



COMPASSIONATE  
PATHWAYS  
COUNSELING

17505 N 79th Ave, Suite 308 | Glendale, AZ 85308 | 480-498-7600

## 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.**

### **I. OUR COMMITMENT TO YOUR PRIVACY**

Compassionate Pathways Counseling LLC creates and maintains records of your treatment to provide care and meet legal requirements. This notice applies to the protected health information maintained by our practice and to our clinicians and staff.

We are required by law to protect the privacy of your health information, provide this notice of our legal duties and privacy practices, notify affected individuals following a breach of unsecured protected health information, and follow the notice currently in effect.

We may revise this notice and make the revised terms apply to information we already maintain, as well as information we receive in the future, as permitted by law. The revised notice will be available in our office, upon request, and on our website.

**Effective date:** October 4, 2026

**Privacy contact:** Mandy Schulzke, LPC Phone: 480-498-7600 Email: [mandy@compassionatepathways.us](mailto:mandy@compassionatepathways.us)

### **II. HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION**

We may use or disclose health information for the purposes described below when permitted or required by applicable law. If Arizona law or another applicable law provides greater confidentiality

protections than HIPAA, we follow those protections.

**Treatment:** We use health information to provide and coordinate your care. For example, your clinician may review your treatment history, consult with another treating professional, or discuss your care with a clinical supervisor. We obtain written authorization when required by applicable law.

**Payment:** We use and disclose information to bill for services and obtain payment. For example, when you use insurance, we may provide your insurer with your diagnosis, service dates, and information needed to process a claim. Disclosures remain subject to applicable law and any restrictions we are required to honor.

**Health care operations:** We use and disclose information to manage our practice and support quality care. For example, we may review clinical records for quality assurance or clinical supervision.

**Service providers:** We may share information with service providers that help us with electronic records, billing, telehealth, or clinical documentation, including AI-assisted documentation described in your treatment consent. When required, these providers must have agreements requiring them to protect your information and limit its use.

We limit information used or disclosed to the minimum necessary when that standard applies. Although HIPAA's minimum-necessary standard generally does not apply to disclosures for treatment, other applicable confidentiality protections still apply.

**Lawsuits and legal proceedings:** Information about you or your child may be disclosed when legally required, subject to applicable confidentiality laws, privilege protections, and requirements governing court orders and subpoenas. Receiving a subpoena does not automatically authorize release. We evaluate the legal requirements before disclosing information and, when legally permitted and appropriate, notify you or your authorized representative.

### **III. USES AND DISCLOSURES REQUIRING YOUR WRITTEN AUTHORIZATION**

**Psychotherapy notes:** We maintain clinical progress notes as part of your treatment record. We do not maintain separate “psychotherapy notes” as that term is defined under HIPAA. Clinical progress notes remain subject to applicable privacy protections and your rights to access records.

**Marketing and sale of information:** We do not use or disclose your protected health information for marketing purposes or sell your protected health information. If our practices change, uses or disclosures requiring authorization under applicable law will occur only with your written authorization.

**Other uses and disclosures:** Uses and disclosures not described in this notice will be made only with your written authorization.

**Revoking authorization:** You may revoke a written authorization at any time by notifying Mandy Schulzke, LPC in writing at [mandy@compassionatepathways.us](mailto:mandy@compassionatepathways.us) or at our practice address. Revocation will not undo actions we have already taken in reliance on your authorization.

### **IV. OTHER USES AND DISCLOSURES PERMITTED OR REQUIRED BY LAW**

The following disclosures may occur without your written authorization only when applicable law permits or requires them. Arizona confidentiality and privilege protections and other laws may limit these disclosures.

**Required by law:** We disclose information when required by applicable law, limited to the information the law requires. This includes disclosure to the U.S. Department of Health and Human Services when required to determine our compliance with federal privacy rules.

**Required reporting and public health:** We may disclose information to meet legal reporting duties, including reporting suspected child abuse or neglect and abuse, neglect, or exploitation of vulnerable adults. Other public health disclosures may occur when authorized by applicable law.

**Serious safety concerns:** We may disclose information when legally permitted or required to address a serious and imminent threat to your safety or the safety of others. Disclosures are directed to people or authorities able to help prevent or reduce the threat.

**Health oversight:** We may disclose information for legally authorized oversight activities, such as licensing board investigations, inspections, audits, or reviews of compliance with health care laws.

**Legal proceedings:** Disclosures involving you or your child are subject to the safeguards described in Section II and the additional Part 2 protections below.

**Law enforcement:** We may disclose information for law enforcement purposes only when applicable legal requirements are met. A request from a law enforcement official does not, by itself, authorize release of confidential treatment information.

**Coroners, medical examiners, and funeral directors:** We may disclose information when authorized by applicable law for identification, determining a cause of death, or carrying out other lawful duties.

