

NOTICE OF PRIVACY PRACTICES

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

YOU MAY HAVE ADDITIONAL RIGHTS UNDER STATE AND LOCAL LAW. PLEASE SEEK LEGAL COUNSEL FROM AN ATTORNEY LICENSED IN YOUR STATE IF YOU HAVE QUESTIONS REGARDING YOUR RIGHTS TO HEALTH CARE INFORMATION.

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

Under the Health Insurance Portability and Accountability Act of 1996 (hereafter, "HIPAA"), you have certain rights regarding the use and disclosure of your protected health information (hereafter, "PHI"). PHI is information about you that may be used to identify you and that relates to your past, present, or future physical or mental health condition(s); the provision of care to you; and/or your past, present, or future payment for the provision of health care. When you access and use the website and services of Heather's Healing Space, LLC, you agree to both the TERMS AND CONDITIONS and this NOTICE OF PRIVACY PRACTICES. This includes your acknowledgement that certain information will be shared with Service Providers.

EFFECTIVE DATE

This Notice of Privacy Practices (hereafter, "Notice") was last updated and effective: April 29, 2026. This Notice will remain in effect until Heather's Healing Space, LLC, replaces it.

CHANGES TO THIS NOTICE

Heather's Healing Space, LLC, can change the terms of this Notice, and such changes will apply to all the information I have about you. The new Notice will be available upon request, via email, and on the website.

MY PLEDGE REGARDING HEALTH INFORMATION

I understand that health information about you and your health care is personal. I am committed to protecting your information. I create a record of the care and services you receive to provide you with quality care and to comply with certain legal and licensing requirements. This Notice applies to all records of your care generated by this mental health care practice. This Notice will tell you about the ways in which I may use and disclose health information about you. This Notice also describes your rights to the health information I keep about you and certain obligations I have regarding the use and disclosure of your health information.

Heather's Healing Space, LLC

By law, Heather's Healing Space, LLC, and I, as your provider, are required to:

- Make sure that PHI that identifies you is kept private.
- Give you this notice of my legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect.

HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

The following categories describe different ways health information may be used and disclosed. For each, I will explain and give examples. Not every use or disclosure in a category will be listed; however, all the ways I am permitted to use and disclose information will fall into one of the following categories.

For Treatment, Payment, or Health Care Operations:

Authorization is not required for Treatment, Payment, or Health Care Operations. Federal privacy rules and regulations allow health care providers who have a direct treatment relationship with the client to use or disclose the client's personal health information without the client's written authorization to:

1. carry out the health care provider's treatment – like services for treatment purposes, which may include care coordination and consultations,
2. collect payment and for other payment-related purposes – like submitting a claim to your health insurer for payment, including billing and claims management,
3. perform health care operations – like sending out your appointment reminders, billing invoices, and other documentation as well as quality review or auditing purposes.

Also, I may communicate with family and friends who are involved in your care and payment for care to the extent they are legally authorized. Examples may include the parent or guardian of a minor child and the legal guardian and/or financial conservator of an adult.

The Minimum Necessary Standard applies to payment. Disclosures for treatment purposes are not limited to the minimum necessary standard, because therapists and other health care providers need access to the full record and/or full and complete information to provide quality care. The word "treatment" includes but is not limited to continuity of care like the coordination and management of health care providers with a third party, consultations between health care providers, and referrals of a patient for health care from one health care provider to another.

Psychotherapy Notes:

I do keep "psychotherapy notes," as defined in 45 CFR § 164.501, and any use or disclosure of such notes requires your authorization unless the use or disclosure is:

- a. For my use in treating you.
- b. For training or supervising mental health practitioners to help them improve their skills.
- c. For my use in defending myself in legal proceedings instituted by you.
- d. For use by the Secretary of the Department of Health and Human Services (HHS) to investigate my compliance with HIPAA.
- e. Required by law and the use or disclosure is limited to the requirements of such law.
- f. Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes.
- g. Required by a coroner who is performing duties authorized by law.
- h. Required to help avert a serious threat to the health and safety of yourself or others.

