



## Notice of Privacy Practices

**Effective Date:** 8/30/2024

**Sacred Journey Counseling & Wellness, PLLC**

**Delaney Runnels, LPC-Associate**

At Sacred Journey Counseling & Wellness, PLLC, your privacy is important. This notice describes how your protected health information (PHI) may be used and disclosed, as well as how you can access this information. Please review this carefully.

### **Your Rights:**

You have certain rights regarding your health information. This section explains your rights and how to exercise them.

- **Right to Inspect and Copy:** You have the right to view or obtain a copy of your health records. You may request paper or electronic copies. Requests must be made in writing.
- **Right to Amend:** If you believe that the information we have about you is incorrect or incomplete, you may request an amendment. Your request must be in writing, and we will consider your request but may deny it under certain circumstances.
- **Right to an Accounting of Disclosures:** You have the right to request a list of certain disclosures we have made of your health information, excluding disclosures for treatment, payment, or health care operations.
- **Right to Request Confidential Communications:** You may request that we communicate with you in a certain way (for example, via email or by phone) or at a specific location. We will accommodate reasonable requests.
- **Right to Request Restrictions:** You have the right to request restrictions on certain uses or disclosures of your health information, including not sharing your information with family members or insurance companies. While we are not required to agree to your request, we will consider all reasonable restrictions.
- **Right to a Paper Copy of This Notice:** You may request a paper copy of this notice at any time, even if you have agreed to receive it electronically.
- **Right to be Notified of a Breach:** We will notify individuals, either known or reasonably believed to be affected, following a breach of unsecured protected health information.

## **Our Responsibilities:**

We are required by law to maintain the privacy of your protected health information and provide you with this notice. We will follow the terms of this notice and notify you if there is a breach of your information.

## **How We May Use and Disclose Your Information:**

- **For Treatment:** We may use and share your health information to provide, coordinate, or manage your health care and related services. This includes sharing information with other professionals involved in your care, and may only be done with your written consent.
- **For Payment:** We may use and disclose your health information to bill and collect payment from health plans or other entities for the services provided to you.
- **For Health Care Operations:** We may use your information for the general operation of our practice. This can include quality assessments, audits, or staff training.
- **To Comply With the Law:** We will share information about you if required to do so by law, including reporting abuse, neglect, or responding to appropriately filed legal requests.
- **To Prevent a Serious Threat to Health or Safety:** We may share your health information to prevent a serious and imminent threat to your health and safety or the health and safety of the public or another person.
- **For Public Health and Safety:** We may disclose your health information to public health authorities for purposes related to preventing or controlling disease, injury, or disability.

## **Other Uses of Your Health Information:**

We will not use or disclose your health information for any purpose not described in this notice without your written authorization. If you provide us with written permission to use or disclose information, you may revoke that permission in writing at any time.

## **Changes to This Notice:**

We reserve the right to change the terms of this notice at any time. The new notice will be effective for all health information we maintain at that time. A copy of the revised notice will be available on our website and at your request.

## **Complaints:**

If you believe your privacy rights have been violated, you may file a complaint with us or with the U.S. Department of Health and Human Services. To file a complaint with Sacred Journey Counseling & Wellness, PLLC, please contact:

**Delaney Runnels, LPC-Associate**

Sacred Journey Counseling & Wellness, PLLC

Phone: 512-522-3796

Email: [delaneyrunnels@sacredjourneycw.com](mailto:delaneyrunnels@sacredjourneycw.com)

**Office for Civil Rights of the U.S. Department of Health and Human Services**

Address: 200 Independent Avenue, SW Washington, DC 20201

Phone: 877-696-6775

Email: [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov)

You will not be penalized for filing a complaint.

**Contact Information:**

For questions about this notice or your privacy rights, please contact us at:

**Sacred Journey Counseling & Wellness, PLLC**

Phone: 512-522-3796

Email: [delaneyrunnels@sacredjourneycw.com](mailto:delaneyrunnels@sacredjourneycw.com)