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NOTICE OF PRIVACY PRACTICES

This document contains important information about federal law, the Health Insurance Portability and Accountability Act (HIPAA), Public Law 104-191 that provides privacy protections and patient rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations.

HIPAA requires that we provide you with a Notice of Privacy Practices (the Notice) for use and disclosure of PHI for treatment, payment and health care operations. This Notice explains HIPAA and its application to your PHI in greater detail.

LIMITS ON CONFIDENTIALITY: The law protects the privacy of all communication between a patient and a therapist. In most situations, we can only release information about your treatment to others if you sign a written authorization form that meets certain legal requirements imposed by HIPAA. There are some situations where we are permitted or required to disclose information without either your consent or authorization. There are also circumstances which require sharing of private records such as with work requirements and public safety concerns through the federal government. If a situation arises requiring us to disclose information, we will attempt to limit the disclosure to what is necessary. Reasons we may have to release your information without authorization include:

1. If you are involved in a court proceeding and a request is made for information concerning your diagnosis and treatment, such information is protected by the counselor-patient privilege law. We cannot provide any information without your (or your legal representative's) written authorization, or a court order, or if we receive a subpoena of which you have been properly notified and you have failed to inform me that you oppose the subpoena. If you are involved in or contemplating litigation, you should consult with an attorney to determine whether a court would be likely to order me to disclose information.
2. If a government agency is requesting the information for health oversight activities, within its appropriate legal authority, we may be required to provide it for them. (Also, if you are using private insurance, those companies may be required to release your information at the request of a government agency.)
3. If a patient files a complaint or lawsuit against us, we may disclose relevant information regarding that patient in order to defend ourselves.
4. If a patient files a worker's compensation claim, we must refer that person to their Primary Care Physician to complete appropriate paperwork. Licensed Professional Counselors are not authorized to provide medical paperwork per the state of Arizona's Board of Behavioral Health Examiners. This also goes for any request for an Emotional Support Animal, or paperwork requested about that topic in general.
5. During a medical emergency.

There are some situations in which we are legally obligated to take actions, in order to attempt to protect others from harm, and we may have to reveal some information about a patient's treatment:

1. If we know, or have reason to suspect, that a child under 18 has been abused, abandoned, or neglected by a parent, legal custodian, caregiver, or any other person responsible for the child's welfare, the law requires that we file a report with the Arizona Abuse Hotline. Once such a report is filed, we may be required to provide additional information.
2. If we know or have reasonable cause to suspect, that a vulnerable adult has been abused, neglected, or exploited, the law requires that we file a report with the Arizona Abuse Hotline. Once such a report is filed, we may be required to provide additional information.
3. If we believe that there is a clear and immediate probability of physical harm to the patient, to other individuals, or to society, we may be required to disclose information to take protective action, including communicating the information to the potential victim, and/or appropriate family member, and/or the police or to seek hospitalization of the patient.

CLIENT RIGHTS AND THERAPIST DUTIES

Use and Disclosure of Protected Health Information:

- **For Treatment-** We may use and disclose your health information internally in the course of your treatment. If you wish to provide information outside of our practice for your treatment by another health care provider, we will have you sign an authorization for release of information. Furthermore, an authorization is required for most uses and disclosures of psychotherapy notes, or for coordination of care with your Primary Care Physician.
- **For Payment-** We may use and disclose your health information to obtain payment for services provided to you as delineated in the Informed Consent.
- **For Operations-** We may use and disclose your health information as part of our internal operations. For example, this could mean a review of records to assure quality. We may also use your information to tell you about services, educational activities, and programs that we feel might be a benefit to you.

PATIENT'S RIGHTS:

Right to Treatment- You have the right to ethical treatment without discrimination regarding race, ethnicity, gender identity, sexual orientation, religion, disability status, age, or any other protected category.

Right to Confidentiality- You have the right to have your health care information protected. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will agree to such unless a law requires us to share that information.

Right to Request Restrictions – You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, we are not required to agree to every restriction you request.

Right to Receive Confidential Communications by Alternative Means and at Alternative Locations – You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations.

Right to Amend – If you believe the information in your records is incorrect and/or missing important information, you can ask us to make certain changes, also known as amending, to your health information. You have to make this request in writing.

Right to a Copy of This Notice – When you received the Intake paperwork electronically, you receive and sign a copy of this notice in your client portal.

Right to an Accounting – You generally have the right to receive an accounting of disclosures of PHI regarding you. On your request, we will discuss with you the details of the accounting process.

Right to Choose Someone to Act for You – If someone is your legal guardian, that person can exercise your rights and make choices about your health information; we will make sure the person has this authority and can act for you before we take any action.

Right to Choose – You have the right to decide not to receive services with any of our therapists. If you wish, we will provide you with names of other qualified professionals.

Right to Terminate – You have the right to terminate therapeutic services with us at any time without any legal or financial obligations other than those already accrued. We ask that you discuss your decision with your therapist in session before terminating, or at least contact us by phone letting us know that you are terminating services. Without the above, after two attempts to reach you, without reply, your file may be closed.

Right to Release Information with Written Consent – With your written consent, any part of your record can be released to any person or agency you designate. Together, we will discuss whether or not we think releasing the information in question to that person or agency might be harmful to you.

THERAPIST'S DUTIES: We are required by law to maintain the privacy of PHI and to provide you with a notice of our legal duties and privacy practices with respect to PHI. We reserve the right to change the privacy policies and practices described in this notice. Unless we notify you of such changes, however, we are required to abide by the terms currently in effect.

P A R E N T S O F M I N O R C L I E N T S : It is very important that children have a sense of privacy in order for them to receive the greatest benefit. A child's right to confidentiality will be honored within the limits of Arizona law. Although parents generally have an unlimited right to information involving their children, the professional will attempt to disclose information to parents based on the clinical judgment of the child's best interest from a therapeutic standpoint. Parents have a right to consult with their child's professional. Matters of safety and lawfulness will be disclosed to a parent/guardian.

RECORD KEEPING : We will store at our expense various documents and materials pertaining to your engagement with us, for a period of six (6) years following termination of this engagement, after which period we may destroy all such documents and materials without prior notice to you. Requests for release of records must be submitted in writing, by email, or by text and by the client and/or guardian who is duly authorized. Record retrieval can take up to 2 weeks and records can be mailed physically or emailed depending on your preference. Record requests can be refused. If we refuse your request for access to your records, you have a right of review, which we will discuss with you upon request.

COMPLAINTS: If you are concerned that your clinician, or someone at The Harbor Counseling has violated your privacy rights, or you disagree with a decision about access to your records, you may contact me, the State of Arizona Department of Health, or the Secretary of the U.S. Department of Health and Human Services. Their website is: www.hhs.gov/ocr/index.html

ACKNOWLEDGMENT OF NOTICE OF PRIVACY PRACTICES You have been given direct access to The Harbor Counseling's NOTICE OF PRIVACY PRACTICES. A copy is available publicly at www.theharborcounseling.com. Live recording of any portion of session contents in any and all forms and by any and all devices is expressly and strictly prohibited. You agree that you will not record any communications with us or other participants and/or visitors of our offices. The contents and facts of

counseling services are strictly confidential to the fullest extent allowable by state and federal law. Limits to confidentiality are disclosed in the NOTICE OF PRIVACY PRACTICES.

Type your name here to indicate that you have been offered a notice of our privacy practices.

last updated June 11th, 2026

Client Signature

Date