NOTICE OF PRIVACY PRACTICES

Enrich Counseling, Madeline Ridgway, M.S., LPC-A
As Supervised by Daniel Latham, M.A., LPC-S

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

Effective Date: August 25, 2026

Our Commitment to Your Privacy

I understand that information about you and your health is personal. I am committed to protecting the privacy of your protected health information ("PHI"). I create a record of the care and services you receive from me in order to provide you with quality care and to comply with certain legal requirements. This notice applies to all records of your care generated by this practice, whether made by me or anyone else involved in your care.

This notice will tell you about the ways in which I may use and disclose PHI about you. It also describes your rights regarding the health information I keep about you, and describes certain obligations I have regarding the use and disclosure of your health information.

My Responsibilities

I am required by law to:

- Maintain the privacy of PHI that identifies you.
- Give you this notice of my legal duties and privacy practices regarding your PHI.
- Follow the terms of the notice currently in effect.
- Notify you if I am unable to agree to a requested restriction.
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

How I May Use and Disclose Health Information About You

The following categories describe different ways I may use and disclose your health information. Not every possible use or disclosure is listed, but all permitted uses fall into one of these categories.

Treatment: I may use or disclose your PHI to provide, coordinate, or manage your treatment and any related services. This includes consultation with other healthcare providers involved in your care, as clinically necessary.

Payment: I may use and disclose PHI so that I can bill and receive payment from you, an insurance company, or a third party for treatment and services you receive. This may include verifying insurance coverage, submitting claims, and obtaining prior authorization.

Health Care Operations: I may use or disclose PHI to support the day-to-day activities of my practice, such as quality assessment, licensing, and business management activities.

Required by Law: I will disclose PHI when required to do so by federal, state, or local law, including reporting requirements related to suspected abuse, neglect, or domestic violence.

Health and Safety: I may disclose PHI when necessary to prevent a serious threat to your health or safety, or the health or safety of the public or another person.

Public Health and Legal Purposes: I may disclose PHI for public health activities, health oversight activities, judicial or administrative proceedings (in response to a court order or, in limited circumstances, a subpoena), law enforcement purposes, and to coroners, medical examiners, or funeral directors as required by law.

Duty to Warn / Protect: Consistent with applicable law and ethical standards, I may disclose limited information if I believe you present a serious danger to yourself or others.

Substance Use Disorder (SUD) Records: If applicable, records related to substance use disorder treatment are subject to additional protections under 42 C.F.R. Part 2 and will only be used or disclosed with your specific written consent, except as otherwise permitted by law.

Other Uses and Disclosures: Any other use or disclosure of your PHI not described above will only be made with your written authorization. You may revoke that authorization at any time, in writing, except to the extent I have already relied on it.

Your Rights Regarding Your Health Information

You have the following rights regarding the PHI I maintain about you:

- Right to Request Restrictions — You may ask me to limit how I use or disclose your PHI. I am not required to agree, except where you have paid privately in full for a service and request that I not disclose that information to your health plan.
- Right to Request Confidential Communications — You may ask me to communicate with you in a certain way or at a certain location (for example, only at a personal cell number).
- Right to Inspect and Copy — You may ask to inspect and receive a copy of your PHI, with certain limited exceptions.
- Right to Amend — You may ask me to amend your health information if you believe it is incorrect or incomplete. I may deny the request under certain circumstances.
- Right to an Accounting of Disclosures — You may request a list of certain disclosures I have made of your PHI, generally for the six years prior to your request.
- Right to a Paper or Electronic Copy of This Notice — You may request a copy of this notice at any time.
- Right to Be Notified of a Breach — You will be notified if there is a breach of your unsecured PHI.
- Right to Choose Someone to Act on Your Behalf — If you have given someone medical power of attorney or if someone is your legal guardian, that person may exercise your rights and make choices about your health information.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with me or with the U.S. Department of Health and Human Services, Office for Civil Rights. You will not be penalized or retaliated against for filing a complaint.

Complaints to me may be directed to: Madeline Ridgway, (325)234-5675, madeline@enrich-counseling.com

Complaints to the Office for Civil Rights may be filed at: 200 Independence Avenue, S.W., Washington, D.C. 20201, or by calling 1-877-696-6775, or online at www.hhs.gov/ocr/privacy/hipaa/complaints/.

Changes to This Notice

I reserve the right to change this notice at any time. I will make the revised notice available upon request, and, where applicable, post the updated version on my website.

Acknowledgment

By signing below, you acknowledge that you have received and reviewed a copy of this Notice of Privacy Practices.

Client Name: _____

Client Signature: _____ Date: _____

Practice contact information: