

HEALING HEARTS COUNSELING LLC

Private Telehealth Practice

Trumbull, Connecticut

Email: ibis@healingheartscounseling.org | Phone: 475-265-6504

Effective Date: November 5, 2025

NOTICE OF PRIVACY PRACTICES (HIPAA DISCLOSURE)

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.

OUR RESPONSIBILITIES

Healing Hearts Counseling LLC is committed to maintaining the privacy and security of your protected health information (PHI). We are required by law to maintain the confidentiality of your PHI, provide you with this Notice, and notify you if a breach occurs. We will not use or disclose your information without your authorization, except as described in this Notice.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

For Treatment: Your PHI may be used to coordinate and manage your care. For example, your therapist may share information with another health care provider involved in your treatment.

For Payment: We may disclose PHI to obtain payment for services provided, such as submitting claims to your insurance carrier.

For Health Care Operations: We may use PHI to evaluate the quality of services, train staff, and conduct administrative operations.

OTHER PERMITTED OR REQUIRED USES AND DISCLOSURES

We may use or disclose your PHI without authorization as required by law, including for public health activities, health oversight, legal proceedings, law enforcement, or to prevent serious threats to health or safety. We may also share information for specialized government functions or workers' compensation claims.

USES AND DISCLOSURES REQUIRING YOUR AUTHORIZATION

Any other uses of PHI not covered by this Notice will require your written authorization. Examples include the release of psychotherapy notes, marketing, or the sale of your PHI. You may revoke your

authorization at any time, except where actions have already been taken based on prior authorization.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the right to: Inspect and obtain a copy of your records Request amendments to your records Request restrictions on certain uses or disclosures Request confidential communications Obtain an accounting of disclosures Receive a paper copy of this Notice If you believe your privacy rights have been violated, you may file a complaint with Healing Hearts Counseling LLC or with the U.S. Department of Health and Human Services (HHS) at 200 Independence Avenue, SW, Washington, DC 20201. We will not retaliate against you for filing a complaint.

TELEHEALTH AND ELECTRONIC COMMUNICATIONS

Healing Hearts Counseling LLC provides telehealth services through a HIPAA-compliant platform. All sessions, messages, and records are encrypted and securely stored. You are encouraged to use telehealth in a private location. Electronic communications such as email or text are limited to administrative purposes unless otherwise consented.

CHANGES TO THIS NOTICE

We reserve the right to revise this Notice at any time. Updates will apply to all PHI we maintain and will be available on our website or upon request.

CONTACT INFORMATION

For questions or concerns about this Notice, contact:

Privacy Officer

Healing Hearts Counseling LLC

Email: ibis@healingheartscounseling.org

Phone: 475-265-6504

Trumbull, Connecticut

ACKNOWLEDGMENT OF RECEIPT

I acknowledge that I have received and reviewed the Notice of Privacy Practices from Healing Hearts Counseling LLC. I understand that this Notice explains my rights and how my health information may be used or disclosed. I understand that I may request a copy of this Notice at any time.

Client Name: _____

Client Signature: _____

Date: _____