

# Notice Of Privacy Practices (HIPAA)

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*\* indicates a required field*

Bold Journey Counseling & Consultation understands that information about you and your health care is personal. Bold Journey Counseling & Consultation is committed to protecting your protected health information (PHI). Bold Journey Counseling & Consultation creates and maintains records of the care and services you receive in order to provide quality treatment and comply with legal and ethical requirements.

This Notice applies to all records of your care generated by this practice. It describes how your health information may be used and disclosed, your rights regarding that information, and our responsibilities in protecting it.

Bold Journey Counseling & Consultation is required by law to:

- Maintain the privacy of your protected health information (PHI)
- Provide you with this Notice of Privacy Practices
- Follow the terms of the Notice currently in effect

Bold Journey Counseling & Consultation reserves the right to change the terms of this Notice. Any changes will apply to all PHI we maintain. An updated Notice will be available upon request and may also be posted in our office or on our website.

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## II. HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED

### For Treatment, Payment, and Health Care Operations

Federal privacy regulations allow health care providers to use or disclose PHI without written authorization for purposes of treatment, payment, and health care operations.

Examples include:

- Providing, coordinating, or managing your mental health care
- Consulting with other licensed health care professionals regarding your treatment
- Submitting claims to insurance companies or Employee Assistance Programs (EAPs)

- Quality assurance, record keeping, and practice operations

Disclosures for treatment purposes are not limited to the minimum necessary standard, as full access to information may be required to provide appropriate care.

## Consultations

Bold Journey Counseling & Consultation may consult with other professionals to support your care. Information shared during consultation is limited to what is clinically necessary and does not typically include identifying information.

## Appointment Reminders and Practice Communications

Bold Journey Counseling & Consultation may use your PHI to contact you regarding appointments, scheduling, or related administrative matters.

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# III. USES AND DISCLOSURES THAT REQUIRE YOUR AUTHORIZATION

## Psychotherapy Notes

Bold Journey Counseling & Consultation maintains psychotherapy notes as defined by HIPAA. These notes are kept separately from your medical record. Use or disclosure of psychotherapy notes requires your written authorization, except in the following circumstances:

- For use in treating you
- For supervision or training of mental health professionals
- To defend myself in legal proceedings initiated by you
- For investigation by the Secretary of Health and Human Services
- As required by law
- To prevent a serious and imminent threat to health or safety

## Marketing and Sale of Information

This practice does not use your PHI for marketing purposes and does not sell your PHI.

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## **IV. USES AND DISCLOSURES PERMITTED WITHOUT AUTHORIZATION**

**Subject to applicable law, PHI may be disclosed without authorization for the following purposes:**

- When required by federal or state law
  - To report suspected abuse, neglect, or exploitation of a child, elderly person, or dependent adult
  - For public health or safety activities
  - For health oversight activities such as audits or investigations
  - For judicial or administrative proceedings (such as court orders or subpoenas)
  - For law enforcement purposes
  - To coroners or medical examiners
  - For workers' compensation claims
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## **V. DISCLOSURES TO FAMILY OR OTHERS INVOLVED IN YOUR CARE**

**With your permission, or when appropriate, Bold Journey Counseling & Consultation may disclose relevant PHI to individuals involved in your care or payment for care. You have the right to object to these disclosures at any time.**

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## **VI. YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

You have the right to:

- Request restrictions on certain uses or disclosures of your PHI (approval not guaranteed)
- Request confidential communications (such as contact by phone, email, or mail)
- Inspect and obtain a copy of your medical record (excluding psychotherapy notes)
- Request corrections or amendments to your PHI
- Receive an accounting of certain disclosures
- Obtain a paper or electronic copy of this Notice at any time

Requests must be submitted in writing. Reasonable, cost-based fees may apply where permitted by law.

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## VII. QUESTIONS OR COMPLAINTS

If you have questions about this Notice or believe your privacy rights have been violated, you may contact:

### **Bold Journey Counseling & Consultation**

Email: [boldjourneycc@gmail.com](mailto:boldjourneycc@gmail.com)

You may also file a complaint with the U.S. Department of Health and Human Services. Filing a complaint will not result in retaliation.

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## ACKNOWLEDGMENT

**\* This Notice of Privacy Practices is effective as of January 1, 2026 By signing below, I acknowledge that I have received and reviewed a copy of the Notice of Privacy Practices.**

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I consent to sharing information provided here.

