#### **Alaffia Counseling**

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#### **NOTICE OF PRIVACY PRACTICES**

This notice describes how your health information may be used and disclosed, and how you can get access to this information. Please review it carefully. You may have additional rights under state and local law. Please seek legal counsel from an attorney licensed in your state if you have questions regarding your rights to healthcare information.

#### **Effective Date of This Notice**

This notice went into effect on January 1, 2025.

## **Acknowledgment 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 (PHI).

## I. Alaffia Counseling's Pledge Regarding Health Information

Alaffia Counseling understands that health information about you and your healthcare is personal. Alaffia Counseling is committed to protecting your health information. A record is created for the care and services you receive, which is necessary to provide quality care and comply with legal requirements. This notice applies to all records created by Alaffia Counseling. It outlines how your health information may be used and disclosed, your rights to access your health information, and Alaffia Counseling's obligations regarding its use and disclosure.

Alaffia Counseling is required by law to:

- Keep your PHI private.
- Provide you with this notice of privacy practices.
- Follow the terms of this notice.

Alaffia Counseling may update this notice, and the new version will be available in the office and on the website.

# II. How Alaffia Counseling May Use and Disclose Health Information About You

The following categories describe different ways Alaffia Counseling may use and disclose your health information. Each category will be explained with examples. Not every use or disclosure is listed, but all will fall within one of the following categories:

### 1. For Treatment, Payment, or Healthcare Operations

- Alaffia Counseling may use or disclose your PHI for treatment purposes, such as consulting with another healthcare provider about your care.
- Alaffia Counseling may disclose your PHI for payment purposes, such as billing insurance or requesting payment for services.
- Alaffia Counseling may use your PHI for operational purposes, like sending appointment reminders

### 2. Lawsuits and Disputes

 Alaffia Counseling may disclose your health information in response to a court or administrative order or subpoena if required.

## III. Certain Uses and Disclosures Require Your Authorization

### **Psychotherapy Notes:**

Alaffia Counseling maintains psychotherapy notes as defined in 45 CFR § 164.501. Use or disclosure of these notes requires your written authorization unless the disclosure is:

- For Alaffia Counseling's use in treating you.
- For Alaffia Counseling's use in training or supervising other mental health professionals.
- For Alaffia Counseling's use in defending itself in legal proceedings initiated by you.
- Required by law, such as for health oversight or to avert a serious threat to safety.

**Alaffia Counseling** may use HIPAA-compliant AI software during sessions to assist with documentation, ensuring efficient record-keeping while maintaining the privacy and security of your health information. This software will be used only for clinical documentation purposes and in compliance with all applicable privacy.

### **Marketing Purposes:**

Alaffia Counseling will not use or disclose your PHI for marketing without your consent. If a review is requested from you for marketing purposes, Alaffia Counseling will provide a release form. You may withdraw consent at any time.

#### Sale of PHI:

Alaffia Counseling will not sell your PHI.

## IV. Uses and Disclosures That Do Not Require Your Authorization

Under certain circumstances, Alaffia Counseling may disclose your PHI without your authorization:

To remind you of appointments or to provide information about treatment alternatives.

- As required by law (e.g., reporting child abuse or health threats).
- For public health activities, judicial proceedings, law enforcement, and other authorized purposes.

### V. Certain Uses and Disclosures Require You to Have the Opportunity to Object

You have the right to choose whether Alaffia Counseling discloses your PHI to family members, friends, or others involved in your care, or to provide information in a disaster relief situation.

# VI. Your Rights Regarding Your PHI

You have the following rights:

- Request Limits on Uses and Disclosures: You may request that Alaffia Counseling limit how your PHI is
  used or disclosed.
- Request Restrictions for Out-of-Pocket Expenses: You may request restrictions on the disclosure of PHI for health plans when you pay out-of-pocket.
- **Right to Choose How Alaffia Counseling Sends PHI**: You may request how Alaffia Counseling contacts you (e.g., at home or office).
- Right to See and Get Copies of Your PHI: You can request copies of your PHI.
- Right to Get a List of Disclosures: You may ask for a list of disclosures made outside of treatment, payment, or healthcare operations.
- Right to Correct or Update Your PHI: You may request corrections to your PHI.
- Right to Get a Paper or Electronic Copy of This Notice: You have the right to request a paper or electronic copy of this notice.
- Right to Choose Someone to Act for You: If you have a legal representative, they can make decisions about your PHI.
- Right to Revoke an Authorization: You may revoke any authorization you have given.
- **Right to File a Complaint**: If you believe your privacy rights have been violated, you can file a complaint with Alaffia Counseling or the HHS Office for Civil Rights.

# VII. Changes to This Notice

Alaffia Counseling can change the terms of this notice, and any updates will apply to all of your health information. The new notice will be available upon request and on the website.