Journey Well Counseling, LLC

806 Powdersville Road Ste. N
Easley, SC 29642
Phone: 864-372-6433
Fax: 864-332-9775

This notice went into effect on 4/1/2021, reviewed and updated on 9/10/2025

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This notice describes your rights regarding your health information. All information revealed by you in a therapy session and/or group session and most information placed in your file is considered “protected health information” (PHI) by the Health Insurance and Portability and Accountability Act of 1996 (HIPPA). PHI may include name, address, date of birth, any diagnoses given, services provided and other care/payment information.

MY PLEDGE REGARDING HEALTH INFORMATION: 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 Journey Well Counseling, LLC. 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.

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I am required by law to:

- Make sure that protected health information ("PHI") that identifies you is kept private.
- Give you this notice of my legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect.
- I can change the terms of this Notice, and such changes will apply to all information I have about you. The new Notice will be available upon request and in my office.

Your health information cannot be distributed to anyone else without your informed and voluntarily written consent or authorization. The following are exceptions as delineated in your consent for treatment document.

Care: The therapist may share your PHI that is needed for other provider's care. This would include PHI needed for care coordination, consultation and referral to other care providers. This information would only be given through your written consent.

Payment: The therapist may share PHI to bill/be paid for services rendered to the client. This would occur if the client would like to bill services by using his/her insurance.

Keeping you Informed: The therapist may call or notify you via secure messaging through Simple Practice with appointment reminders or information about services rendered. The therapist will make every effort to communicate with the client using a HIPAA compliant platform.

The following reasons do not require your consent or authorization regarding your protected health information:

- Uses and disclosures required by law – example: files court ordered by a judge

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- 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.
- Uses and disclosures about victims of abuse, neglect or domestic violence
- Uses and disclosures for law enforcement purposes – example: if a client makes a serious threat about harming another person or at risk for harming themselves (suicidal ideations)
- Uses and disclosures to avert a serious threat to health or safety – example: sharing client information with hospital staff in the event the client is suicidal
- Uses and disclosures for National Security and Protection for the President – example: share information with authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- Uses and disclosures regarding persons under law enforcement custody – example: sharing information with law enforcement/correctional institutions as needed for healthcare/safety/security reasons.
- Uses and disclosures regarding workers' compensation purposes. Although my preference is to obtain an Authorization from you, I may provide your PHI in order to comply with workers' compensation laws.

CERTAIN USES AND DISCLOSURE REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT:
Disclosures to family, friends, or others. I may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care,

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unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

Privacy Rights

- You have the right to request a paper copy of this Notice
- You have the right to request how you would like this therapist to communicate with you regarding therapy sessions
- You have the right to request restrictions on the use/share of your PHI
- You have the right to access/request copy of your PHI. Other than "psychotherapy notes," you have the right to get an electronic or paper copy of your medical record and other information that I have about you. I will provide you with a copy of your record, or a summary of it, if you agree to receive a summary, within 30 days of receiving your written request, and I may charge a reasonable, cost-based fee for doing so.
- You have the right to request and make an amendment to your PHI
- You have the right to request a list of instances in which I have disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided me with an Authorization. I will respond to your written request for an accounting of disclosures within 60 days of receiving your request. The list I will give you will include disclosures made in the last six years unless you request a shorter time. 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.
- You have the right to file a complaint to the Secretary of the department of Health and Human Services (DHHS). You may write to the Office of Civil rights, Medical Privacy, Complaint Division, U.S. Department of Health and Human Services, 200 Independence avenue, SW. HHH Building, Room 509H, Washington, D.C., 20201.

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Acknowledgement of Receipt of Privacy Notice

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. This notice will be given to you upon admission into the practice to be reviewed and signed and reviewed prior to starting treatment services.