



Notice of Privacy Practices

This Notice of Privacy Practices explains how your personal and health information will be protected and how it may be used or disclosed. Please take a moment to read this notice carefully. If you have any questions, feel free to ask. I use Therapymatch, Inc. (dba [Headway](#)) to manage my billing and administrative work so that I can place all my focus on our sessions. You will also have the opportunity to read and sign Headway's policy and consent forms when you create your account.

Commitment to Your Privacy

As required by the Health Insurance Portability and Accountability Act (HIPAA), we are committed to protecting your privacy and confidentiality regarding your Protected Health Information (PHI), which includes any health information that can identify you and relates to your past, present, or future physical or mental health. It is required by law to maintain the privacy of your PHI, provide you with this notice explaining our privacy practices, notify you of any breach, and follow the terms of the notice that are currently in effect. Although this Notice is being provided to you electronically, and by signing an acknowledgment of receipt, you consent to the provision of this Notice electronically, you have the right to request a paper copy. We reserve the right to change our privacy practices and the terms of this Notice at any time and reserve the right to make any updated or new Notice provisions effective for all PHI that we maintain. In addition, updates described in this Notice are effective for all health information maintained by Grateful Insights, LLC including any PHI collected prior to the effective date hereof. This notice is effective as of March 26, 2025. Below is a summary of how we use and protect your information:

What Information Is Collected

Some personal and health information will be collected and maintained including the following:

- Personal identification details (e.g., name, address, phone number)
- Medical and psychological history
- Treatment plans and session notes
- Billing and insurance information

How Your Information is Used and Disclosed

We may use and disclose your information in the following ways:

- Treatment: To provide psychotherapy and related services.
- Email/Call: To schedule or send reminders of appointments.
- Payment: To process payment for services and communicate with your insurance provider.
- Healthcare Operations: To evaluate the quality of care provided.

For uses and disclosures for purposes other than treatment, payment and operations, we are required to have your written authorization, unless the use or disclosure falls within an exception, such as those described below.

Limits of Confidentiality

Your information will not be disclosed without your written consent, except when required or permitted by law, such as in cases of emergencies, legal obligations, or public health concerns, otherwise known as Limits of Confidentiality, which include:

- Risk of Harm to Self or Others: If a client is at risk of harming themselves or others, the therapist may need to break confidentiality to protect the individual or others from harm.
- Child, Elder, or Vulnerable Adult Abuse: If there is suspicion or knowledge of abuse or neglect of a child, elderly person, or vulnerable adult, the therapist is legally obligated to report it to the authorities.
- Court Orders or Legal Proceedings: If required by a court or subpoenaed, a therapist may have to release information related to a client's therapy.
- Insurance or Billing Requirements: If therapy is being billed through insurance, some information may be shared with the insurance company to process claims.
- Supervision or Consultation: Therapists may discuss a client's case with a supervisor/mentor or colleague for professional development or consultation, but no identifying information will be shared in this instance.

Your Rights

You have the right to:

- Access your information: Request a copy of your health records. Your request must be in writing. If you request a copy of the information, a reasonable charge may be made for the costs incurred.
- Request an accounting of disclosures: Ask for a list of instances in which we have disclosed your health information for a purpose other than treatment, payment, or health care operations. Your request must be in writing. Such accounting remains available for six years after the last date of service.
- Request corrections: Ask to amend any inaccuracies in your records. Your request must be in writing, and it must explain why the information should be amended. We have the right to deny your request under certain circumstances.
- Request restrictions: Request limits on how your information is shared.
- Confidential communication: Request communication in a certain way or at a certain location. Your request must be in writing, and it must specify the alternative means or location that you would like your information provided about your health care. Every attempt will be made to accommodate reasonable requests.
- Exercise your rights and express any concerns about your privacy by contacting the Owner/Therapist directly at (239) 667-6160.

Emails and text messages

Some clients prefer to communicate via email or text message. Email and text messages have inherent privacy and security risks, and you should be aware of those before using emails and text messages. Errors in transmission or interception of messages can occur. Your email or text message is not always secure communication. At your therapist's discretion, your email or text message and all responses may

become part of your medical record. Additionally, for urgent issues or an emergency, you should not rely on email communication. In those situations, you should call 911.

Changes to this Notice

We reserve the right to modify this Notice of Privacy Practices. Any changes will be effective immediately upon modification.

To report a problem

If you believe your privacy rights have been violated, you can contact the owner/therapist directly to address any concerns, and we will work to resolve the issue. Alternatively, you have the right to file a complaint with the Florida Board of Clinical Social Work, Marriage and Family Therapy, and Mental Health Counseling, through the Department of Health.

Acknowledgement of receipt

By signing this form, you acknowledge receipt of the **Notice of Privacy Practices** from Grateful Insights. You understand that your PHI will be used and disclosed in accordance with the practices described in the notice. You also understand the circumstances that would warrant using PHI and that you have the right to withhold consent in writing if you do not want information released for any purpose other than the legal requirements specified. You further understand that you may obtain additional copies by requesting them from the owner/therapist.

How may we contact you:

(Please fill all that apply)

Home Phone:

Cell Phone:

Work Phone:

Email address:

May we leave a message? (Please check)

Yes ☐ No ☐

Yes ☐ No ☐

Yes ☐ No ☐

Yes ☐ No ☐

Printed name of client:

Date:

X

By typing your name above, you acknowledge and agree that this constitutes your electronic signature.