

BRAD JONES COUNSELING

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NOTICE OF PRIVACY PRACTICES

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.

Effective Date: June 11, 2026

I. My Pledge Regarding Health Information

Your health information is personal. BRAD JONES COUNSELING is committed to protecting your protected health information, also called PHI. I create and maintain a record of the care and services you receive from me. I need this record to provide care and to meet legal and professional requirements.

This Notice applies to records created or maintained by this mental health counseling practice. It explains how I may use and disclose your health information, your rights regarding your health information, and my legal duties regarding your health information.

I am required by law to:

- Keep PHI that identifies you private.
- Give you this Notice of my legal duties and privacy practices regarding your health information.
- Follow the terms of the Notice currently in effect.

I may change the terms of this Notice. Any changes will apply to all information I have about you. The updated Notice will be available upon request, in my office, and on my website if applicable.

II. How I May Use and Disclose Health Information About You

The following categories describe ways I may use or disclose health information. Not every possible use or disclosure is listed, but all permitted uses and disclosures fall within one of these categories.

Treatment, Payment, and Health Care Operations

I may use and disclose your PHI for treatment, payment, and health care operations without your written authorization when allowed by law.

- Treatment may include providing counseling, coordinating care, consulting with another health care provider, or making referrals.
- Payment may include billing you, sending invoices, processing payments, or providing documentation related to payment.
- Health care operations may include scheduling, appointment reminders, quality review, professional consultation, supervision, compliance activities, and practice administration.

Disclosures for treatment purposes are not limited to the minimum necessary standard because health care providers may need access to complete information to provide appropriate care.

Lawsuits and Disputes

If you are involved in a lawsuit or legal dispute, I may disclose health information in response to a court order, administrative order, subpoena, discovery request, or other lawful process when legally required or permitted. When allowed, I prefer to obtain your authorization or make reasonable efforts to notify you before disclosing information.

III. Uses and Disclosures That Require Your Authorization

Certain uses and disclosures require your written authorization. If you authorize me to use or disclose your PHI, you may revoke that authorization in writing, except to the extent I have already acted in reliance on it.

Psychotherapy Notes

I may keep psychotherapy notes as that term is defined by HIPAA. Psychotherapy notes receive special protection. I will not use or disclose psychotherapy notes without your written authorization except when allowed by law, including:

- For my use in treating you.
- For training or supervising mental health practitioners.
- To defend myself in a legal proceeding brought by you.
- For use by the Secretary of the Department of Health and Human Services to investigate HIPAA compliance.

- When required by law and limited to the requirements of that law.
- For certain health oversight activities involving the originator of the psychotherapy notes.
- For a coroner or medical examiner performing duties authorized by law.
- To help avert a serious threat to health or safety.

Marketing

I will not use or disclose your PHI for marketing purposes without your prior written authorization when authorization is required by law. This includes public use of a testimonial or review that identifies you or includes PHI. If I request permission to use a review or testimonial, I will provide a separate authorization form. You may revoke that authorization in writing, but I cannot guarantee removal of copies already shared or copied by others.

Sale of PHI

I will not sell your PHI.

IV. Uses and Disclosures That Do Not Require Your Authorization

Subject to legal limits, I may use or disclose your PHI without your authorization for the following purposes:

- Appointment reminders and health-related services: I may contact you about appointments, scheduling, treatment alternatives, or services I offer.
- Required by law: I may disclose information when required by state or federal law.
- Public health and safety: I may disclose information to report suspected abuse, neglect, or exploitation, or to prevent or reduce a serious threat to health or safety.
- Health oversight activities: I may disclose information for audits, investigations, inspections, licensure, or disciplinary actions.
- Judicial and administrative proceedings: I may disclose information in response to a court order, administrative order, subpoena, or other lawful process when legally required or permitted.
- Law enforcement: I may disclose information for law enforcement purposes when allowed or required by law, including crimes occurring on my premises.
- Coroners and medical examiners: I may disclose information when they are performing duties authorized by law.
- Research: I may disclose information for research purposes when allowed by law and with required safeguards.
- Specialized government functions: I may disclose information for certain military, national security, protective services, correctional, or other specialized government functions when allowed by law.
- Workers' compensation: I may disclose information as necessary to comply with workers' compensation laws.
- Organ and tissue donation: I may disclose information for organ, eye, or tissue donation purposes when applicable and allowed by law.

