



A Place to Heal Psychotherapy

Notice of Privacy Practices (HIPAA Privacy Policy)

Our Commitment to Your Privacy

Your privacy is a priority. We protect your information in accordance with HIPAA and applicable laws.

Protected Health Information (PHI)

PHI includes information about your health, treatment, or payment that identifies you.

How Information Is Used

Information may be used for treatment, payment, and healthcare operations.

Disclosures Without Consent

Information may be disclosed for risk of harm, abuse reporting, legal proceedings, or public safety.

Your Rights

You have the right to access, amend, and request restrictions on your records.

Telehealth Privacy

Sessions are conducted via secure platforms; some risks such as technical issues exist.

Acknowledgment

I acknowledge receipt of this privacy notice.

Client Name: _____

Signature: _____

Date: _____