



INNATE STRENGTH COUNSELING LLC

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 CAREFULLY.

OUR COMMITMENT TO YOUR PRIVACY

Innate Strength Counseling LLC is committed to protecting the privacy of your Protected Health Information (PHI). PHI includes any information that can be used to identify you and relates to your mental health, treatment, or payment for care. This Notice explains how we may use and disclose your PHI and your rights regarding that information.

HOW WE MAY USE AND DISCLOSE YOUR PHI

Permitted Uses Without Your Authorization:

We may use and disclose your PHI for the following purposes without requiring your additional written authorization:

- **Treatment:** To provide, coordinate, and manage your mental health care, including sharing information with other providers involved in your treatment (with your knowledge).
- **Payment:** To bill and collect payment from you or your insurance company for services provided.
- **Healthcare Operations:** For internal quality assurance, training, licensing, and accreditation activities.
- **Mandatory Reporting:** As required by law, including mandated reports of child abuse, elder abuse, or dependent adult abuse.
- **Duty to Warn:** If you disclose a credible threat of serious harm to an identifiable third party, we may disclose limited information to prevent that harm.
- **Court Orders and Legal Proceedings:** If required by a valid court order or subpoena.
- **Emergency Situations:** To prevent or lessen a serious and imminent threat to your safety or the safety of others.
- **Public Health Activities:** As required by public health authorities for legally authorized purposes.

Uses Requiring Your Written Authorization:

- Psychotherapy notes (maintained separately from your general record)
- Marketing purposes
- Sale of your PHI
- Any other use or disclosure not described in this Notice

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the following rights with respect to your PHI:

- Right to Access:** You have the right to inspect and receive a copy of your health record. Requests must be made in writing. We may charge a reasonable fee for copies.
- Right to Amend:** You have the right to request that we correct inaccurate or incomplete information in your record. We may deny the request if the information is accurate and complete.
- Right to Accounting of Disclosures:** You have the right to request a list of disclosures we have made of your PHI, with certain exceptions.
- Right to Restrict:** You have the right to request restrictions on how we use or disclose your PHI. We are not required to agree to all restrictions.

- Right to Confidential Communications: You may request that we communicate with you in a specific way or at a specific location.
- Right to a Paper Copy: You have the right to receive a paper copy of this Notice upon request.
- Right to Notification of Breach: You have the right to receive notice if your PHI is breached.

CHANGES TO THIS NOTICE

We reserve the right to change this Notice at any time. Any revised Notice will be effective for all PHI we maintain as of the effective date. A copy of the current Notice will always be available at our office and on our website.