

# NOTICE OF PRIVACY PRACTICES

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 understand that counseling information about you and your health is personal, and I am committed to protecting your health information. I am required by law to maintain the privacy of your health information, to follow the terms of this notice, and to provide you with this notice of my legal duties and privacy practices with respect to your health information. I am required to follow the terms of the notice that is currently in effect. If these terms change, I will provide you with an updated notice and the most up-to-date notice will be available on my website or upon request.

## How Your Counselor May Use or Disclose Your Health Information:

As your counselor, I protect the privacy of your health information. For some activities, I must have your written authorization to use or disclose your health information. However, the law permits me to use or disclose your health information for the following purposes without your authorization:

- **For Treatment** - In the course of our work together it may be necessary for me to disclose your private health information with other professionals to coordinate your care or to receive consultation.
- **For Payment** - I may use and disclose your health information so that my services may be billed to, and payment may be collected from you, an insurance company, or a third party.
- **For Health Care Operations** - I may use and disclose your health information about you for clinical operations. Unless you provide us with alternative instructions, I may send visit reminders and other materials related to your health care to your home. These uses and disclosures are necessary to run the Clinic and make sure that you receive quality customer service.
- **As Required by Law** - I will disclose health information about you when required to do so by federal, state, or local law. I am required to report information to law enforcement in the following scenarios:
  - If you are evaluated to be in imminent danger to yourself or others.
  - If I believe a minor (child under the age of 18), or a vulnerable adult (elderly, disabled, or otherwise unable to care for self) is a victim of or at risk of abuse.
- **To Avert a Serious Threat to Health or Safety** - I may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.
- **Public Health Risks** - I may disclose health information about you for public health activities. These activities generally include the following: 1) to prevent or control disease, injury, or disability, 2) to report reaction to medications or problems with products, 3) to notify people of recalls of products they may be using, 4) to notify a person who may have been exposed to a disease or may be at risk of contracting or spreading a disease or conditions, and 5) to notify the appropriate government authority if I believe a person has been the victim of abuse, neglect or domestic violence (I will only make this disclosure if you agree and when required or authorized by law.).
- **For Health Oversight Activities** - I may disclose health information to a health oversight agency for activities authorized by law. These oversight activities, which are necessary for the government to monitor the health care system, include audits, investigations, inspections, and licensure.

- **Lawsuits and Disputes** - If you are involved in a lawsuit or dispute, I may disclose health information about you in response to a court order or administrative order. I may also disclose health information about you in response to a subpoena, discovery request, or other lawful processes by someone else involved in the dispute, but only if efforts have been made to tell you about the request (which may include written notice to you), or to obtain an order protecting the information requested.
- **For Specific Government Functions** - I may disclose health information for the following specific government functions: 1) health information of military personnel, as required by military command authorities, 2) health information of inmates, to a correctional institution or law enforcement official, 3) in response to a request from law enforcement, if certain conditions are satisfied, and 4) for national security reasons.

## **Your Counselor May Not Use or Disclose Your Health Information**

Except as described in the notice, I will not use or disclose your health information without your written authorization. If you do authorize me to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

## **You Have The Following Rights With Respect To Your Health Information:**

- To request restrictions on certain uses of disclosures of your health information. I am not required to agree to a restriction that you request. If I do agree to any restriction, I will put the agreement in writing and follow it, except in emergency situations. I cannot agree to limit the uses or disclosures of information that are required by law.
- To inspect and copy your health information as long as the clinician maintains the health information. Your health information usually will include treatment and billing records. To inspect or copy your health information, you must submit a written request to the office that provided your services. I may charge a fee for the costs of copying, mailing, or other supplies that are necessary to grant your request. I may deny your request to inspect and copy in certain limited circumstances. If you are denied access to your health information, you may request that the denial be reviewed. You have a right to choose to obtain a summary instead of a copy of your health information.
- To request that I amend your health information that is incorrect or incomplete. To request an amendment, you must submit a written request (form available from your clinician), along with the reason for the request. I am not required to amend health information that is accurate and complete.
- To request communications of your health information by alternative means or at alternative locations. For example, you may request that I contact you about health matters only in writing or at a different residence or post office box. To request confidential communication of your health information, you must submit a written request. Your request must state how or when you would like to be contacted.

## **Notice of Rights Concerning Substance Use Disorder Records**

If I create or maintain your substance use disorder (SUD) records, I must ensure that your records are protected as covered by 42 part 2 of the Code for Federal Regulations (CFR Part 2), and I must provide adequate notice of the uses and disclosures of the records, as well as your rights and my legal duties with respect to these records. Importantly, this federal regulation limits the use or disclosure of SUD records that would otherwise be permissible under HIPAA without your authorization, including but not limited to uses or disclosures for purposes of treatment, payment or healthcare operations.

## **Limits on Use of SUD Records**

SUD treatment records I might hold that are subject to 42 CFR part 2, or testimony I might have to give relaying the content of such records, shall not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you unless based on written consent, or a court order, and after notice and an opportunity to be heard is provided to you or me, as stated in 42 CFR part 2. I must receive a court order authorizing use or disclosure accompanied by a subpoena or other legal requirement compelling my disclosure before the requested record is used or disclosed.

## **Impact of Other Laws**

If the permissible uses or disclosures of your information described in the NPP are limited by other laws that are more restrictive than HIPAA, the description of such uses or disclosures "must reflect the more stringent law." Similarly, if another law permits or (more importantly) requires disclosure of your information, then the description of uses and disclosures in this NPP must include sufficient detail to place you on notice of the use and disclosure that are permitted or required by the HIPAA Privacy Rule, subpart and other applicable laws, such as 42 CFR part 2. If I am maintaining or receiving your SUD records protected by Part 2 of the federal regulation, unlike other protected health information, uses or disclosures of SUD records for treatment, payment and/or healthcare operations generally require your written consent.

## **Rediscovery**

If SUD records are disclosed to me with your written consent for treatment, payment, and your mental health, I may further use and disclose such health information without your written consent to the extent that the HIPAA regulations permit such uses and disclosures, consistent with the other provisions in this Notice regarding your information.

## **Fundraising**

If I plan or intend to use or disclose records for fundraising for the benefit of my business, I will give you a clearly explained and transparent opportunity to decline to receive such communications.

## **Changes To This Notice Of Privacy Practices**

I reserve the right to change this notice. I reserve the right to make the revised or changed notice effective for health information I already have about you as well as any information I receive in the future. Any revised notice will be posted on the website and in the office. Upon request, I will provide a revised notice to you.

## **For More Information Or To Report A Problem**

If you have questions or would like additional information about our privacy practices, you may contact the Secretary of Health and Human Services. If you believe your privacy rights have been violated, you can contact the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

## **EFFECTIVE DATE OF THIS NOTICE**

This notice went into effect on Sep 11, 2021 with updates on February 5, 2026

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information.