
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.

This notice went into effect on 3/1/2024

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

I. MY PLEDGE REGARDING HEALTH INFORMATION:

I understand that health information about you is personal, and I am committed to protecting information about you. I keep notes on the services you receive from me and do so to inform our work together. This notice explains the ways in which I may need to disclose health information about you and your rights therein-

I am required by law to:

- Make sure that PHI that identifies you is kept private.
- Give you this notice of my legal duties and privacy practices with respect to any health information.
- Follow the terms of the notice that is currently in effect.
- If terms of this notice need to change, the new Notice will be available on my website.

II. HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:

For Health Care Operations or Payment: Federal privacy rules (regulations) allow health care providers who have a direct care relationship with the patient/client to use or disclose the patient/client's PHI without the patient's written authorization- to carry out treatment, payment, health care operations, and for referrals between health care providers. Only essential information is disclosed in the above circumstances, and you would be notified.

Lawsuits: If you are involved in a lawsuit, I may need to disclose health information in response to a court or administrative order about you or your minor children. All efforts would be made to notify you of the request, and only specific information requested would be disclosed. Every effort is made to avoid any disclosure.

III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:

1. **Psychosocial Counseling and other service "Notes" - Any use or disclosure requires your authorization unless:**

I am required by law to disclose, yet limited to what is requested; required by a coroner who is performing authorized duties; to avert a serious threat to the health and safety of yourself or others; for investigative purposes for my compliance with HIPPA; to defend myself in legal proceedings instituted by you or associated individuals.

2. **Marketing Purposes.** I will not use or disclose your PHI for marketing purposes without your prior written consent. If you plan to share a review publically on my behalf to market my services, I will provide a release form, which you may withdraw at any time by written request. I will not sell your PHI.

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

Subject to certain limitations in the law, I may use and disclose your PHI without your Authorization for the following reasons. I meet certain legal conditions before I share your information for these purposes:

1. To contact you with appointment reminders and health related benefits or services
2. When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.
3. For public health activities, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone's health or safety.
4. For health oversight activities, including audits and investigations.
5. For judicial and administrative proceedings, including responding to a court or administrative order or subpoena.
6. For law enforcement purposes
7. To coroners or medical examiners, when such individuals are performing duties authorized by law.
8. Specialized government functions, including, ensuring the proper execution of military or governmental missions

V. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT.

Disclosures to family, friends, or others: You have the right to tell me that I may provide your PHI to another person whom you indicate is involved in your care or the payment for services, or to share your information in a disaster relief situation. The opportunity to consent may be obtained retroactively in emergency situations to mitigate a serious and immediate threat to health or safety.

VI. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI:

1. The right to request restrictions for health care operation purposes for services paid for out-of-pocket in full.
2. The right to choose that I contact you in a specific way (i.e., email vs. phone or portal link)
3. The right to obtain copies of your PHI. If requested, I can provide you with a copy of your "notes", or a summary per your request. I charge a reasonable cost based on my hourly service fee for doing so.
4. The right to be notified in any circumstances where your PHI is being requested unless prohibited by a court of law or law enforcement.
5. The right to request that I correct or update Your PHI. In certain circumstances I may say "no" to your request, but I will explain the discrepancy in writing within 60 days of receiving your request.
6. The right to obtain a copy of this Notice.
7. The right 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 make choices about your health information.
8. The right to revoke an authorization.
9. The right to file a complaint if you feel I have willingly violated your rights by contacting me using the information on page one, by calling HHS at # (877) 696-6775, or by visiting www.hhs.gov/ocr/privacy/hipaa/complaints. I will not retaliate against you for filing a complaint, yet will defend myself which may require disclosure of PHI.

****NOTE:** Because I am providing *non-medical model counseling*, coaching, and meditation services, our work together is not considered traditional "health care". I am not assessing for diagnosis nor "treating" mental health disorders or illnesses. Rather, I am providing psychosocial support services that are intended to prevent the above to the extent possible, and to maintain and promote well-being. Therefore, the "notes" I keep are NOT considered a medical record,, and all efforts are made Not to have to disclose any information about my clients to the extent possible.