V. Uses and Disclosures Where You Have an Opportunity to Object

Family, friends, or others involved in your care: You may tell me whether I may share limited information with a family member, friend, or other person involved in your care or payment for your care. In emergencies or when you are unable to tell me your preference, I may share information if I believe it is in your best interest or needed to reduce a serious and immediate threat to health or safety.

VI. Your Rights Regarding Your PHI

You have the following rights regarding your protected health information:

Right to Request Restrictions

You may ask me not to use or disclose certain PHI for treatment, payment, or health care operations. I am not required to agree if I believe the restriction would affect your care or is otherwise not required by law.

Right to Restrict Disclosures to a Health Plan for Services Paid in Full

If you pay out of pocket in full for a health care service, you may request that I not disclose information about that service to a health plan for payment or health care operations purposes, unless disclosure is required by law.

Right to Confidential Communications

You may ask me to contact you in a specific way or at a specific location. I will agree to reasonable requests.

Right to Access and Copy Your Records

Other than limited exceptions, you may request an electronic or paper copy of your medical record and other health information I maintain about you. I will provide a copy or, if you agree, a summary within the time required by law. I may charge a reasonable, cost-based fee.

Right to an Accounting of Disclosures

You may request a list of certain disclosures of your PHI. This list will generally include disclosures made in the last six years, except for disclosures that are excluded by law, such as disclosures for treatment, payment, health care operations, and disclosures you authorized. I will provide one accounting per year at no charge and may charge a reasonable, cost-based fee for additional requests within the same year.

Right to Request an Amendment

If you believe your PHI is incorrect or incomplete, you may request that I correct or add to the information. I may deny the request, but I will explain the reason in writing within the time required by law.

Right to a Paper or Electronic Copy of This Notice

You may request a paper or electronic copy of this Notice at any time, even if you previously agreed to receive it electronically.

Right to Choose Someone to Act for You

If you have given someone medical power of attorney or if someone is your legal guardian, that person may exercise your rights and make choices about your health information as allowed by law.

Right to Revoke an Authorization

If you sign an authorization for use or disclosure of your PHI, you may revoke it in writing at any time, except to the extent I have already acted in reliance on it.

Right to Opt Out of Fundraising Communications

If I ever send fundraising communications, you have the right to opt out.

Right to File a Complaint

You may file a complaint if you believe your privacy rights have been violated. You may contact BRAD JONES COUNSELING using the contact information above, or you may file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, 200 Independence Avenue, S.W., Washington, D.C. 20201, call 877-696-6775, or visit www.hhs.gov/ocr/privacy/hipaa/complaints. I will not retaliate against you for filing a complaint.

VII. Changes to This Notice

I may change the terms of this Notice. Changes will apply to all information I have about you. The updated Notice will be available upon request, in my office, and on my website if applicable.

Acknowledgment of Receipt of Notice of Privacy Practices

By signing below, I acknowledge that I have received or been offered a copy of BRAD JONES COUNSELING's Notice of Privacy Practices. My signature does not mean that I agree to any specific use or disclosure of my health information. It only confirms that I received or was offered the Notice.

Client Name: _____

Date of Birth: _____

Client Signature: _____

Date: _____

Parent/Guardian Name, if applicable: _____

Relationship to Client: _____

Parent/Guardian Signature, if applicable: _____

Date: _____

Staff/Witness, if applicable: _____

Date: _____