

Notice of Privacy Practices for Website

NOTICE OF PRIVACY PRACTICES

I understand that health information about you and your health care is personal. I am committed to protecting health information about you. I create a record of the care and services you receive from me. I need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by this mental health care practice. This notice will tell you about the ways in which I may use and disclose health information about you. I also describe your rights to the health information I keep about you and describe certain obligations I have regarding the use and disclosure of your health information.

My Responsibilities

- I am required by law to maintain the privacy and security of your protected health information.
 - I will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
 - I must follow the duties and privacy practices described in this notice and give you a copy of it.
 - I will not use or share your information other than as described here unless you tell us we can in writing. If you tell me that I can, you may change your mind at any time. Let me know in writing if you change your mind. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.
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Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of my responsibilities to help you.

- Get a copy of your paper or electronic medical record: You can ask to see or get an electronic or paper copy of your medical record and other health information I have about you. I will provide a copy or a summary of your health information, usually within 30 days of your request. I may charge a reasonable, cost-based fee.
- Correct your paper or electronic medical record: You can ask me to correct health information about you that you think is incorrect or incomplete. I may say "no" to your request, but I will tell you why in writing within 60 days.
- Request confidential communication and choice in how I send information to you: You can ask me to contact you in a specific way (for example, home or office phone) or to send mail to a different address. I will say "yes" to all reasonable requests.
- Ask me to limit the information I share: You can ask me not to use or share certain health information for treatment, payment, or operations. I am not required to agree to your request, and I may say "no" if it would affect your care. If you pay for a service or health care item out-of-pocket in full, you can ask me not to share that information for the purpose of payment or operations with your health insurer. I will say "yes" unless a law requires me to share that information.
- Get a list of those with whom I've shared your information: You can ask for a list (accounting) of the times I've shared your health information for six years prior to the date you ask, who I shared it with, and why. I will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked me to make). I will provide a copy within 60 days of receiving your request. I will provide the list to you at no charge, but if you make more than one request in the same year, I will charge you a reasonable cost-based fee for each additional request.
- Get a copy of this privacy notice: You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. I will provide you with a copy of the paper promptly.
- Choose someone to act for you: If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. I will make sure the person has this authority and can act for you before I take any action.
- File a complaint if you believe your privacy rights have been violated: You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence

Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. I will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell me your choices about what I share. If you have a clear preference for how I share your information in the situations described below, talk to me. Tell me what you want me to do, and I will follow your instructions. In these cases, you have both the right and choice to tell me to:

- Tell family and friends about your condition
 - Provide disaster relief
 - Include you in a hospital directory
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Uses and Disclosures

The following categories describe different ways that I use and disclose health information.

- **Treat you:** I can use your health information and share it with other professionals who are treating you with written consent.
 - **Professional consultation:** If a consultation is needed, I will do my best to protect all personal health information. However, if relevant, this may be shared with another licensed health care provider to assist the clinician in diagnosis and treatment of your mental health condition. The other licensed health care provider is bound by the same confidentiality standards.
 - **Run the organization:** I use health information about you to manage your treatment and services.
 - **Bill for your services:** I can use and share your health information to bill and get payment from health plans or other entities.
 - **Help with public health and safety issues:** Preventing diseases; Reporting adverse reactions to medications; Reporting suspected abuse, neglect, or domestic violence; Preventing or reducing a serious threat to anyone's health or safety
 - **Comply with the law:** I will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that I'm complying with federal privacy law.
 - **Address workers' compensation, law enforcement, and other government requests:** For workers' compensation claims; For law enforcement purposes or with a law enforcement official; With health oversight agencies for activities authorized by law; For special government functions such as military, national security, and presidential protective services
 - **Lawsuits and disputes:** If you are involved in a lawsuit, I may disclose health information in response to a court or administrative order. I may also disclose health information about your child in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
 - **Provider incapacitation or death:** Your records may be disclosed to a designated licensed provider for continuity of care.
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Additional Protections for Reproductive Health Information

Federal law provides additional protections for certain reproductive health information. I will not use or disclose protected health information related to lawful reproductive health care for the purpose of conducting investigations or imposing liability related to that care. In certain circumstances, I am required to obtain a written attestation before disclosing such information in response to legal or law enforcement requests.

Special Protections for Substance Use Disorder Records

Federal law provides special privacy protections for records related to Substance Use Disorder (SUD) treatment (under 42 CFR Part 2). These changes have been updated to better align with HIPAA privacy rules while continuing to

provide strong protections for SUD treatment information.

If you receive SUD-related services, your records:

- Cannot be used or disclosed without your written consent, except in limited situations permitted by law.
- May be disclosed for treatment, payment, and health care operations only if you provide a signed, written consent.
- Are protected from use in criminal, civil, or administrative investigations or proceeding without a court order that meets specific federal requirements.
- Cannot be used to discriminate in employment, housing, courts, or access to benefits (under the CARES Act).

You also have the right to:

- Receive an accounting of disclosures of your SUD treatment information.
 - File a complaint if you believe your privacy rights have been violated.
 - Receive a copy of this notice explaining how your information may be used and shared.
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Changes to the Terms of This Notice

I can change the terms of this notice, and the changes will apply to all the information I have about you. The new notice will be available if changes are made. This version was updated on February 12, 2026.

Filing a Complaint

If you believe your privacy rights have been violated, you have the right to file a complaint. Filing a complaint will not affect your care in any way, and you will not be penalized or retaliated against.

Contact information for filing a complaint is listed below.

Heartfelt Hope and Healing Counseling Services PLLC:

- Address: 140 S Main Street Suite 19, Collierville TN, 38017
- Phone: 901-308-6991
- Email: srhodeslcsw@proton.me

Tennessee Department of Health-Related Boards (Board of Social Workers):

- Division of Health Licensure and Regulation, Office of Investigations
- Phone: 615-741-8485
- Online: <https://www.tn.gov/health/health-program-areas/health-professional-boards/report-a-concern.html>

US Department of Health and Human Services:

- Office for Civil Rights (OCR)
- Phone: 1-877-696-6775
- Address: 200 Independence Avenue, S.W., Washington DC, 20201
- Online: <https://www.hhs.gov/ocr/privacy/hipaa/complaints/>