



## **NOTICE OF PRIVACY PRACTICES**

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out your treatment, collect payment for your care and manage the operations of this clinic. It also describes our policies concerning the use and disclosure of this information for other purposes that are permitted or required by law. It describes your rights to access and control your protected health information. **Please review this Notice carefully.** If you have questions about this Notice, please contact our privacy officer, Christine Vander Wielen.

### **HOW RISING HOPE FAMILY COUNSELING CENTER MAY USE OR DISCLOSE YOUR HEALTH CARE INFORMATION FOR:**

**TREATMENT:** We may use or disclose your health care information in the provision, coordination or management of your health care. Our communications to you may be by telephone, cell phone, e-mail or by mail, according to your preferences. For example, we may use your information to call and remind you of an appointment or to refer your care to another health care provider. If another provider requests your health information and they are not providing treatment to you, we will request an authorization from you before providing your information except in an emergency. **PAYMENT:** We may include service codes and diagnostic codes on receipts that third parties may have access to: such as your insurance company or if a third party is paying for your care.

**HEALTHCARE OPERATIONS:** We may use or disclose, as needed, your protected health information in order to support the business activities of this office.

### **HOW RISING HOPE FAMILY COUNSELING CENTER MAY USE OR DISCLOSE YOUR HEALTH CARE INFORMATION**

#### **WITHOUT YOUR WRITTEN AUTHORIZATION:**

- 1) When legally required by subpoena, court order, federal or state law.
- 2) To protect public health when: reporting communicable diseases, aiding in the prevention or control of certain diseases and reporting problems with products and reactions to medications to the Food and Drug Administration.
- 3) To report suspected abuse, neglect or violence against a child
- 4) To conduct health oversight activities we may disclose your health information to a health oversight agency for activities including audits, civil administration or criminal investigations; inspections; licensure or disciplinary action.
- 5) For law enforcement purposes - as permitted or required by state law, we may disclose your health information to a law enforcement official for certain law enforcement purposes, including, under certain limited circumstances, if you are a victim of a crime or in order to report a crime.
- 6) To coroners and medical examiners, for purposes of determining cause of death or for other duties, as authorized by the law.
- 7) In the event of a serious threat to your or others' health and safety; consistent with applicable law and ethical standards of conduct, if we, in good faith, believe that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health and safety or to the health and safety of the public.
- 8) Worker's compensation – we may disclose your protected health information, as authorized, to comply with worker's compensation laws and other similar established programs.
- 9) Required uses and disclosures- under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500.

### **YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION:**

- 1) The right to inspect and obtain a copy of your health information; this right of access **does not** apply to psychotherapy notes, which are maintained for the personal use of a mental health professional. Your request for



inspection or access must be submitted in writing to Rising Hope Family Counseling Center. You may be charged a reasonable fee to cover our expenses for copying your health information.

2) You have the right to request a limit on our disclosure of your health information to someone who is involved in your care or the payment of your care. If you would like to make a request for restrictions, you must submit your request in writing to Rising Hope Family Counseling Center.

3) The right to request an amendment of your health information if you believe your health information is incorrect. You will be asked to make such a request in writing and to give a reason as to why your health information should be changed. However, if we did not create the health information that you believe is incorrect, or if we disagree with you and believe your health information is correct, we may deny your request.

4) You or your representative has the right to request an accounting of disclosures of your health information made by Rising Hope Family Counseling Center for certain purposes authorized by law and certain research. The request for an accounting must be made in writing. The request should specify the time periods for the accounting, starting March 1, 2023. Accounting requests may not be made for periods in excess of six (6) years.

5) The right to a paper copy of this Notice.

6) You have the right to be notified by our office in the event of any breach in privacy of your Protected Health Information.

7) Rising Hope Family Counseling Center reserves the right to change the terms of this Notice at any time. The most recent Notice will be available on the clinic website: [www.Rising-Hope-Counseling.com](http://www.Rising-Hope-Counseling.com) and a paper copy is available at upon your request.

#### **Substance Use Disorder (SUD) Records – 42 C.F.R. Part 2**

Certain records related to Substance Use Disorder (SUD), if present in your record, receive additional confidentiality protections under federal law (42 C.F.R. Part 2). Our primary services are outpatient mental health services. We are not a substance use disorder (SUD) treatment program as defined by federal law. However, we may receive or maintain information related to SUD treatment if you or another provider shares that information with us.

If our office maintains such information—such as information received from other providers, hospitals, or patient disclosures—those records generally will not be used or disclosed without your specific written authorization, except as otherwise permitted or required by federal law.

**When required by law, we will obtain an authorization that specifically covers SUD information and complies with 42 C.F.R. Part 2.** You may revoke your authorization for us to disclose SUD-protected records at any time by submitting a written request to our Privacy Officer. Revocation will not affect disclosures already made in reliance on your prior authorization.

#### **FILING A COMPLAINT:**

You may complain to our privacy officer, Christine Vander Wielen.

You may complain to the Secretary of Health and Human Services, if you believe your privacy rights have been violated by us. To file a complaint, you may go to:

<http://www.hhs.gov/ocr/privacy/hipaa/complaints/hipaacomplaintform.pdf>

Our office will provide you with a written form in which to file your complaint.

We will not retaliate against you for filing a complaint.

This notice was published and becomes effective February 16, 2026.