

PATH TO HEALING COUNSELING

Notice of Privacy Practices (NPP)

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Effective Date: December 26, 2025

NOTICE OF PRIVACY PRACTICES

This notice describes how your **protected health information (PHI)** may be used and disclosed, and how you can access this information. Please review it carefully.

I. MY COMMITMENT TO PROTECTING YOUR HEALTH INFORMATION

Health information about you is personal. I am committed to maintaining the privacy and confidentiality of your PHI. I maintain a record of your care to provide quality services and comply with legal requirements.

I am required by law to:

1. Keep your PHI private.
2. Provide you with this Notice of my privacy practices.
3. Follow the terms of the Notice currently in effect.

I may update this Notice from time to time. Updated Notices are available upon request, in my office, and on my website.

II. HOW I MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

Treatment, Payment, and Health Care Operations:

PHI may be used or disclosed without your authorization to:

- Provide mental health treatment and coordinate care with other providers.
- Manage billing, insurance claims, and practice operations.

Lawsuits and Disputes:

PHI may be disclosed in response to legal proceedings, subpoenas, or court orders, with efforts made to inform you or protect your information.

III. USES AND DISCLOSURES THAT REQUIRE YOUR AUTHORIZATION**Psychotherapy Notes:**

Any use or disclosure of psychotherapy notes requires your written authorization, except in certain situations such as:

- Use for your treatment.
- Supervision or training of mental health practitioners.
- Legal defense if you initiate legal proceedings.
- Required by law or health oversight authorities.
- Averting a serious threat to health or safety.

Marketing and Sale of PHI:

Your PHI will **not** be used for marketing purposes or sold in the course of business without your authorization.

IV. USES AND DISCLOSURES THAT DO NOT REQUIRE AUTHORIZATION

PHI may be used or disclosed without authorization for:

- Required state or federal reporting.
 - Public health activities (e.g., reporting abuse or threats).
 - Health oversight, research, law enforcement, and specialized government functions.
 - Appointment reminders or information about treatment alternatives or benefits.
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V. DISCLOSURES WHERE YOU MAY OBJECT

PHI may be shared with family, friends, or others involved in your care **unless you object**, except in emergencies.

VI. YOUR RIGHTS REGARDING PHI

- **Request Limits:** Ask to restrict use/disclosure for treatment, payment, or operations.
- **Out-of-Pocket Expenses:** Request restrictions if services are paid fully out-of-pocket.
- **Confidential Communications:** Choose how and where to receive PHI.
- **Access and Copies:** Request electronic or paper copies of your PHI (excluding psychotherapy notes).
- **Accounting of Disclosures:** Request a list of disclosures made for purposes other than treatment, payment, or operations.
- **Correction of PHI:** Request amendments to your PHI; I will respond in writing within 60 days.
- **Paper or Electronic Copy of this Notice:** You may request a paper copy at any time, even if you received it electronically.