



NOTICE OF PRIVACY PRACTICES

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.

YOUR RIGHTS

You have the right to:

- Get a paper or electronic copy of your medical record. You may request access to or a copy of your medical record in paper or electronic form. We will generally provide access within 30 days of your request, with one allowable 30-day extension if needed. We may charge a reasonable, cost-based fee permitted by law. Because mental health records may contain subjective clinical impressions and sensitive information, we strongly encourage clients to review records with their provider when possible in order to provide clarity and reduce misunderstanding. However, review with a provider is not required in order to obtain access to your records. Medical records are generally maintained for a minimum of seven (7) years following the last date of service in accordance with applicable law and professional standards. After applicable retention periods have expired, records may be securely destroyed and may no longer be available
- Ask us to correct your medical record. You may request an amendment if you believe information is incorrect or incomplete. We may deny your request, but we will provide a written explanation within 60 days.
- Request confidential communications. You may request to be contacted in a specific way (text, email) or at a specific location. We ask you to identify your preference on our intake form. Should your initial request change, please email our office manager at info@starkvillecounseling.com.
- Ask us to limit what we share. You may request limits on certain uses or disclosures for treatment, payment, or health care operations. We will oblige your request unless there is a law that requires us to share that information.
- Receive an accounting of disclosures. You may request a list of certain disclosures of your health information made outside of routine treatment, payment, and healthcare operations as required by law. This list may include disclosures made during the six (6) years prior to your request.
- Obtain a copy of this notice. You may request a paper copy at any time.
- Choose a personal representative. If you have granted medical power of attorney or have a legal guardian, that individual may exercise your rights after appropriate verification.
- File a complaint if you feel your rights have been violated. You may file a complaint with our Executive Director, Leslie Fye who is our Privacy Officer, or with the U.S. Department of Health and Human Services Office for Civil Rights. We will not retaliate against you.

OUR USES AND DISCLOSURES

We may use and share your health information for the following purposes:

- Treatment and care coordination. We may use and disclose information to provide, coordinate, or manage your care. For example, we may send you a reminder about your next appointment or share information with other health professionals who are treating you.
- Health care operations. We may use information to operate our practice, improve services, manage administrative activities, and communicate with you. If we disclose your information to any third party that supports our operations, we will have a HIPAA-compliant Business Associate Agreement requiring appropriate safeguards to protect your information.
- Payment. We may use and share information to bill and obtain payment from health plans or other responsible parties.
- *We do not use or disclose your information for marketing, sale of information, or fundraising.*

USE AND DISCLOSURE OF SUBSTANCE USE DISORDER (“SUD”) RECORDS (Subject to 42 CFR Part 2):

If applicable, your substance use disorder (“SUD”) records are protected by federal law under 42 C.F.R. Part 2 (“Part 2”). This law provides additional confidentiality protections and may require separate patient consent for certain

disclosures involving SUD counseling notes. Each disclosure made with patient consent must include either a copy of the consent or a clear explanation of the scope of the consent and be accompanied by the written notice required under 42 CFR Part 2.32(a). Disclosure of these records generally requires your explicit written consent except in limited circumstances permitted by law, including medical emergencies, reporting suspected child abuse or neglect, reporting crimes on program premises, or other disclosures specifically authorized by law. You may revoke your consent at any time in writing, except to the extent action has already been taken in reliance upon it. If SUD records protected under Part 2 are disclosed to us or our business associates pursuant to your written consent for treatment, payment, or healthcare operations, we or our business associates may further use and disclose such information to the extent permitted by HIPAA and applicable law.

PROHIBITIONS ON USE AND DISCLOSURE OF PART 2 RECORDS

Substance use disorder records received from programs subject to 42 CFR Part 2, or testimony relaying the content of such records, shall not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you unless based upon your written consent or a court order after notice and an opportunity to be heard is provided as required by law.

A court order authorizing use or disclosure must generally be accompanied by a subpoena or other lawful process before the requested SUD record may be disclosed.

USES AND DISCLOSURES WITHOUT AUTHORIZATION

We may disclose information without your authorization when required or permitted by law. Exceptions to your privacy rights include disclosures that contribute to the public good or are otherwise required by law. Examples include public health and safety activities, abuse or neglect reporting, judicial proceedings, health oversight activities, law enforcement in limited circumstances, workers' compensation matters, and national security functions. We take your privacy very seriously and will disclose only the minimum necessary information required for these purposes.

TELEHEALTH, ELECTRONIC COMMUNICATIONS, AND PORTABLE DEVICES

Telehealth services are provided using secure, HIPAA-compliant platforms. Electronic communications such as email or text messaging are used only with appropriate safeguards and your documented consent acknowledging potential risks. Mobile and portable devices containing protected health information are secured through encryption and access controls whenever reasonably possible.

OUR RESPONSIBILITIES

We are required by law to maintain the privacy and security of your protected health information, provide notice of breaches when required by law, follow the terms of this notice, and make updated notices available to you.

CHANGES TO THIS NOTICE

We may change the terms of this notice, and those changes will apply to all information we maintain. The revised notice will be available in our office and on our website.

Effective Date: June 1, 2026