

MEANINGFUL JOURNEY COUNSELING

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NOTICE OF PRIVACY PRACTICES

Effective Date: February 16, 2026

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I. MY PLEDGE REGARDING HEALTH INFORMATION

I understand that health information about you and your health care is personal. I am committed to protecting the privacy of your health information. I create a record of the care and services you receive from me. I need this record to provide you with quality care and to comply with certain legal requirements.

This notice applies to all records of your care generated by this mental health care practice. It explains how I may use and disclose your protected health information ("PHI"), your rights regarding your PHI, and my legal obligations with respect to your PHI.

I am required by law to:

- Ensure that PHI that identifies you is kept private
- Provide you with this Notice of Privacy Practices
- Follow the terms of the Notice currently in effect

I reserve the right to change the terms of this Notice. Any changes will apply to all PHI I maintain. The updated Notice will be available upon request, in my office, and on my website.

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

Treatment, Payment, and Health Care Operations

Federal privacy regulations allow health care providers with a direct treatment relationship to use or disclose PHI without written authorization for treatment, payment, and health care operations (“TPO”).

- **Treatment** includes providing, coordinating, or managing your mental health care; consultations with other licensed health care providers; and referrals.
- **Payment** includes activities such as billing, claims management, and collections.
- **Health care operations** include quality assessment, professional review, training, licensing, and business administration.

Disclosures for treatment purposes are **not limited to the minimum necessary standard**, because therapists and other health care providers may need full access to relevant information to provide quality care.

Couples, Family, and Joint Therapy

When providing couples, family, or joint therapy, PHI may be shared among participants as clinically appropriate. Specific policies regarding confidentiality, access to records, and disclosures in relational therapy are addressed in your informed consent documents.

Lawsuits and Legal Proceedings

If you are involved in a legal proceeding, I may disclose PHI in response to a court or administrative order. I may also respond to subpoenas or other lawful processes when permitted by law, typically after reasonable efforts have been made to notify you or obtain a protective order.

III. USES AND DISCLOSURES THAT REQUIRE YOUR WRITTEN AUTHORIZATION

Psychotherapy Notes

I do maintain psychotherapy notes as defined by federal law. Psychotherapy notes are kept separate from the medical record and are afforded special protections.

I will not use or disclose psychotherapy notes without your written authorization except:

- For my own treatment of you

- For training or supervision purposes
- To defend myself in legal proceedings initiated by you
- For health oversight activities as required by law
- To avert a serious and imminent threat to health or safety
- As otherwise required by law

Marketing and Sale of PHI

I do not use or disclose your PHI for marketing purposes, and I do not sell your PHI.

IV. USES AND DISCLOSURES THAT DO NOT REQUIRE YOUR AUTHORIZATION

Subject to applicable law, I may use or disclose PHI without your authorization for:

- When required by federal or state law
- Public health and safety activities (including reporting abuse or neglect)
- Health oversight activities (audits, investigations, licensing)
- Judicial and administrative proceedings
- Law enforcement purposes as permitted by law
- Coroners or medical examiners
- Research (subject to legal safeguards)
- Specialized government functions
- Workers' compensation claims
- Appointment reminders and treatment-related communications

V. SUBSTANCE USE DISORDER (SUD) RECORDS — SPECIAL CONFIDENTIALITY PROTECTIONS

Some health information may be subject to additional federal confidentiality protections under **42 C.F.R. Part 2**, which applies to certain substance use disorder treatment records.

If I receive or maintain records that are subject to these protections:

- Such records may be used or disclosed for treatment, payment, and health care operations only as permitted by law or with your consent.
- These records may **not** be used or disclosed in civil, criminal, administrative, or legislative proceedings against you without your written consent or a court order.
- You have the right to revoke consent for disclosures of these records, request an accounting of disclosures, and request certain restrictions.
- If such information were ever used for fundraising purposes, you would be given a clear opportunity to opt out (however, this practice does not engage in fundraising using PHI).

VI. USES AND DISCLOSURES WHERE YOU HAVE THE OPPORTUNITY TO OBJECT

I may disclose PHI to family members, partners, or others involved in your care or payment for care, unless you object. In emergencies, consent may be obtained retroactively when possible.

VII. YOUR RIGHTS REGARDING YOUR PHI

You have the right to:

- **Request restrictions** on certain uses and disclosures (I am not required to agree in all cases)
- **Request restrictions for services paid in full out-of-pocket**, limiting disclosure to health plans
- **Request confidential communications** (specific methods or locations)
- **Inspect and obtain copies** of your medical record (excluding psychotherapy notes)

- **Request an accounting of disclosures** made in the past six years
- **Request corrections or amendments** to your PHI
- **Receive a paper or electronic copy** of this Notice at any time
- **Opt out of fundraising communications** (if applicable)
- **File a complaint** if you believe your privacy rights have been violated

To file a complaint, you may contact me directly or file a complaint with:

U.S. Department of Health and Human Services Office for Civil Rights www.hhs.gov/ocr/privacy/hipaa/complaints

You will not be retaliated against for filing a complaint.

ACKNOWLEDGEMENT OF RECEIPT

By signing or electronically acknowledging this document, you confirm that you have received a copy of this Notice of Privacy Practices.

This Notice may be updated periodically. Current versions are available upon request and on the practice website: www.meaningfuljourneycounseling.com