WHEN YOUR AUTHORIZATION IS NOT REQUIRED AND I MUST DISCLOSE

Subject to certain limitations in the law, I can use and disclose your PHI without your Authorization for the following reasons:

1. Appointment reminders and health related benefits or services. I may use and disclose your PHI to contact you to remind you that you have an appointment with me. I may also use and disclose your PHI to tell you about treatment alternatives or other health care services.
2. Averting a serious threat to health or safety. This may include reporting suspected child, elder, or dependent / vulnerable adult abuse, or preventing as well as reducing a serious threat to anyone's health or safety including yourself or another person.
3. For health oversight activities, including audits and investigations.
4. When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.
5. Lawsuits and disputes. If you are involved in a lawsuit, I may disclose health information in response to a court or an administrative order. I may also disclose health information about you or your minor child(ren) in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute. My preference is to tell you about the request and/or obtain an Authorization from you before doing so, if I am so allowed by the court or administrative officials, and/or to obtain an order protecting the information requested.
6. For law enforcement purposes, including reporting crimes occurring on my premises.
7. To coroners or medical examiners if such individuals are performing duties authorized by law.
8. For research purposes, including studying the mental health of patients who received one form of therapy versus those who received another form of therapy for the same condition.
9. Specialized government functions including ensuring the proper execution of military missions, conducting intelligence or counterintelligence operations, and/or helping to ensure the safety of those working within or housed in correctional institutions.
10. For workers' compensation purposes. While my preference is to obtain an Authorization from you, I may provide your PHI to comply with workers' compensation laws.

WHEN YOUR AUTHORIZATION IS REQUIRED TO USE OR DISCLOSURE

Marketing Purposes:

I will not use or disclose your PHI for marketing purposes without your prior written consent. For example, if I request a review from you and plan to share the review publicly online or elsewhere to advertise my services or my practice, I will provide you with a release form and HIPAA authorization. The HIPAA authorization is required in the instance that your review contains PHI (i.e., your name, the date of the service you received, the kind of treatment you are seeking or other personal health details). Because you may not realize which information you provide is considered "PHI," I will send you a HIPAA authorization and request your signature regardless of the content of your review. Once you complete the HIPAA authorization, I will have the legal right to use your review for advertising and marketing purposes, even if it contains PHI. You may withdraw this consent at any time by submitting a written request to me via the email address I keep on file. Once I have received your written withdrawal of consent, I will remove your review from my website and from any other places where I have posted it. I cannot guarantee that others who may have copied your review from my website or from other locations will also remove the review. This is a risk that I want you to be aware of, should you give me permission to post your review.

Sale of PHI:

I will not sell your PHI.

CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT

Disclosures to family, friends, or others:

You have the right and the choice to tell me that I may provide your PHI to a family member, friend, or other person whom you indicate is involved in your care, or the payment for your health care, or to share your information in a disaster relief situation. Information can be released if you agree, do not object, or it can be reasonably inferred permission is granted. The opportunity to consent may be obtained retroactively in emergency situations to mitigate a serious and immediate threat to health or safety or if you are unconscious. Also, documented verbal consent may be provided until a written signature can be obtained.

YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI

1. The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask me not to use or disclose certain PHI for treatment, payment, or health care operations purposes. I am not required to agree to your request, and I may say "no" if I believe it would affect your health care.
2. The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full. You have the right to request restrictions on the disclosure of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full.
3. The Right to Choose How I Send PHI to You. You have the right to ask me to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and I will agree to all reasonable requests.
4. The Right to See and Get Copies of Your PHI. Other than in limited circumstances, you have the right to get an electronic or paper copy of your medical record and other information that I have about you. Ask how to do this and I will provide you with a copy of your record or, if you agree, a summary of it within 30 days of receiving your written request. I may charge you a reasonable cost-based fee for doing so (for example to cover the cost of printing).
5. The Right to Get a List of the Disclosures I Have Made. You have the right to request a list of instances in which I have disclosed your PHI for purposes other than treatment, payment, or health care operations, and other disclosures (such as any you ask me to make). Ask me how to do this and I will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list I will give you will include disclosures made in the last six years unless you request a shorter time. I will provide the list at no charge, unless you make more than one request in the same year and then I will charge you a reasonable cost-based fee for each additional request.
6. The Right to Correct or Update Your PHI. If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that I correct the existing information or add the missing information. I may say "no" to your request, but I will tell you why in writing within 60 days of receiving your request.

Heather's Healing Space, LLC

7. The Right to Get a Paper or Electronic Copy of this Notice. You have the right to get a paper copy of this Notice, and you have the right to get a copy of this notice by email.
8. The Right to Choose Someone to Act For You. If you have given someone medical power of attorney or if someone is your legal guardian, that person can make choices about your health information.
9. The Right to Revoke an Authorization.
10. The Right to Opt out of Communications and Fundraising from our Organization.
11. The Right to File a Complaint. You can file a complaint if you feel I have violated your rights by contacting me using the information on page one or by filing a complaint with the HHS Office for Civil Rights located at 200 Independence Avenue, S.W., Washington D.C. 20201, calling HHS at (877) 696-6775, or by visiting www.hhs.gov/ocr/privacy/hipaa/complaints. I will not retaliate against you for filing a complaint.