

Notice of Privacy Practices

Inner Light Mental Health Counseling, PLLC

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NOTICE OF PRIVACY PRACTICES

Effective Date: January 2nd, 2026

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I. OUR PLEDGE REGARDING HEALTH INFORMATION

This practice understands that health information about you and your mental health care is personal. We are committed to protecting your protected health information ("PHI"). We create and maintain records of the care and services you receive to provide you with quality care and to comply with legal requirements.

This Notice applies to all records of your care maintained by Inner Light Mental Health Counseling, PLLC. It describes how we may use and disclose your PHI, your rights regarding that information, and our legal obligations.

We are required by law to:

- Ensure that PHI that identifies you is kept private
- Provide you with this Notice of our legal duties and privacy practices
- Follow the terms of the Notice currently in effect

We reserve the right to change the terms of this Notice. Any changes will apply to all PHI we maintain. The updated Notice will be available upon request and on our website.

II. HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION

The following categories describe ways we may use and disclose PHI. Not every use or disclosure is listed, but all permitted uses fall into one of these categories.

Treatment, Payment, and Health Care Operations

Federal privacy regulations allow health care providers with a direct treatment relationship to use or disclose PHI without written authorization for treatment, payment, or health care operations.

For example, a clinician may consult with another licensed health care provider regarding your care. Disclosures for treatment purposes are not limited to the minimum necessary standard, as full information may be required to provide quality care.

Electronic Records and Telehealth

This practice maintains electronic health records and uses HIPAA-compliant platforms for scheduling, documentation, billing, and telehealth services. Reasonable administrative, technical, and physical safeguards are used to protect your PHI; however, no electronic system can be guaranteed to be completely secure.

Lawsuits and Disputes

If you are involved in a legal proceeding, we may disclose PHI in response to a court or administrative order, subpoena, or other lawful process, consistent with legal requirements.

III. USES AND DISCLOSURES THAT REQUIRE YOUR AUTHORIZATION

Psychotherapy Notes

We maintain psychotherapy notes as defined by 45 CFR § 164.501. Use or disclosure of these notes requires your written authorization unless permitted by law, including:

- Use for treatment
- Training or supervision of mental health practitioners
- Defense in legal proceedings initiated by you
- Health oversight activities
- Required disclosures to avert a serious threat to health or safety

Marketing and Sale of PHI

We do not use or disclose PHI for marketing purposes and do not sell PHI.

IV. USES AND DISCLOSURES THAT DO NOT REQUIRE YOUR AUTHORIZATION

Subject to legal limitations, we may use or disclose PHI without authorization for:

- Required disclosures under state or federal law
- Public health activities (including reporting abuse or preventing serious threats)
- Health oversight activities
- Judicial and administrative proceedings
- Law enforcement purposes
- Coroners or medical examiners
- Research purposes
- Specialized government functions
- Workers' compensation purposes

Business Associates

We may disclose PHI to business associates that provide services such as electronic health record systems, billing or payment processing services, or telehealth platforms. These business associates are legally required to protect your information.

Appointment Reminders and Health-Related Communications

We may use PHI to contact you regarding appointments or to provide information about treatment alternatives or other health-related services. Communications may occur via phone, voicemail, secure messaging, text, or email unless you request otherwise.

V. USES AND DISCLOSURES WHERE YOU HAVE THE OPPORTUNITY TO OBJECT

We may disclose PHI to family members, friends, or others involved in your care or payment for services unless you object. In emergencies, consent may be obtained retroactively.

VI. YOUR RIGHTS REGARDING YOUR PHI

You have the right to:

- Request restrictions on uses and disclosures (not all requests must be honored)
- Request restrictions for services paid out-of-pocket in full
- Request confidential communications
- Inspect and obtain copies of your PHI (excluding psychotherapy notes)

- Request an accounting of disclosures
- Request amendments to your PHI
- Obtain a paper or electronic copy of this Notice

Requests must be submitted in writing. Reasonable fees may apply as permitted by law.

VII. COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with Inner Light Mental Health Counseling, PLLC or with the U.S. Department of Health and Human Services. You will not be retaliated against for filing a complaint.

Complaints may be submitted in writing to:

Inner Light Mental Health Counseling, PLLC

liz@innerlightmhc.com

7447 Thompson Road

North Syracuse, NY 13212

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

By signing below, I acknowledge that I have received and reviewed a copy of the Notice of Privacy Practices for Inner Light Mental Health Counseling, PLLC.