

Heart Shine Counseling, LLC

Contact Information: 1400 Buford Highway, Suite K-1, Sugar Hill, Georgia 30518

Notice of Privacy Practices

Effective Date: June 1st, 2024

This notice outlines how your health information may be used and disclosed, and how you can access this information. Please review it carefully. You may have additional rights under state and local law. For legal advice, consult an attorney licensed in your state.

I. My Pledge Regarding Health Information:

I understand your health information is personal and I am committed to protecting it. This notice describes how I use and disclose health information, your rights regarding it, and my legal obligations.

II. How I May Use and Disclose Health Information:

1. **For Treatment, Payment, or Health Care Operations:** I can use your health information without your written authorization to provide quality care, manage treatment, and handle operations like billing and appointment reminders.
2. **Lawsuits and Disputes:** I may disclose health information in response to court orders, subpoenas, or other legal processes.

III. Uses and Disclosures Requiring Your Authorization:

1. **Psychotherapy Notes:** Any use or disclosure requires your authorization unless it's for treatment, training, legal defense, compliance with laws, or serious threats.
2. **Marketing Purposes:** Your PHI will not be used for marketing without your consent.
3. **Sale of PHI:** I will not sell your PHI.

IV. Uses and Disclosures Not Requiring Your Authorization:

Certain uses and disclosures do not require your authorization, such as appointment reminders, public health activities, and law enforcement purposes, among others.

V. Uses and Disclosures Requiring Your Opportunity to Object:

You can object to disclosures of your PHI to family, friends, or others involved in your care unless it's an emergency situation.

VI. Your Rights:

1. **Request Limits:** You can request restrictions on certain uses and disclosures.

2. **Out-of-Pocket Restrictions:** Request restrictions on disclosures to health plans if you pay out-of-pocket in full.
3. **Communication Preferences:** Request specific ways to be contacted.
4. **Access:** Request copies of your PHI.
5. **Disclosure List:** Request a list of disclosures made.
6. **Corrections:** Request corrections to your PHI.
7. **Copy of Notice:** Request a paper or electronic copy of this notice.
8. **Choose Someone to Act for You:** Medical power of attorney or legal guardianship.
9. **Revoke Authorization:** Revoke prior authorizations.
10. **Opt-Out:** Opt-out of communications and fundraising.
11. **File a Complaint:** File a complaint if you feel your rights are violated.

VII. Changes to This Notice

I can change the terms of this notice. Changes apply to all information I have about you. The new notice will be available upon request, in my office, and on my website.