Blue Phoenix Counseling and Recovery, LLC

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St. George, UT 84770

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Phone: 435-289-6029

EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on [INSERT DATE]

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW

YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I. MY PLEDGE REGARDING HEALTH INFORMATION:

I understand that health information about you and your health care is personal. I am committed to protecting

health information about you. I create a record of the care and services you receive from me. I need this

record to provide you with quality care and to comply with certain legal requirements. This notice applies to all

of the records of your care generated by this mental health care practice. This notice will tell you about the

ways in which I may use and disclose health information about you. I also describe your rights to the health

information I keep about you and describe certain obligations I have regarding the use and disclosure of your

health information. I am required by law to:

- Make sure that protected health information ("PHI") that identifies you is kept private.

- Give you this notice of my legal duties and privacy practices with respect to health information.

- Follow the terms of the notice that is currently in effect.

I can change the terms of this Notice, and such changes will apply to all information I have about you. The

new Notice will be available upon request, in my office, and on my website.

II. HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:

The following categories describe different ways that I use and disclose health information. For each category

of uses or disclosures I will explain what I mean and try to give some examples. Not every use or disclosure

in a category will be listed. However, all of the ways I am permitted to use and disclose information will fall within one of the categories.

For Treatment, Payment, or Health Care Operations:

Federal privacy rules (regulations) allow health care providers who have direct treatment relationships with the patient/client to use or disclose the patient/client's personal health information without the patient's written authorization, to carry out the health care provider's own treatment, payment, or health care operations. I may also disclose your protected health information for the treatment activities of any health care provider. This too can be done without your written authorization. For example, if a clinician were to consult with another licensed health care provider about your condition, we would be permitted to use and disclose your personal health information, which is otherwise confidential, in order to assist the clinician in diagnosis and treatment of your mental health condition.

Disclosures for treatment purposes are not limited to the minimum necessary standard. Because therapists and other health care providers need access to the full record and/or full and complete information in order to provide quality care. The word "treatment" includes, among other things, the coordination and management of health care providers with a third party, consultations between health care providers, and referrals of a patient for health care from one health care provider to another.

Lawsuits and Disputes:

If you are involved in a lawsuit, I may disclose health information in response to a court or administrative order. I may also disclose health information about your child in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

II-A. USE OF MOBILE INFORMATION AND SMS COMPLIANCE:

If you have opted in to receive SMS (text) messages from Blue Phoenix Counseling and Recovery, LLC, the following terms also apply:

- Types of Messages: You may receive messages related to appointment reminders, scheduling changes, account updates, or other practice-related communications.
- Message Frequency: Message frequency may vary based on your interaction with our services.
- Message & Data Rates: Message and data rates may apply depending on your mobile carrier and plan.
- Opt-Out Instructions: You may opt out of future SMS communications at any time by replying STOP or UNSUBSCRIBE to any message you receive.

- Help Instructions: For assistance, reply HELP to any message or contact us directly at tyler@bluephoenix-cr.com or 435-289-6029.
- Marketing Disclosure: We do not share your personal or mobile information with third parties for marketing purposes under any circumstances. Data sharing is strictly limited to purposes necessary for providing our services.
- Data Security and Restrictions: We do not transfer your personal data to any external organizations under any circumstances, even with your consent. We have strict policies and technical measures in place to prevent unauthorized sharing of your data.

III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:

Psychotherapy Notes:

I do keep "psychotherapy notes" as that term is defined in 45 CFR § 164.501, and any use or disclosure of such notes requires your Authorization unless the use or disclosure is:

- a. For my use in treating you.
- b. For my use in training or supervising mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy.
- c. For my use in defending myself in legal proceedings instituted by you.
- d. For use by the Secretary of Health and Human Services to investigate my compliance with HIPAA.
- e. Required by law and the use or disclosure is limited to the requirements of such law.
- f. Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes.
- g. Required by a coroner who is performing duties authorized by law.
- h. Required to help avert a serious threat to the health and safety of others.

Marketing Purposes:

As a psychotherapist, I will not use or disclose your PHI for marketing purposes.

Sale of PHI:

As a psychotherapist, I will not sell your PHI in the regular course of my business.

IV. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION:

Subject to certain limitations in the law, I can use and disclose your PHI without your Authorization for the following reasons:

- When disclosure is required by state or federal law.
- For public health activities (e.g., reporting suspected child, elder, or dependent adult abuse).
- For health oversight activities, including audits and investigations.
- For judicial and administrative proceedings.
- For law enforcement purposes.
- To coroners or medical examiners.
- For research purposes.
- For specialized government functions.
- For workers' compensation purposes.
- To send appointment reminders and health-related benefits or services.

V. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT:

I may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

VI. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI:

- The Right to Request Limits on Uses and Disclosures of Your PHI
- The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full
- The Right to Choose How I Send PHI to You
- The Right to See and Get Copies of Your PHI
- The Right to Get a List of the Disclosures I Have Made
- The Right to Correct or Update Your PHI
- The Right to Get a Paper or Electronic Copy of this Notice

SMS Terms

By contacting us via SMS or opting in to receive text messages, you agree to the following:

- Message frequency may vary based on your interaction with Blue Phoenix Counseling and Recovery, LLC.
- Message and data rates may apply depending on your mobile carrier and plan.
- You may opt out at any time by replying STOP to any message.
- For assistance, reply HELP or contact us at tyler@bluephoenix-cr.com or 435-289-6029.
- We do not share your personal or mobile information with third parties for marketing purposes.

- We do not transfer your personal data to any external organizations under any circumstances, even with your consent. We have strict policies and technical measures in place to prevent unauthorized sharing of your data.

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

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