Notice of Privacy Practices

Summary of Your Privacy Rights

Your privacy is very important to me. I use your health information only to provide therapy, keep records, and manage my practice. I will not share it with anyone without your written consent, unless required by law (such as risk of harm, child abuse, or a court order).

You have rights over your records, including the right to see them, request corrections, ask for limits on how information is shared, and receive a copy of this privacy notice at any time. If you ever have concerns about your privacy, you can talk with me directly or file a complaint with the U.S. Department of Health and Human Services.

HIPAA Addendum

As a Licensed Marriage and Family Therapist, I am required by federal law (HIPAA) to maintain the privacy of your health information and to provide you with this Notice of Privacy Practices.
Uses and Disclosures Permitted by Law:
In addition to treatment and payment, your health information may also be used for health care operations such as quality review, staff training, or practice management.
Your Rights Regarding Your Health Information:
- Right to Request Restrictions: You may ask me not to use or disclose certain information. While I am not legally required to agree to all requests, I will make every effort to honor them when possible.
- Right to Request Confidential Communications: You may request that I communicate with you in a certain way (e.g., by phone only, or at a specific address). I will accommodate reasonable requests.
- Right to Inspect and Copy Records: You have the right to review and request a copy of your health record.
- Right to Amend Records: If you believe information is inaccurate, you may request an amendment.
- Right to an Accounting of Disclosures: You may request a list of certain disclosures of your information made by me in the past six years.
- Right to a Paper or Electronic Copy: You may request a paper or electronic copy of this Notice at any time.

Complaints:
If you believe your privacy rights have been violated, you may file a complaint with me directly. You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, without fear of retaliation:
U.S. Department of Health & Human Services
Office for Civil Rights (OCR)
200 Independence Avenue, S.W.
Washington, D.C. 20201
Phone: 1-877-696-6775 | Website: www.hhs.gov/ocr/privacy

Effective Date & Updates:
This Notice is effective as of September 17, 2025. I may revise it at any time as required by law or practice needs, and you will be provided with a copy of the updated Notice.