies, the Practice may be required to provide your confidential mental health records relevant to this inquiry.

### 3. Uses and Disclosures of PHI That May Be Made With Your Authorization or Opportunity to Object

- The Practice may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. An “*authorization*” is written permission above and beyond the general consent that permits only specific disclosures. In those instances when the Practice is asked for

information for purposes outside of treatment, payment, and healthcare operations, the Practice will obtain an authorization from you before releasing this information.

- The Practice will also need to obtain an authorization before releasing your psychotherapy notes, if they exist. “*Psychotherapy notes*” are notes that may have been made during or about a private, group, joint, or family therapy session and are kept separate from the rest of your medical record. These notes, when they exist, are given a greater degree of protection than PHI.
- You may revoke all such authorizations (of PHI) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) the Practice relied on that authorization for a prior release of information; or (2) the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

#### OUR RESPONSIBILITIES

- The Practice is required by law to maintain the privacy and security of PHI.
- The Practice is required to abide by the terms of this Notice currently in effect. Where more stringent state or federal law governs PHI, the Practice will abide by the more stringent law.
- The Practice reserves the right to amend Notice. All changes are applicable to PHI collected and maintained by the Practice. Should the Practice make changes, you may obtain a revised Notice by requesting a copy from the Practice, using the information above, or by viewing a copy on the website: [drjillcbaird.com](http://drjillcbaird.com).
- The Practice will inform you if PHI is compromised in a breach.

This Notice is effective on January 6, 2026.