



NOTICE OF PRIVACY PRACTICES (NPP)

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.

1. Your medical records are used to provide treatment, bill and receive payments, and conduct healthcare operations. Examples of these activities include but are not limited to review of treatment records to ensure appropriate care, electronic or mail delivery of billing for treatment to you or other authorized payers, appointment reminder telephone calls, emails, and/or text messages, and records review to ensure completeness and quality of care. Progress notes are part of your medical record.
2. Use or disclosure of your personal information is limited as outlined in Section 1, with the following exceptions:
 - Federal and State laws require me to report abuse or neglect of (1) a child, (2) an adult 65 years or older, or (3) an individual with a disability, to an appropriate protective agency.
 - I am required to report any credible threats to your safety or the safety of others to an appropriate law enforcement agency.
 - You may request a copy or summary of your records be disclosed to yourself or someone else. Your request must be made in writing, clearly identify the person or entity you want the information released to, specify the information you want disclosed, and include the expiration date of the authorization. You may revoke any authorization at any time. I will respond to a disclosure request within 30 days.
3. Any information I disclose as described in Section 2 will be limited to the minimum necessary. Any reports I make will be disclosed to you. I am available to answer any questions you may have about these exceptions.
4. You may request corrections to your records.
5. You may request that we restrict uses and disclosures outlined in Section 1. However, we are not required to agree to the restrictions. If an agreement is made to restrict use or disclosure, we will be bound by such restriction until revoked by you or when disclosure is required by law or in an emergency.
6. I will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
7. I will follow the duties and privacy practices outlined in this notice.
8. If you wish to file a complaint about privacy-related issues, you may contact the Secretary of the Department of Health and Human Services, 200 Independence Avenue S.W., Washington D.C., 20201. I will not retaliate against you for filing a complaint.
9. This Notice, including any modifications or amendments, is available at www.vadacounseling.com. You may also request a paper copy at any time.
10. If you have any questions or complaints regarding this Notice or other privacy concerns, you may call my office at (832) 532-4251 or email me at candice@vadacounseling.com.