

## **NOTICE OF PRIVACY PRACTICES**

Aglow Counseling

303.679.9222

[www.AglowCounseling.com](http://www.AglowCounseling.com)

**Effective Date: December 10, 2024**

This notice describes how your health information may be used and disclosed and how you can access this information. Please review it carefully.

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### **I. OUR PLEDGE REGARDING HEALTH INFORMATION**

We at Aglow Counseling understand that your health information is personal, and we deeply value your trust in sharing it with us. Protecting your health information is a fundamental commitment we uphold with the utmost care.

As part of providing you with quality mental health care and meeting legal and ethical requirements, we maintain a record of the care and services you receive. This Notice outlines how we may use and disclose your health information, your rights regarding that information, and our responsibilities in handling it.

#### **Our Responsibilities**

We are required by law to:

1. Ensure that your protected health information (PHI)—information that identifies you—is kept private.
2. Provide you with this Notice detailing our legal duties and privacy practices regarding your health information.
3. Follow the terms outlined in the current version of this Notice.
4. Notify you promptly in the event of a breach involving your PHI.
5. Notify you of any changes to this Notice. Updates will apply to all health information we maintain and will be made available to you upon request.

#### **Your Rights and Our Commitment**

This Notice applies to all records of your care generated by our practice. It informs you about the ways in which we may use and share your health information and explains your legal rights regarding your PHI. We are dedicated to maintaining the confidentiality and integrity of your information while ensuring transparency in how it is managed. Should you have any questions or concerns about your rights or how your information is handled, please contact us for clarification or assistance.

### **I. HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU**

We are permitted to use and disclose your health information in the following ways:

#### **1. For Treatment, Payment, or Health Care Operations**

Federal privacy rules allow us to use or disclose your PHI without your written authorization to provide treatment, receive payment, or conduct healthcare operations. For example:

- A clinician in our practice might consult with another licensed health care provider about your condition to assist in diagnosing and treating your mental health concerns.
- Treatment includes coordination and management of care with other providers or third parties, consultations, and referrals.

Disclosures for treatment purposes are not restricted by the "minimum necessary" standard, as providers require access to your complete health record to deliver the highest quality care.

#### **2. Appointment Reminders and Health-Related Services**

We may use or disclose your PHI to:

- Contact you with appointment reminders.
- Inform you about treatment alternatives or other health-related benefits and services that we provide.

### 3. Use of Service Providers

We may share your information with trusted third-party service providers who assist in delivering our services, including messaging, technical support, data hosting, and phone communications. For example, phone providers may facilitate secure communication between our practice and you. These providers are required to comply with applicable privacy and security laws, including HIPAA, to ensure your information is protected. For example:

- **Phone Providers:** To facilitate secure communication between you and our practice, including appointment reminders and follow-up messages. These providers are required to comply with privacy and security laws, including HIPAA, to protect your information.
- **TCR (The Campaign Registry):** We are required to provide campaign-related data to TCR for registration and compliance purposes.
- **Law Enforcement and Regulatory Bodies:** We may disclose your information if required to do so by law, such as in response to a legal process or to comply with regulations imposed by governing authorities.

### 4. Lawsuits and Disputes

If you are involved in a legal case, we may disclose your health information:

- In response to a court or administrative order.
- In response to a subpoena or lawful process, with efforts to notify you or secure a protective order when appropriate.

## III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION

We will obtain your explicit written authorization for the following:

### 1. Psychotherapy Notes

We maintain “psychotherapy notes” as defined under 45 CFR § 164.501. These notes cannot be used or disclosed without your authorization, except in limited circumstances, such as for treatment, training, compliance investigations, legal defense, or as required by law.

### 1. Marketing Purposes

We will not use or disclose your PHI for marketing purposes without your authorization.

### 2. Sale of PHI

We will not sell your PHI under any circumstances.

## IV. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION

We may use or disclose your PHI without your written authorization under the following circumstances:

1. **Required by Law:** To comply with federal or state laws.
2. **Public Health Activities:** Reporting abuse, neglect, or serious threats to safety.
3. **Health Oversight Activities:** For audits, inspections, or licensure requirements.
4. **Judicial and Administrative Proceedings:** In response to lawful court orders or subpoenas.
5. **Law Enforcement Purposes:** Reporting crimes or complying with legal requirements.
6. **Coroners or Medical Examiners:** For identifying a deceased person or determining cause of death.
7. **Research Purposes:** In compliance with applicable ethical and legal standards.
8. **Specialized Government Functions:** For national security, military missions, or correctional facility safety.
9. **Workers’ Compensation:** To comply with workers’ compensation laws.

## **V. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT:**

Disclosures to family, friends, or others: I may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

## **VI. YOUR RIGHTS REGARDING YOUR PHI**

You have the following rights:

1. **The Right to Access Your Records:** You can request electronic or paper copies of your PHI. We will provide these within 30 days of receiving your written request and may charge a reasonable fee.
2. **The Right to Request Restrictions:** You may ask us not to use or disclose certain PHI for treatment, payment, or operations.
3. **The Right to Request Confidential Communications:** You can request that we contact you in specific ways, such as sending mail to an alternate address.
4. **The Right to Amend Your Records:** You can request corrections to your PHI. If we deny your request, we will provide an explanation in writing.
5. **The Right to an Accounting of Disclosures:** You can request a list of disclosures made over the past six years (excluding certain disclosures).
6. **The Right to File a Complaint:** If you believe your privacy rights have been violated, you can file a complaint with us or the Office for Civil Rights (OCR). You will not face retaliation for filing a complaint.

## **CONTACT INFORMATION**

If you have any questions about this Notice or your privacy rights, please contact us at:

**Aglow Counseling**

**Phone:** 303.679.9222

**Website:** [www.AglowCounseling.com](http://www.AglowCounseling.com)

## **Acknowledgment**

We are committed to ensuring the privacy and security of your health information. Thank you for trusting us with your care.