Notice of Privacy Practices

NOTICE OF PRIVACY PRACTICES

Unleashed Counseling LLC

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1517 Broadway, Suite 107
Scottsbluff, NE 69361
Phone: 308-672-9952

Effective Date: July 15, 2025

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

I. OUR COMMITMENT TO YOUR PRIVACY

Unleashed Counseling LLC understands that health information about you and your mental health care is personal and confidential. We are committed to protecting the privacy of your Protected Health Information (PHI).

Protected Health Information (PHI) includes information about your health condition, treatment, or payment for services that may identify you.

We create records of the care and services you receive in order to provide quality care and comply with legal and regulatory requirements.

By law, we are required to:

- Maintain the privacy of your Protected Health Information
- Provide you with this Notice of our legal duties and privacy practices
- Follow the terms of the Notice currently in effect
- Notify you in the event of a breach of unsecured Protected Health Information

We reserve the right to change the terms of this Notice at any time. Any changes will apply to all Protected Health Information that we maintain. Updated notices will be available in our office and upon request.

II. HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

Federal privacy laws allow health care providers to use and disclose Protected Health Information without written authorization for certain purposes described below.

Treatment

We may use and disclose your health information to provide, coordinate, or manage your mental health care.

Example:
Your therapist may consult with another licensed healthcare professional regarding your diagnosis or treatment plan.

Payment

We may use and disclose your health information to obtain payment for services.

Example:
Submitting claims to your insurance company or providing documentation needed for reimbursement.

Healthcare Operations

We may use and disclose health information for practice operations such as:

- Quality improvement
- Professional supervision or consultation
- Administrative activities
- Licensing or accreditation requirements

III. OTHER USES AND DISCLOSURES THAT DO NOT REQUIRE AUTHORIZATION

We may use or disclose your PHI without authorization under certain circumstances permitted by law.

Required by Law

We may disclose health information when required by federal, state, or local law.

Public Health Activities

We may report certain health information to public health authorities, including:

- Reporting suspected child abuse or neglect
- Reporting threats to public safety

Health Oversight Activities

Government agencies may require access to information for audits, investigations, inspections, or licensing.

Judicial or Administrative Proceedings

We may disclose information in response to a court order, subpoena, or lawful legal process.

Law Enforcement

We may disclose information when required for law enforcement purposes, including reporting crimes that occur on our premises.

Coroners, Medical Examiners, and Funeral Directors

We may release information to these professionals when necessary to carry out their duties.

Workers' Compensation

We may disclose health information as required to comply with workers' compensation laws.

Research

Certain research activities may require limited disclosure of health information when approved through appropriate legal procedures.

Serious Threat to Health or Safety

We may disclose health information if necessary to prevent a serious and imminent threat to the health or safety of you or others.

Specialized Government Functions

Certain government functions such as military operations or correctional institutions may require limited disclosure.

Business Associates

We may share your information with third-party service providers that assist with operations such as billing, electronic health records, or legal services. These Business Associates are required by law to protect your health information.

Personal Representatives

If a person has legal authority to act on your behalf regarding healthcare decisions (such as a legal guardian or healthcare power of attorney), we may provide information to that individual.

Appointment Reminders and Treatment Information

We may contact you to remind you of appointments or provide information about treatment options or services.

IV. USES AND DISCLOSURES THAT REQUIRE YOUR AUTHORIZATION

Certain uses and disclosures require your written authorization.

Psychotherapy Notes

Psychotherapy notes are notes recorded by your therapist documenting conversations during therapy sessions and kept separate from your medical record.

These notes may not be used or disclosed without your written authorization except in limited circumstances allowed by law.

Marketing

We will not use or disclose your health information for marketing purposes without your written authorization.

Sale of Protected Health Information

We do not sell patient health information.

Other Uses

Any other uses or disclosures not described in this Notice will be made only with your written authorization.

You may revoke an authorization at any time in writing.

V. DISCLOSURES WHERE YOU HAVE THE OPPORTUNITY TO OBJECT

Family Members or Others Involved in Your Care

We may share information with family members, friends, or others involved in your care or payment for services unless you object.

In emergency situations, we may disclose limited information if it is determined to be in your best interest.

VI. YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the following rights regarding your Protected Health Information.

Right to Request Restrictions

You may request restrictions on certain uses or disclosures of your information for treatment, payment, or healthcare operations.

We are not required to agree to most requests.

However, we **must agree** to restrict disclosures to your health plan if:

- The service was paid for **out-of-pocket in full**, and
- The disclosure is for payment or healthcare operations.

Right to Confidential Communications

You may request that we contact you using specific methods or at specific locations.

Example: requesting contact only via phone or a different mailing address.

Right to Access Your Records

You have the right to inspect and obtain a copy of your medical records, except for psychotherapy notes.

Requests must be made in writing.

A reasonable cost-based fee may apply.

Right to Request Amendments

If you believe information in your record is incorrect or incomplete, you may request an amendment.

We may deny the request but will provide a written explanation.

Right to an Accounting of Disclosures

You may request a list of disclosures made outside of treatment, payment, and healthcare operations.

The accounting will include disclosures made during the previous six years.

Right to Receive a Copy of This Notice

You may request a paper or electronic copy of this Notice at any time.

VII. COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with:

Unleashed Counseling LLC
April Hieatt, MS, PLMHP
1517 Broadway, Suite 107
Scottsbluff, NE 69361
Phone: 308-672-9952

You may also file a complaint with the:

U.S. Department of Health and Human Services
Office for Civil Rights

You will **not be penalized or retaliated against** for filing a complaint.

VIII. QUESTIONS OR ADDITIONAL INFORMATION

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

April Hieatt, MS, PLMHP
Privacy Officer
Unleashed Counseling LLC
Phone: 308-672-9952

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

By signing below, you acknowledge that you have received and reviewed a copy of the Notice of Privacy Practices for Unleashed Counseling LLC.