

NOTICE OF PRIVACY PRACTICES

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

EFFECTIVE DATE OF THIS NOTICE

This notice took effect on: May 1, 2026

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have specific rights regarding the use and disclosure of your protected health information (PHI).

I. MY PLEDGE REGARDING HEALTH INFORMATION

I understand that health information about you and your care is deeply personal. I am committed to protecting your privacy and maintaining the confidentiality of your information in accordance with applicable laws, including HIPAA.

As a pastoral counseling practice, I provide whole-person care that considers the interconnected dimensions of body, soul, and spirit. I keep records of the services provided to support continuity of care, professional responsibility, and legal compliance. This notice applies to all records created within this practice.

I am required by law to:

- Ensure that your PHI remains private
- Provide you with this notice of legal duties and privacy practices
- Follow the terms of the current notice

I may update this notice at any time. Updated versions will be available upon request and on my website.

II. SCOPE OF SERVICES

This practice offers pastoral counseling, coaching, and integrative support services. Care may include emotional, spiritual, and life-support guidance related to stress, anxiety, grief, life changes, chronic illness, and end-of-life issues.

Services are based on a whole-person approach and may incorporate existential therapy, logotherapy (meaning-centered care), Rational Emotive Behavior Therapy (REBT), temperament-based counseling (NCCA), and faith-integrated support guided by the Tripartite (body–soul–spirit) framework.

This practice is not a medical or emergency service provider. If you are facing a medical or psychiatric emergency, please contact emergency services or a licensed medical provider immediately.

III. HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

Federal privacy laws permit providers to use or disclose PHI without written permission for treatment, payment, and healthcare operations.

Treatment may include pastoral counseling, integrative care, consultation with other providers (when appropriate), and coordination of supportive services.

I may also use PHI to:

- Send appointment reminders
- Provide billing and administrative services
- Share information relevant to your care

Services are grounded in a whole-person framework addressing emotional, physical, and spiritual well-being.

IV. USES AND DISCLOSURES REQUIRING PERMISSION

Psychotherapy notes require authorization except in limited cases such as treatment, training, legal defense, or when law requires it.

Marketing and use of testimonials need your written consent.

Your PHI will not be sold.

V. USES AND DISCLOSURES THAT DON'T REQUIRE PERMISSION

I may disclose PHI without authorization when legally required, including:

- Public health reporting
- Abuse or neglect reporting
- Court orders or subpoenas
- Law enforcement purposes
- Health oversight activities

VI. YOUR RIGHTS REGARDING YOUR PHI

You have the right to:

- Request limits on how your information is used and shared
- Request confidential communication methods
- Access and get copies of your records
- Ask for corrections to your records
- Obtain a list of disclosures
- Revoke permission at any time
- File complaints without fear of retaliation

VII. CHANGES TO THIS NOTICE

I reserve the right to change this notice. Updates will apply to all records and will be available upon request and online.