



NOTICE OF PRIVACY PRACTICES RISING GRACE THERAPY, PLLC

THIS NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. YOU MAY HAVE ADDITIONAL RIGHTS UNDER STATE AND LOCAL LAW. PLEASE SEEK LEGAL COUNSEL FROM AN ATTORNEY LICENSED IN YOUR STATE IF YOU HAVE QUESTIONS REGARDING YOUR RIGHTS TO HEALTH CARE INFORMATION.

EFFECTIVE DATE: February 10, 2024

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 (PHI).

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. This record is necessary to provide you with quality care and to comply with legal requirements. This notice applies to all records of your care generated by this mental health practice.

I am required by law to:

- Make sure that PHI that identifies you is kept private.
- Provide you with this notice of my legal duties and privacy practices regarding your health information.
- Follow the terms of the notice that is currently in effect.
- Inform you of any changes to this notice, which will be available upon request, in my office, and on my website.



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

For Treatment, Payment, or Health Care Operations:

Federal privacy rules allow health care providers to use or disclose PHI without written authorization to carry out treatment, payment, or health care operations. Examples include:

- Consulting with another licensed provider regarding your treatment.
- Sending appointment reminders and invoices.

Lawsuits and Disputes:

I may disclose health information in response to a court order, subpoena, discovery request, or lawful process when required by law.

III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION

1. Psychotherapy Notes:

I keep psychotherapy notes as defined in 45 CFR § 164.501. Any use or disclosure requires your authorization, except for:

- Treatment purposes.
- Training or supervision of mental health professionals.
- Legal defense in proceedings initiated by you.
- Legal and oversight requirements.
- Serious safety threats.

2. Marketing Purposes:

I will not use or disclose your PHI for marketing without your written consent. If you provide a review containing PHI, a HIPAA authorization is required before I share it publicly.



3. Sale of PHI:

I will not sell your PHI under any circumstances.

IV. USES AND DISCLOSURES THAT DO NOT REQUIRE YOUR AUTHORIZATION

I may use and disclose your PHI without authorization for:

- Appointment reminders and health-related benefits.
- Compliance with federal or state law.
- Public health activities, including reporting abuse.
- Health oversight activities.
- Judicial and administrative proceedings.
- Law enforcement purposes.
- Coroners, medical examiners, and research purposes.
- Government functions, including military and correctional facility operations.
- Workers' compensation claims.

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

You have the right to object to disclosures to family, friends, or others involved in your care. Consent may be obtained retroactively in emergency situations.

VI. YOUR RIGHTS REGARDING YOUR PHI

1. Right to Request Limits on Uses and Disclosures

- a. You may request restrictions on certain PHI disclosures, but I may decline if it affects your health care.



2. Right to Restrict Disclosure for Paid Services

- a. If you pay out-of-pocket in full, you may request that your PHI not be shared with your health plan.

3. Right to Choose How I Send PHI to You

- a. You may request alternative communication methods.

4. Right to See and Get Copies of Your PHI

- a. You may request an electronic or paper copy of your PHI within 30 days of a written request.

5. Right to Get a List of Disclosures

- a. You may request an accounting of disclosures within the past six years.

6. Right to Correct or Update Your PHI

- a. You may request corrections to your PHI.

7. Right to Get a Paper or Electronic Copy of this Notice

- a. You may request a copy at any time.

8. Right to Choose Someone to Act for You

- a. If you have a medical power of attorney, that person may make choices about your PHI.

9. Right to Revoke an Authorization

10. Right to Opt-Out of Communications and Fundraising

11. Right to File a Complaint

- You may file a complaint with my office or with the HHS Office for Civil Rights.

VII. SOCIAL MEDIA POLICY

Rising Grace Therapy, PLLC maintains professional boundaries with clients in all digital spaces, including social media. Our clinicians will not accept friend requests, direct messages, or engage in personal interactions with clients on any social media platform. If you need to contact us, please use professional channels such as email or phone. Any engagement with our social media content should be general and not involve private health information.



VIII. ENCRYPTION OF PHI COMMUNICATIONS

I do not currently offer encrypted email for PHI. Secure communication methods include:

- Encrypted phone calls, text messages, EMR messaging, and fax.
- If you request PHI via email, you assume the security risks associated with unencrypted communication.

IX. CHANGES TO THIS NOTICE

I may change the terms of this Notice. The new Notice will be available upon request, in my office, and on my website.

X. SMS MESSAGING SERVICE TERMS

By opting in to receive SMS messages from Rising Grace Therapy, PLLC, you agree to these terms:

- You may receive appointment reminders, marketing messages, and two-way communication.
- Message frequency may vary; standard message and data rates apply.
- You can opt out at any time by replying STOP.
- For assistance, reply HELP or contact us at rey@risinggracetherapy.com or 720-647-5800.

**For more information or to file a complaint, contact: Rising Grace Therapy, PLLC
Reynaldo Lopez, LCSW**

Email: rey@risinggracetherapy.com

Phone: 720-647-5800