



HIPAA Privacy Policy

Effective Date: 26 April 2025

Purpose/Scope:

This policy ensures compliance with the Health Insurance Portability and Accountability Act (HIPAA) to protect the privacy and security of patients' Protected Health Information (PHI). This policy applies to all employees, contractors, and associates of Living Water Therapy (LWT).

Privacy Practices: As a private practice which does not work with insurance, there is no need for your information to be disclosed to a third party with the following exceptions:

1. Mandated reporting of suspected abuse/neglect as stated in the LWT Informed Consent.
2. Court order as per conditions stated in LWT Informed Consent.
3. If you did not pay at the time of service and after several efforts to contact you, your account was sent to a collection agency.
4. Upon receipt of LWT Release of Information which was signed and confirmed by you personally.
5. As disclosed in LWT Informed Consent for use in supervision with LMFT approved supervisor after which any video/audio will be immediately destroyed.
6. Discussion of your case with other therapy professionals for advisement on providing your best care in therapy. Any such discussions will exclude identifying information.

Security Measures

1. Your records are secured in a locked file cabinet in a locked office in a facility that is locked when not in use.
2. Your file may be transported in a locked cabinet or secure file container upon my relocation to another facility and/or in five years after your exit from therapy to a location where your file can be properly disposed of through incineration or shredding.
3. Data Protection: Electronic PHI (ePHI) will be encrypted and stored securely.
4. Workplace Safeguards: Physical access to PHI will be restricted to authorized personnel.
5. All contact with you will be with your permission and with consideration for protection of your privacy: 1) voice messages will be intentionally vague to protect your privacy, 2) email and text messages will primarily be sent concerning logistics of your appointments, 3) US postal service may be used to send/receive written notices, 4) publicly, initiation of contact will always be expected to come from you, the client. I will not initiate contact out of respect for your privacy, but if initiated by you, I will respond in kind.

Your signature confirms your understanding of the Privacy Practice of Living Water Therapy.

Signature: _____ Date: _____

Signature: _____ Date: _____

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