NOTICE OF PRIVACY PRACTICES

Effective Date: 10/1/2025

This notice describes how your protected health information (PHI) may be used and disclosed and how you can access this information. Please review it carefully.

I. OUR LEGAL DUTY TO PROTECT YOUR PRIVACY

As a licensed psychotherapist practicing in South Carolina, I am committed to maintaining the confidentiality of your health information. I create and maintain a record of your care, which includes details about your symptoms, diagnoses, treatment plans, progress, and more. This information is referred to as Protected Health Information (PHI) and is protected under federal law (HIPAA) and state law.

I am legally required to:

-Protect the privacy of your PHI.

-Provide you with this Notice describing my legal duties and privacy practices.

-Follow the terms of this Notice currently in effect.

-Notify you in the event of a breach of your unsecured PHI.

This Notice applies to all records created or maintained by this practice. I may update this Notice at any time, and changes will apply to all existing and future PHI. You can request a copy at any time or view the most recent version at https://www.cognitiveclaritysc.com/.

II. HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED

A. Without Your Written Authorization

Your PHI may be used or disclosed without your written authorization in the following situations, as permitted by HIPAA and South Carolina law:

1. For Treatment

I may use or share your PHI with other healthcare providers involved in your care. For example, if I consult with another mental health provider or refer you to another therapist, I may share information relevant to your treatment.

2. For Payment

I may use and disclose your PHI to obtain payment for the services I provide. This may include submitting information to your insurance company or billing service provider.

3. For Healthcare Operations

I may use your PHI for internal practice operations, such as quality assessment, training, licensing, and administrative purposes. These uses help ensure that I provide effective and appropriate care.

4. When Required by Law

I may disclose your PHI when required by federal, state, or local law, including for public health reporting, mandatory reporting of abuse, or pursuant to a court order.

5. To Prevent Serious Threats to Health or Safety

If I believe there is a serious and imminent threat to your health or safety, or that of another person, I may disclose information to someone able to help prevent harm.

6. For Health Oversight Activities

I may disclose PHI to government agencies responsible for overseeing the healthcare system, such as licensing boards or agencies investigating complaints or audits.

7. For Judicial or Administrative Proceedings

I may disclose PHI in response to a court order. In certain cases, I may also respond to a subpoena if you are notified and given an opportunity to object or seek a protective order.

8. For Workers' Compensation

I may release PHI as necessary to comply with laws related to workers' compensation or similar programs.

9. To Coroners or Medical Examiners

I may provide PHI to a coroner or medical examiner as required by law for identification or cause of death determination.

10. Appointment Reminders and Treatment Alternatives

I may contact you to remind you of appointments or inform you about treatment options or health-related services that may benefit you.

B. With Your Written Authorization

Your written permission (Authorization) is required for most uses and disclosures of your PHI not listed above, including:

1. Psychotherapy Notes

Psychotherapy notes are separate from your general medical record and receive special protections under HIPAA. I must obtain your written authorization to release these notes, except in the following limited situations:

--For treatment purposes by the originator of the notes.
--For legal defense if you bring a complaint.
--For training or supervision of mental health professionals.
--To comply with federal oversight of my practice.
--If required by law, such as to report abuse.
--In response to a lawful coroner's inquiry.
--To prevent a serious threat to health or safety.

2. Marketing

I will not use your PHI for marketing purposes without your explicit written authorization.

3. Sale of PHI

I do not sell your PHI under any circumstances.

C. You Have the Right to Object to Certain Disclosures

In certain cases, I may share your PHI with a family member, friend, or caregiver involved in your care or payment for services. You have the right to object to such disclosures, and I will respect your wishes unless disclosure is necessary due to an emergency.

III. YOUR RIGHTS UNDER HIPAA

You have the following rights with respect to your PHI:

1. Right to Request Restrictions

You may request limitations on how your PHI is used or disclosed. I am not required to agree unless you paid for a service in full out-of-pocket and request that information not be disclosed to your insurance company.

2. Right to Request Confidential Communication

You may request that I contact you in a specific way or at a specific location (e.g., by phone at work or mail to a P.O. Box). I will accommodate reasonable requests.

3. Right to Access Your Records

You have the right to inspect and obtain a copy of your PHI, except for psychotherapy notes. Requests must be in writing, and I will respond within 30 days. A reasonable cost-based fee may apply.

4. Right to Amend Your Records

If you believe your records are incorrect or incomplete, you may request an amendment in writing. I may deny your request if the record is accurate or was not created by me.

5. Right to an Accounting of Disclosures

You may request a list of disclosures made in the previous six years (not including those for treatment, payment, or operations). This request must be in writing and may be subject to a reasonable fee if made more than once per year.

6. Right to a Paper or Electronic Copy of This Notice

You may request a paper copy of this Notice at any time, even if you received it electronically.

IV. MINORS AND PHI IN SOUTH CAROLINA

Under South Carolina law:

--Minors may consent to mental health counseling at age 16 or older without parental consent.
--If a minor consents to care, they control the release of their PHI unless an exception applies.
--If parents or guardians consent to the treatment, they generally have access to the child's records unless the disclosure would be harmful to the minor or the law states otherwise.

V. QUESTIONS, COMPLAINTS, AND CONTACT INFORMATION

If you believe your privacy rights have been violated, or if you have questions about this Notice, you may contact:

Jennifer Levan, M.Ed. LPC
Cognitive Clarity LLC
534 River Crossing, Fort Mill, SC 29715
803-226-7757
cognitiveclaritysc@gmail.com

You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, at www.hhs.gov/ocr/privacy/hipaa/complaints/.

You will not be retaliated against for filing a complaint.

VI. ACKNOWLEDGEMENT OF RECEIPT

By signing below, you acknowledge that you have received a copy of this Notice of Privacy Practices. This acknowledgement does not mean you agree with its contents—only that you received it.

Signature of Client or Personal Representative: _____
Date: _____
Printed Name: _____
Relationship (if not client): _____