

NOTICE OF PRIVACY PRACTICES

Home Body Counseling, LLC
560 Park Avenue, Suite 102
Prairie du Sac, WI 53578
608-433-7323
zoe@homebodywi.com

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

MY OBLIGATIONS:

I am required by law to:

- Maintain the privacy of your health information.
- Provide you with this Notice of Privacy Practices.
- Follow the terms of this Notice.

USES AND DISCLOSURES OF HEALTH INFORMATION:

Protected Health Information (PHI) refers to any individually identifiable health information that is created, received, maintained, or transmitted by a healthcare provider or health plan. In the context of a mental health practice such as Home Body Counseling, PHI encompasses a broad range of information relating to a client's mental health, treatment, and personal identifiers.

Home Body Counseling has the right to collect, use, and disclose health information for your treatment, to bill for your healthcare and to operate our business. Examples of such are outlined below:

- **For Payment:** I may collect, use, and disclose health information to obtain payment for health care services provided. An example would be disclosing information to your health plan/insurance company to secure payment for services.
- **For Treatment:** I may collect, use, and disclose information to aid in your treatment or coordination of care. Examples of such would be the disclosure of information to health care providers, physicians, or clinicians to provide supportive care.

- **For Health Care Operations:** I may collect, use, and disclose information as necessary to manage our business needs related to managing your healthcare. We might analyze data to determine how we can better improve our services. Information will be de-identified in accordance with applicable laws to protect your privacy.

- **To provide you with Information on Health-Related Programs or Products:** Information may be collected, used, or disclosed to aid in supportive care such as alternative medical treatments and programs related to products and services.

- **For Communications to You:** I may communicate with you, electronically or via the phone. Such communications will be utilized based on the information shared with Home Body Counseling.

- **Phone/Mobile data:** You have the option to opt-in to text messages verbally during our first session together, or through the website's 'Request a Consult' form. You may opt-out at any time by texting STOP or CANCEL to the business phone number (608-433-7323). Please note that no mobile opt-in data will ever be shared with third parties. Text communication cannot be fully guaranteed as a secure means of communicating. For that reason, I encourage clients to keep texting to a minimum and to only text about upcoming appointments or last minute schedule changes. Do not include PHI in your text messages to me. I will never include PHI in my text communications with you.

I may collect, use, and disclose information for the following purposes under limited circumstances:

- **Legal Mandates:** Information disclosure when mandated by law.
- **Involvement in Care:** Sharing data with involved parties during emergencies or if unable to object.
- **Safety and Best Interests:** Disclosing only essential details for safety and best interests.
- **Deceased Individuals' Care:** Specific guidelines govern disclosures concerning deceased individuals.
- **Public Health Reporting:** Information disclosure for disease outbreaks and FDA safety matters.
- **Abuse/Neglect Cases:** Sharing with social services or protective agencies for safety concerns.
- **Health Oversight:** Disclosure to authorized agencies for licensure, audits, or investigations.
- **Legal Proceedings:** Information sharing for court-ordered treatment or search warrants.
- **Emergency Situations:** Disclosure aiding emergency responses or natural disasters.

- **Government Functions:** Specific disclosures related to military, national security, and presidential services.
- **Workers' Compensation:** Information sharing as mandated by state laws for work-related injuries.
- **Research Purposes:** Data may be used for federally approved research studies.
- **Deceased Individual Identification:** Disclosing to coroners or medical examiners for identification purposes.
- **Incarceration or Law Enforcement:** Information sharing in custody-related safety situations.

YOUR RIGHTS:

You have the following rights regarding your health information:

- **Right to Inspect and Copy:** You have the right to inspect and obtain a copy of your health information.
- **Right to Amend:** If you believe your health information is incorrect, you have the right to request an amendment.
- **Right to Request Restrictions:** You have the right to request restrictions on certain uses and disclosures of your health information.
- **Right to Request Confidential Communications:** You have the right to request confidential communication of your health information.
- **Right to a Paper Copy:** You have the right to obtain a paper copy of this Notice upon request.

OUR USES AND DISCLOSURES REQUIRING AUTHORIZATION:

We will obtain your written authorization for uses and disclosures not covered by this Notice. You may revoke your authorization at any time.

COMPLAINTS:

If you believe your privacy rights have been violated, you may file a complaint with me or with the Secretary of the Department of Health and Human Services. You may file a complaint with me by simply providing me with writing that specifies the manner you believe the violation occurred, the approximate date of such occurrence, and any details that you believe will be helpful to me. My telephone number is 608-433-7323. I will not retaliate against you in any way for filing a complaint

with me or with the Secretary. Complaints to the Secretary must be filed in writing. A complaint to the Secretary can be sent to the U.S. Department of Health and Human Services.

CONTACT INFORMATION:

For further information about this Notice or to exercise your rights, please contact:

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ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY PRACTICES

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. By checking the box below, you are acknowledging that you have received a copy of HIPAA Notice of Privacy Practices.

BY CLICKING ON THE CHECKBOX BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.