



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 READ IT CAREFULLY.

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) is a federal program that requires all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally are kept confidential. This act gives you, the client, rights and control over how your health information is used.

As required by HIPAA, we have prepared this explanation of how we maintain the privacy of your health information, and how we may use and disclose your health information. Except for the following purposes, we will use and disclose your health information only with your written permission. You may revoke permission at any time in writing.

- **Treatment** means providing, coordinating, or managing health care and related services by one or more health care providers. We may use and disclose your health information for your treatment and to provide you with treatment related services. For example, we may disclose your health information to doctors, nurses, technicians, or other personnel, including people outside our office, who are involved in your health care and need the information to provide you with health care.
- **Health Care Operations** include the business aspects of running our practice, such as conducting quality assessments, auditing, providing customer service, and contacting you when necessary.
- **Billing** We may bill insurance companies, health plans, and other third-party payers as approved by you.
- **Appointment Reminders** We may use and disclose your information to contact you and remind you of your appointment.
- **Individuals Involved in Your Care or Payment for Your Care** When appropriate, we may share your health information with a person involved in, or paying for your care (such as a family member or close friend). We may notify your family about your location or condition.
- **As Required by Law** We will disclose your health information when required to do so by law. This may include workers' compensation, law enforcement, and other government requests.
- **To Avert a Serious Threat to Health or Safety** We may disclose your health information when necessary to prevent a serious threat to the health and safety of you, another person, or the public. Disclosures will be made to someone who can prevent the threat.
- **Business Associates** We may disclose your health information to our business associates that perform functions on our behalf. For example, we may use another company to provide billing on our behalf. All our business associates are obligated to protect the

privacy of your information and not allowed to use or disclose the information for any purpose except as appears in their contract with us.

- **Public Health Risks** We may disclose your health information for public health activities or to prevent or control disease, injury, or disability. We may use your health information in reporting births or deaths, suspected child abuse or neglect, elder abuse or neglect, medication reactions, or injuries. We may use your health information to notify someone who has been exposed to a disease or may be at risk for contracting or spreading the disease. If we are concerned that a client may have been a victim of abuse, neglect, or domestic violence we may ask your permission to make a disclosure to an appropriate government agency. We will make the disclosure only with permission or when required to do so by law.
- **Health Oversight Activities** We may disclose your health information to a health oversight agency for activities authorized by law. These may include audits, investigations, inspections, and licensure. These activities may be necessary or the government to monitor government programs and compliance with civil rights laws.
- **Lawsuits and Disputes** If you are involved in a lawsuit, we may disclose your health information in response to a court or administrative order. We may disclose your health information in response to a subpoena, discovery request, or other lawful process. We will attempt to notify you about the request and/or attempt to obtain an order protecting the information requested.
- **Law Enforcement** We may release your health information as requested by law enforcement if:
 - There is a court order, subpoena, warrant, or summons
 - The request is limited to information needed to identify or locate a suspect, fugitive, material witness, or missing person
 - The information is about the victim of a crime
 - The information is about a death that may be the result of criminal conduct
 - The information is relevant to criminal activity on our premises
 - It is needed in an emergency to report a crime, the location of a crime or its victims, or the identity, description, or location of the person who may have committed the crime.

Any other disclosures will be made only with your written authorization. You may also revoke such authorization in writing and we are required to honor that written request, except to the extent that we have already taken actions relying on your authorization.

Your Rights Regarding Your Health Information

You have the following rights with respect to your protected health information (PHI), which you can exercise by presenting a written request to Mandy Schulzke:

- The right to see or request an electronic or paper copy of your medical record and other PHI. Providers may review the information with you. We will provide a copy or a summary of your PHI, usually within 30 days. A reasonable fee may be charged. Requests may be denied if it is not in the best interest of the client or the release of the PHI would be reasonably likely to endanger the life or physical safety of an individual. If a request is denied, we will tell you why in writing within 60 days.
- The right to request restrictions on certain uses and disclosures of PHI, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are, however, not required to agree to the requested restriction if it would

affect your care. If we do agree to a restriction, we will abide by it unless you agree in writing to remove it.

- The right to make corrections to your medical record.
- The right to request we communicate with you through a specific means or at a specific location.
- The right to receive a list of the times we have shared your information, who we shared it with, and why.
- The right to obtain a paper or electronic copy of this notice upon request.
- The right to choose someone to act for you. If you have a medical power of attorney or legal guardian, that person can make choices about your PHI.
- The right to file a complaint if you believe your privacy rights have been violated.

You have the right to file a written complaint with our office or with the Department of Health & Human Services, Office of Civil Rights, about violation of the provisions of this notice or the policies and procedures of our office. We will not retaliate against you for filing a complaint. For more information about HIPAA or to file a complaint:

The US Department of Health & Human Services
Office of Civil Rights
200 Independence Ave., S.W.
Washington, D.C. 20201
877-696-6775

We are required by law to maintain the privacy of your PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

Sharing of Personal Information:

We do not share, sell, or disclose your personal information or mobile opt-in data to third parties without your explicit consent, except where required by law. Your information is kept confidential and used solely for the purposes you have agreed to. All the above categories exclude text messaging originator opt-in data and consent; this information will not be shared with third parties. Text messaging opt-in data is not being shared with third parties.

Opting Out of Text Messages:

You have the right to opt out of receiving text messages from Compassionate Pathways Counseling at any time. To opt-out, you can reply "STOP" to any text message you receive from us.

Consent and Opt-In:

By providing your phone number and opting in to receive text messages, you consent to the collection and use of your personal information as described in this policy. We ensure that your consent is obtained explicitly and that you are informed about the types of messages you will receive.

This notice is effective December 1, 2024, and we are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective for all PHI we maintain. We will post changes, and you may request a written copy of a revised Notice of Privacy Practices from this office.

To contact us for more information;

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