



### Notice of Privacy Practices

**This Notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully. Should you have questions, please do not hesitate to ask.**

#### **HIPAA--Notice of Privacy Policy: OUR LEGAL DUTY**

I am required by applicable federal and state law to maintain the privacy of your health information. I am also required to give you this Notice about privacy practices, my legal duties, and your rights concerning your health information. I must follow the privacy practices that are described in this notice while it is in effect. This notice will remain in effect until I replace it.

I reserve the right to change my privacy practices and the terms of the notice at any time, provided such changes are permitted by applicable law. I reserve the right to make the changes in my privacy practices and the new terms of my Notice effective for all health information that we maintain, including health information I created or received before I made the changes. Before I make a significant change in my privacy practices, I will change this Notice and make a new Notice available upon request.

You may request a copy of our notice at any time. For more information about Healing Talk Therapy, LLC or for additional copies of this Notice, please contact me using the information listed at the end of this Notice.

#### **USES AND DISCLOSURES OF HEALTH INFORMATION**

##### **Treatment, Payment, and Healthcare Operations**

The therapist may use or disclose your health information to a physician or other healthcare provider when providing treatment for you. The therapist may also use and disclose your health information to obtain payment for services provided to you. If you choose to pay out-of-pocket for services instead of utilizing your health insurance, you have the right to restrict the release of healthcare information to your health insurance provider.

##### **Your Authorization**

You may give Healing Talk Therapy, LLC & written authorization to use your health information or to disclose it to anyone for any purpose. If you give authorization, you may retract it in writing at any time.

## **Persons Involved in Care**

In the event of your incapacity or emergency circumstances, Healing Talk Therapy, LLC will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare. The therapist at Healing Talk Therapy, LLC uses professional judgment and experience with common practice to make reasonable inferences on your best interest in allowing a person to obtain protected health information.

## **Marketing Health Related Services**

Healing Talk Therapy, LLC will not use your health information for marketing communication.

## **Required by Law**

Healing Talk Therapy, LLC may use or disclose your health information when required by law to do so, or if a court of law orders your records.

## **Abuse, Neglect, or Threats of Harm**

Healing Talk Therapy, LLC may disclose your health information to appropriate authorities if there is reason to believe that you are a possible victim of abuse, neglect or domestic violence or the possible victim of other crimes. The practice may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

## **National Security**

Healing Talk Therapy, LLC will disclose to military authorities the health information of Armed Forces under certain circumstances. The practice may disclose to authorized federal officials' health information required for lawful intelligence, counterintelligence, and other national security activities. The practice may also disclose to correctional institutions or law enforcement officials having lawful custody of protected health information of inmates or patients' certain circumstances.

## **Appointment Reminders**

Healing Talk Therapy, LLC may disclose your health information (i.e. therapy appointment) to provide you with appointment reminders.

## **Patient Rights/Access**

In most cases, you have the right to inspect and copy your medical and billing records. You must submit your request in writing. You have the right to request your records in an electronic form. If you request a copy of your clinical information, a fee may be assessed for the costs and time of copying. Your request to inspect and copy information may be denied, in some circumstances.

## **Restriction**

You have the right to request that we place additional restrictions on our use or disclosure of your health information. Healing Talk Therapy, LLC is not required to agree to these additional

restrictions, however, if paying out of pocket for services, you may restrict the release of information to your insurance provider.

### **Alternative Communication**

You have the right to request in writing that I communicate with you about your health information by alternative means. You must provide a satisfactory explanation of how payments will be handled under the alternative means.

### **Amendment**

You have the right to request in writing that your health information is amended. Your request must explain the reason for amendment. Your request can be denied under certain circumstances.

### **Right to a Copy of This Notice**

This notice is yours for safe keeping.

### **Breach of Private Health Information**

You will be notified in the case of any breach of unsecured health information.

### **Questions and Complaints**

If you want more information about the privacy practices of Healing Talk Therapy, LLC or if you have any questions, please contact the office. If you are concerned that the practice may have violated your privacy rights or you disagree with a decision that the practice has made about your health information, you may file a grievance in writing using the contact information at the end of this Notice. You may also submit a written complaint to the U.S. Department of Health and Human Services, your insurance provider, as well as the Louisiana Department of Health. I support your right to privacy and will not retaliate if you file a grievance.