Hemphill Counseling Services, PLLC Organization

NPI: 1740079722 EIN: 334925756

Effective Date: **02/10/2026**

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. YOUR HEALTH INFORMATION RIGHTS

Under the Health Insurance Portability and Accountability Act (HIPAA), you have certain rights regarding your Protected Health Information (PHI). This notice explains:

- How I may use and disclose your health information
- Your rights regarding your health information
- My obligations to protect your privacy

II. HOW I USE AND DISCLOSE YOUR HEALTH INFORMATION

Uses and disclosures *WITH* your authorization: Most uses and disclosures of psychotherapy notes, marketing communications, and sale of PHI require your written authorization. You may revoke authorization in writing at any time by emailing Carlton@HemphillCounselingServices.com or through the SimplePractice portal. I will not use or disclose your health information for marketing purposes or sell your information without your written authorization.

Uses and disclosures *WITHOUT* your authorization: I may use or disclose your PHI without your authorization for:

1. Treatment: Documenting your care, coordinating with other providers
2. Payment: Processing insurance claims, billing activities
3. Healthcare Operations: Quality improvement, training, business management
4. Suspected abuse or neglect of a child, elder, or dependent adult
5. Imminent risk of harm to yourself or others
6. Court order or subpoena requiring disclosure
7. Required by state or federal law (e.g., public health reporting)
8. Florida Minor Records: Parents/guardians of minors under 18 may access treatment records except when prohibited by law or when disclosure would be harmful to the minor's physical or mental health

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III. SPECIAL PROTECTIONS FOR SUBSTANCE USE DISORDER (SUD) RECORDS

If you receive treatment for substance use disorder, federal law (42 CFR Part 2) provides additional privacy protections for those records. SUD records cannot be disclosed without your written consent except:

1. Medical emergencies
2. Court order (limited circumstances only)
3. Research or audit purposes (with patient identifiers removed)
4. Reporting suspected child abuse or crimes committed on program premises
5. Communication within the treatment program among personnel with need to know

Your written authorization for SUD records must:

1. Specify the purpose of disclosure
2. Identify how much information will be disclosed
3. Identify who can receive the information
4. State when the authorization expires
5. Include your right to revoke authorization

These records cannot be used to initiate or substantiate criminal charges, conduct investigation, or prosecute any patient for a crime. Unauthorized disclosure is prohibited and may result in fines.

IV. YOUR PRIVACY RIGHTS

You have the following rights regarding your PHI:

1. **Right to Access:** You may inspect and obtain copies of your health records. Requests can be made through SimplePractice or by emailing me at Carlton@HemphillCounselingServices.com.

****California Clients**: Under California law, you have the right to access your

psychotherapy notes. This right is broader than federal HIPAA protections.

2. **Right to Request Restrictions:** You may request that I limit how I use or disclose your information. I am not required to agree to your request, but I will consider it and notify you of my decision.
3. **Right to an Accounting of Disclosures:** You may request a list of certain disclosures I have made of your PHI in the past six years. This does NOT include:

- Disclosures for treatment, payment, or healthcare operations

- Disclosures you authorized
- Disclosures made to you or your personal representative
- Disclosures for national security or law enforcement purposes
- Disclosures made more than six years before your request

Requests must be made in writing. The first accounting in a 12-month period is free; subsequent requests may incur a reasonable fee.

4. **Right to Request Amendments:** If you believe information in your record is incorrect or incomplete, you may request an amendment in writing. I may deny your request if:
- The information was not created by me
- It is not part of the records I maintain
- It is accurate and complete as is

You will be notified in writing if your request is denied. You have the right to submit a written statement disagreeing with any denial, which will be included with your records.

5. **Right to Request Confidential Communication:** You may request that I communicate with you by alternative means or at alternative locations (e.g., only via the SimplePractice portal, not by phone).
6. **Right to a Paper Copy of This Notice:** You may request a paper copy of this Notice at any time, even if you previously agreed to receive it electronically.

V. **BREACH NOTIFICATION**

In the unlikely event that your unsecured PHI is breached (improperly accessed or disclosed), I will notify you without unreasonable delay and no later than 60 days after discovering the breach, in compliance with HIPAA and state law. The notification will include:

- A description of what happened
- The types of information involved
- Steps you can take to protect yourself
- What I am doing to investigate and prevent future breaches

VI. **RECORD RETENTION**

Your clinical records are securely maintained in SimplePractice's HIPAA-compliant electronic health record system and retained for at least 7 years after your last session, as required by state and federal law.

VII. **CHANGES TO THIS NOTICE**

I reserve the right to change this Notice and make the new provisions effective for all PHI I maintain. If I make material changes, I will provide you with a revised Notice.

Current version: **02/10/2026**

VIII. **QUESTIONS OR COMPLAINTS**

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

1. **Contact me directly** via email Carlton@HemphillCounselingServices.com, phone: 813-344-5194, or via the SimplePractice secure client portal
2. File a complaint with:
    - *U.S. Department of Health & Human Services, Office for Civil Rights* Website: www.hhs.gov/ocr/privacy (Phone: 1-800-368-1019)
    - Your state's licensing board (see Licensure & Registration Disclosure in Informed Consent document)

You will not be retaliated against for filing a complaint.

IX. ACKNOWLEDGMENT

I acknowledge that I have received and reviewed the Notice of Privacy Practices

(NPP), which describes how my health information may be used and disclosed.

Please sign below to acknowledge you have read, understand, and agree to the terms

outlined in this document.

This Notice of Privacy Practices complies with the Health Insurance Portability

and Accountability Act (HIPAA) Privacy Rule (45 CFR Parts 160 and 164), 42 CFR

Part 2 (Substance Use Disorder Records), and applicable state laws in Arizona,

California, Florida, Idaho, Illinois, and Washington.