

NOTICE OF PRIVACY PRACTICES

Internal Compass Therapy, LLC

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Your privacy is very important. This Notice explains how your health information (PHI) may be used, when it may be shared, and your rights under federal HIPAA law, 42 CFR Part 2 (if applicable).

As a solo provider, I am your **Privacy Officer**. You may contact me at any time with questions or concerns.

1. How I Use and Share Your Information

I create a record of your care to provide quality services and comply with legal requirements. I may use or share your PHI for the following:

A. Treatment

I may share your information with other healthcare providers to coordinate your care, consult with specialists, or refer you for additional services.

B. Payment

Insurance Clients:

- I may share PHI with your insurance company to obtain payment.
- This can include diagnosis codes, dates of service, and treatment information.
- Your insurer may request additional clinical information for authorization or review.

Private Pay Clients:

- If you pay for services out-of-pocket in full, your information will not be shared with insurance.
- You may request that I limit disclosures to your health plan for these services, and I am required to honor your request.

C. Healthcare Operations

I may use PHI for practice management purposes, such as:

- Quality improvement
- Case consultation (without identifying you whenever possible)
- Required professional audits

2. Substance Use Treatment Confidentiality (42 CFR Part 2)

If I provide substance use disorder (SUD) services, federal law (42 CFR Part 2) provides additional protections:

- I cannot disclose information that identifies you as having or having had a substance use disorder without your **specific written consent**, except in very limited circumstances.
- General medical releases are **not sufficient**.
- If disclosure is permitted, a **notice prohibiting redisclosure** is required.

Exceptions permitting disclosure without consent include:

- Medical emergencies

- Court orders meeting Part 2 standards
- Certain audits or program evaluations
- Mandatory reporting (e.g., child abuse)
- Crimes committed on program premises or against personnel

Important: If PHI is disclosed to someone not covered by HIPAA or Part 2, federal privacy protections **may no longer apply**, and the information could be redisclosed by the recipient.

3. Psychotherapy Notes

- Psychotherapy notes (personal notes documenting session content) receive **special protection** under HIPAA.
- I will not disclose these notes without your written authorization except as permitted by law (e.g., supervision, legal defense, required oversight).

4. Other Situations Where I May Share PHI

I may disclose information without your authorization for:

- Suspected child, elder, or dependent adult abuse
- Court orders or subpoenas
- Serious threats to health or safety
- Public health reporting requirements
- Law enforcement or government-mandated activities
- Worker's compensation claims

Substance use information remains protected under Part 2 unless an exception applies.

5. Your Rights

You have the right to:

- Request limits on how PHI is used or shared (including for services you pay for in full)
- Receive PHI via a specific method or address (confidential communications)
- Inspect and obtain copies of your records (except psychotherapy notes)
- Request corrections to your records
- Receive a list of disclosures of your PHI for non-treatment/payment purposes
- Receive notice if there is a breach of unsecured PHI
- Receive a paper or electronic copy of this Notice

Timeframes & fees:

- Records provided within 30 days (may charge reasonable copying fees)
- Accounting of disclosures provided within 60 days

6. Telehealth and Electronic Communication

- I use **HIPAA-compliant platforms** whenever possible.
- Electronic communication (email, text) carries some **risk of unauthorized access**.
- You may request alternative methods to communicate securely.

7. Business Associates

I may use third-party services (e.g., EHR, billing, telehealth platforms) that are required to follow HIPAA rules.

8. Complaints

If you believe your privacy rights have been violated:

Contact:

Lauren Renne, LCSW ph: 727-314-0588 email: lauren@internalcompasstherapy.com

You may also file a complaint with the **U.S. Department of Health and Human Services Office for Civil Rights:**

<https://www.hhs.gov/ocr/privacy/hipaa/complaints/>

I **will not retaliate** for filing a complaint.

9. Changes to This Notice

I may update this Notice. The latest version will be available upon request and, if applicable, on my website.

10. Acknowledgment of Receipt

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.