

HIPAA Notice of Privacy Practices

Effective Date:

Introduction: Welcome to Aly Malone Counseling, LLC. As a client of this practice, it is important for you to understand your rights regarding the privacy of your protected health information (PHI). This Notice of Privacy Practices explains how we may use and disclose your PHI, your rights concerning your PHI, and our obligations under HIPAA.

Uses and Disclosures of PHI: We may use and disclose your PHI for the following purposes:

1. **Treatment:** We may use and disclose your PHI to provide, coordinate, or manage your mental health treatment and related services. This may include sharing information with other healthcare providers involved in your care.
2. **Payment:** We may use and disclose your PHI to bill and collect payment for the services provided to you. This may involve sharing information with your insurance company or other third-party payer.
3. **Healthcare Operations:** We may use and disclose your PHI for our healthcare operations, which include activities such as quality assessment, case management, and conducting training programs.

Additional Uses and Disclosures:

- **Authorization:** We will obtain your written authorization before using or disclosing your PHI for purposes other than those described in this Notice or as otherwise permitted by law.
- **Required by Law:** We may use or disclose your PHI when required by law, such as in response to a court order or subpoena.

Your Rights: You have the following rights regarding your PHI:

4. **Right to Access:** You have the right to inspect and obtain a copy of your PHI contained in your designated record set.
5. **Right to Request Restrictions:** You have the right to request restrictions on certain uses and disclosures of your PHI.
6. **Right to Request Confidential Communications:** You have the right to request that we communicate with you about your PHI in a certain way or at a certain location.

7. **Right to Amend:** You have the right to request an amendment to your PHI if you believe it is incorrect or incomplete.
8. **Right to an Accounting of Disclosures:** You have the right to request a list of certain disclosures of your PHI that we have made.

Complaints: If you believe your privacy rights have been violated, you have the right to file a complaint with us or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with us, please contact:

Aly Malone Counseling

1-864-714-7406

Admalone@alymalonecounseling.com

Changes to this Notice: We reserve the right to change the terms of this Notice at any time. Any changes will apply to PHI we already have about you as well as any information we receive in the future. We will provide you with a revised Notice upon request.

Contact Information: If you have any questions about this Notice or would like further information concerning your privacy rights, please contact:

Aly Malone

Aly Malone Counseling, LLC

1-864-714-7406

Admalone@alymalonecounseling.com

Acknowledgment: By signing below, you acknowledge that you have received a copy of our HIPAA Notice of Privacy Practices.

Client Signature: _____

Date: _____