

NOTICE OF PRIVACY PRACTICES

I. MY PLEDGE REGARDING HEALTH INFORMATION:

I understand the personal nature of health information and am committed to safeguarding it. The records created for your care are essential for quality service and legal compliance. This notice details how I may use, disclose, and protect your health information, explaining your rights and my obligations. I am obligated by law to maintain the privacy of your protected health information (PHI), provide this notice, and adhere to its terms. Changes to this notice will be available on my website.

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

I may use and disclose your health information for treatment, payment, or health care operations without your written authorization. This includes consultations with other health care providers and disclosures in response to court orders or legal processes related to disputes.

III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:

Certain uses of "psychotherapy notes" require your Authorization unless exempted by law or for specific purposes outlined in this section. I will not use or disclose your PHI for marketing purposes or sell it in the regular course of business.

IV. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION:

I can use and disclose your PHI without Authorization in specific situations, such as complying with state or federal law, public health activities, health oversight, judicial and administrative proceedings, law enforcement, coroners or medical examiners, research, specialized government functions, and for workers' compensation.

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

I may provide your PHI to family, friends, or others involved in your care unless you object.

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

1. **Request Limits:** You can ask me not to use or disclose certain PHI, but I may decline if it affects your health care.
2. **Restrictions for Out-of-Pocket Expenses:** You may request restrictions on PHI disclosures for items or services paid for out-of-pocket.
3. **Preferred Communication:** You can specify how I contact you.
4. **Access to Your PHI:** You have the right to request and receive a copy of your medical record, with possible fees.
5. **List of Disclosures:** You can request a list of PHI disclosures.
6. **Correct or Update Your PHI:** You can request corrections or additions to your PHI.
7. **Copy of this Notice:** You can obtain a paper or electronic copy of this notice.

Acknowledgment of Receipt of Privacy Notice

By checking the box below, you acknowledge receiving a copy of the HIPAA Notice of Privacy Practices.

BY SIGNING BELOW, I AGREE THAT I HAVE READ, UNDERSTOOD, AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

Speak Healing Therapy, 240-423-1562