Notice of Privacy Practices

Rising Action Counseling, LLC

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Your Information, Your Rights, and Your Responsibilities *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.*

I. Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of my responsibilities to help you.

- **Get an electronic or paper copy of your medical record:** You can ask to see or obtain a copy of your medical record and other health information I have about you. I will provide a copy or a summary of your health information, usually within 30 days of your request.
- **Ask me to correct your medical record:** You can ask me to correct health information about you that you think is incorrect or incomplete. I may say “no” to your request, but I will tell you why in writing within 60 days.
- **Request confidential communications:** You can ask me to contact you in a specific way (for example, home or office phone) or to send mail to a different address. I will say “yes” to all reasonable requests.
- **Ask me to limit what I use or share:** You can ask me not to use or share certain health information for treatment, payment, or other operations. I am not required to agree to your request, and I may say “no” if it would affect your care.
    - *Self-Pay Privacy:* If you pay for a service out-of-pocket in full, I will honor your request not to share that information with your health insurer for the purpose of payment or operations unless a law requires me to share it.
- **Get a list of those with whom I’ve shared information:** You can ask for a list (accounting) of the times I’ve shared your health information for six years prior to the date you ask, who I shared it with, and why.
- **Get a copy of this privacy notice:** You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically.

- **Choose someone to act for you:** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information once their authority is verified.
- **File a complaint if you feel your rights are violated:** You can file a complaint by contacting me directly. You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to: 200 Independence Avenue, S.W., Washington, D.C. 20201 or by calling 1-877-696-6775 or by visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. I will not retaliate against you for filing a complaint.

II. Your Choices

For certain health information, you can tell me your choices about what I share. In these cases, you have both the right and choice to tell me to:

- Share information with your family, close friends, or others involved in your care.
- Share information in a disaster relief situation.

Note: If you are unable to tell me your preference (e.g., if you are unconscious), I may share your information if I believe it is in your best interest or to lessen a serious and imminent threat to health or safety.

I never share your information for marketing purposes or the sale of your information unless you give me written permission.

III. My Uses and Disclosures

I typically use or share your health information in the following ways:

- **To support your collaborative care:** I can use your health information and share it with other professionals who are part of your support team (such as a primary physician, psychiatrist, or other specialist) to ensure a holistic and coordinated approach to your wellness.
- **To facilitate practice operations:** I can use and share your health information to manage my practice, improve your care, and contact you when necessary.
- **To facilitate payment for services:** I use your information to process payments for the services provided. Because Rising Action Counseling, LLC is a self-pay only practice, I do not share your information with health insurance plans for billing or reimbursement purposes.

  To provide financial transparency In accordance with the No Surprises Act, I use your information to provide a "Good Faith Estimate" (GFE) of the expected costs of your care. This document is for your records and is generally not shared with outside entities unless required by law or for a dispute resolution process.

Legal & Public Good Disclosures

I am allowed or required to share your information in ways that contribute to the public good, such as:

- **Public health and safety:** Preventing disease, reporting suspected abuse/neglect/domestic violence, or preventing a serious threat to anyone's health or safety.
- **Compliance with the law:** I will share information if state or federal laws require it.
- **Lawsuits and legal actions:** I can share health information in response to a court or administrative order, or in response to a subpoena.

State-Specific Protections

- **North Carolina (N.C.G.S. § 90-343):** Your communications with me are considered privileged. I will not disclose any information acquired during the course of professional services unless required by law, or unless a waiver of privilege is executed by you.
- **Ohio (OAC 4757-5-09):** In the event of my death or incapacitation, a designated **Responsible Records Custodian** (a licensed mental health professional bound by the same confidentiality laws) will have access to your records to ensure continuity of care or to facilitate the secure transfer of records.

IV. Telehealth & Electronic Security

As a telehealth-based practice, I prioritize the security of your digital information:

- **Encryption:** I utilize HIPAA-compliant platforms for video sessions and electronic health records (EHR).
- **Communication:** While I use secure platforms, no electronic communication is 100% secure. By engaging in telehealth, you acknowledge these inherent risks.
- **No Recording:** I do not record sessions, and I ask that you do not record sessions without prior written mutual agreement.

V. My Responsibilities

- I am required by law to maintain the privacy and security of your protected health information.
- I will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- I must follow the duties and privacy practices described in this notice and give you a copy of it.
- I will not use or share your information other than as described here unless you tell me that I can in writing.

Changes to the Terms of this Notice I can change the terms of this notice, and the changes will apply to all information I have about you. The new notice will be available upon request and on my website.

Effective Date: 11/30/2020

Last Updated: 01/22/2026

Privacy Official: Christina M. Scott, LPCC-S

Please sign and date to signify that you have read and understand the Privacy Practices Document:

Client Signature: _____ Date: _____