**Notice of Privacy Practices**

THIS NOTICE DESCRIBES HOW MEDICAL/MENTAL HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Effective Date: June 7, 2021

**Transformed Within, LLC only releases information in accordance with state and federal laws and the ethics of the counseling profession.**

This notice describes the policies of Transformed Within, LLC (henceforth referred to as “the agency”) related to the use and disclosure of your protected health information for the purposes of providing services. Providing treatment services, collecting payment and communication are necessary activities for quality care. State and federal laws allow the agency to use and disclose your health information for these purposes. The agency does reserve the right to change its privacy practices and the terms of this notice and to make new provisions effective for all health information that is maintained. Revisions will be provided to you electronically through your client portal account on Therapy Notes.

If at any time, you may have questions or concerns about the information in this notice or about the agency’s privacy policies, procedures, or practices, you may contact Stephanie Coenen, LPC, NCC at 225-255-2615.

**Use and Disclosure of Protected Health Information without Authorization**

The law permits Transformed Within, LLC to use or disclose your health information without your written consent or authorization for the following purposes:

**Contacting You:**

* Contacting you for scheduling appointments
* Returning communication after you’ve contacted the agency
* Notifying you of counseling termination/discharge after appointed time (three months of inactivity)
* Providing information for referrals or other resources that may be of interest to you
* Sending you resources or assignments to further your care

**Treatment:**

* Use of health information to provide adequate and professional treatment and case management
* Anonymous consultation to further your care

**Payment:**

* Collect fees using saved payment information after initial permission given through Therapy Notes

**Other Uses and Disclosures Without Your Consent:**

* Mandated reporting
* Emergencies (To avoid serious threat to health or safety of self or others)
* Criminal damage
* Treatment alternatives
* As required or permitted by law (e.g., cooperation with law enforcement, court officials, or government agencies)

**Use and Disclosure of Protected Health Information That Requires Your Authorization**

Except as provided in this Notice of Privacy Practices, Transformed Within, LLC will not use or disclose your health information without your written authorization. If you sign an authorization form, you may withdraw your authorization at any time, as long as your withdrawal is in writing.

**Your Rights Regarding Your Protected Health Information**

You have several rights with regard to your health information. Specifically, you have the right to:

* Obtain a paper copy of this notice. You may print out a copy or request a written copy at any time.
* Receive confidential communications. You have the right to request in writing that Transformed Within, LLC only communicate to you in a certain format (e.g. by phone, text, or email) and/or location (e.g. home or work). The agency will accommodate all reasonable requests.
* Inspect and copy protected information. This right is subject to certain legal restrictions. For example, this right does not apply to psychotherapy notes or information compiled for judicial proceedings. You may be charged a fee for copying or postage.
* Request restrictions on certain uses and disclosures. You have the right to ask for restrictions on how your health information is used or to whom your information is disclosed. The agency is not required to agree to your requested restriction, but we will consider your request and the possibility of accommodating it.
* Request to amendment. You have a right to request in writing that portions of your records be corrected when you feel information is incorrect or incomplete. The agency may deny your request if the information was not created by this agency or if the agency believes the information is accurate.
* Receive an accounting of disclosures. You have a right to receive an accounting of disclosures of your health information made by Transformed Within, LLC, except for disclosures such as treatment, payment, operations, and certain other disclosures provided by law.
* To file a complaint: If you believe your health information privacy rights have been violated, you may contact the OCR Regional Manager, Office for Civil Rights, U.S. Department of Health and Human Services, Customer Response Center, Suite 106, 1301 Young St., Dallas, TX 75202, (800) 368-1019. If you file a complaint, we will not take any action against you or change our treatment of you.

By signing this form, I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print name), acknowledge that I have read, understand, and give my consent to the terms of the Notice of Privacy Practices of Transformed Within, LLC.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_