**Research:** We may use or disclose information for research only when applicable legal requirements are met, including obtaining your authorization or a legally permitted waiver when required.

**Special government functions:** Limited disclosures may be permitted for military, national security, protective services, or correctional purposes when the specific requirements of applicable law are met.

**Workers' compensation:** We may disclose information as authorized by and necessary to comply with workers' compensation laws, subject to applicable confidentiality protections.

**Appointment reminders and treatment information:** We may contact you about appointments, treatment alternatives, or related services. We honor reasonable requests for confidential communications.

**Additional protection for substance-use disorder records:** If we receive or maintain substance-use disorder records protected by 42 CFR Part 2, we follow the additional requirements that apply to those records. These records, or testimony describing their contents, may not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you without your written consent or a qualifying court order issued after notice and an opportunity to be heard are provided to you or the holder of the records. A court order authorizing disclosure must also be accompanied by a subpoena or other legal requirement compelling disclosure.

These additional protections apply to records covered by Part 2; they do not automatically apply to every counseling record that mentions substance use.

## **V. SHARING INFORMATION WITH PEOPLE INVOLVED IN YOUR CARE**

When permitted by applicable law, we may share information directly relevant to your care or payment with a family member, friend, or another person you identify as involved in those matters. You may agree to this sharing, limit what we share, or object. We obtain written authorization when required by applicable law.

If you are unavailable or unable to express your wishes, we may share directly relevant information when permitted by law and, in our professional judgment, the disclosure is in your best interest. An emergency does not remove applicable confidentiality protections.

**Parents, guardians, and other personal representatives:** If someone has legal authority to act for you or your child, we verify that authority before allowing them to exercise privacy rights or receive information. Access depends on applicable law, the scope of their authority, and any relevant safety exceptions. Being a family member or paying for treatment does not, by itself, establish a right to receive treatment information.

## **VI. YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

To exercise these rights, contact Mandy Schulzke, LPC at 480-498-7600, [mandy@compassionatepathways.us](mailto:mandy@compassionatepathways.us), or our practice address. We may ask you to submit a request in writing.

**Request restrictions:** You may ask us to limit certain uses or disclosures of your information for treatment, payment, or health care operations. We are generally not required to agree. However, if you pay for a service out of pocket in full and request that we not disclose information about that service to your health plan for payment or health care operations, we must honor the request unless disclosure is required by law.

**Request confidential communications:** You may ask us to contact you in a particular way or at a different address or telephone number. We will accommodate reasonable requests. You do not need to explain why you are making the request.

**Access and obtain copies of records:** You may request to inspect or receive an electronic or paper copy of your clinical and billing records. We respond within the time required by applicable law, generally within 30 days or sooner when required. If an extension is legally permitted and needed, we will notify you in writing of the reason and expected completion date.

Any fee for copies under your HIPAA right of access is limited to permitted reasonable, cost-based copying, supplies, and postage. We do not charge for searching, retrieving, or reviewing records to fulfill that request. An unpaid treatment balance will not prevent access. We provide a summary instead of copies only if you agree in advance, including to any applicable fee. If access is denied, we will explain the reason in writing and any available review or complaint rights.

**Request an amendment:** You may ask us to amend information you believe is inaccurate or incomplete. Submit your request in writing and explain the reason. We generally respond within 60 days. If a legally permitted extension is needed, we will notify you in writing. We may deny a request when permitted by law, but we will explain why and how you may submit a statement of disagreement. An amendment does not necessarily remove the original entry.

**Request an accounting of disclosures:** You may request a list of certain disclosures made during the previous six years, or a shorter period you specify. The accounting generally excludes disclosures for treatment, payment, health care operations, disclosures authorized by you, and other legally excluded categories. We generally respond within 60 days and notify you in writing if a legally permitted extension is needed. One accounting in a 12-month period is free. For additional requests within that period, we may charge a reasonable, cost-based fee after notifying you and giving you an opportunity to withdraw or modify the request.

**Obtain a copy of this notice:** You may request a paper copy at any time, even if you previously agreed to receive it electronically. You may also request an electronic copy.

**Use an authorized representative:** A person legally authorized to act on your behalf may exercise applicable rights after we verify their authority, subject to legal limitations and safety exceptions.

**File a privacy complaint:** If you believe your privacy rights have been violated, you may contact

Mandy Schulzke, LPC at 480-498-7600, [mandy@compassionatepathways.us](mailto:mandy@compassionatepathways.us), or Compassionate Pathways Counseling LLC, 17505 N 79th Ave, Suite 308, Glendale, AZ 85308. Please describe your concern so we can review it.

You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights. Instructions are available at <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>.

We will not retaliate against you for filing a complaint.