

Notice of Privacy Practices

Steeple Counseling, LLC

1655 N Arlington Heights Rd.
Suite 205E,
Arlington Heights, IL. 60004

NOTICE OF PRIVACY PRACTICES

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. 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. I need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by this mental health care practice. This notice will tell you about the ways in which I may use and disclose health information about you. I also describe your rights to the health information I keep about you, and describe certain obligations I have regarding the use and disclosure of your health information. I am required by law to:

- Make sure that protected health information ("PHI") that identifies you is kept private.
- Give you this notice of my legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect.
- I can change the terms of this Notice, and such changes will apply to all information I have about you. The new Notice will be available upon request, in my office, and on my website.

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

The following categories describe different ways that I use and disclose health information. For each category of uses or disclosures, I will explain what I mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways I am permitted to use and disclose information will fall within one of the categories.

- **For Treatment, Payment, or Health Care Operations**
Federal privacy rules (regulations) allow health care providers who have a direct treatment relationship with the patient/client to use or disclose the patient/client's personal health information without the patient's written authorization, to carry out the health care provider's own treatment, payment, or health care operations. For example, I may share health information with another health care provider to coordinate your care or discuss your treatment.
- **For SMS and Phone Communication**
We may use text messages (SMS) or phone calls to send appointment reminders, health-related communications, or notifications relevant to your care.
- **Personal health information (PHI) such as your name, phone number, and appointment details may be collected via SMS for communication purposes, but medical history is not collected via SMS. It will be collected securely via our EHR system (Simple Practice), which complies with HIPAA standards for electronic health records.**

III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:

- **Psychotherapy Notes**
I do keep "psychotherapy notes" as defined by HIPAA, and any use or disclosure of these notes requires

your Authorization, unless the use or disclosure is for specific legal or health purposes (as noted in the original document).

- **Marketing Purposes**
As a psychotherapist, I will not use or disclose your PHI for marketing purposes.
- **Sale of PHI**
As a psychotherapist, I will not sell your PHI in the regular course of my business.

IV. SMS/MOBILE PHONE COMMUNICATION POLICY:

By using our services, you consent to receive SMS (text messages) from Steeple Counseling, LLC. We may send appointment reminders, health-related information, or other notifications related to your care.

- **What personal information is collected:**
We collect personal health information (PHI) such as name, phone number, email address, and appointment details via SMS for communication purposes, but medical history is not collected via SMS. It will be collected securely via our EHR system.
- **How personal information is used:**
Your PHI may be used for appointment reminders, health-related communications, and operational purposes related to your care.
- **Who personal information is shared with:**
SMS opt-in and phone numbers collected for SMS communication purposes will not be shared with any third party and affiliates for marketing purposes.
- **SMS Consent:**
Your SMS consent is not shared with third parties for marketing purposes. We use your contact information solely for appointment reminders, service updates, and other care-related communications.
- **Messaging Frequency:**
The frequency of SMS messages may vary depending on your appointment schedule and communications needs.
- **Message & Data Rates May Apply:**
Standard message and data rates may apply depending on your mobile plan.
- **Opt-Out:**
You may opt out of receiving SMS communications at any time by texting "STOP" to opt out. For assistance, text "HELP" or visit our website at www.steeplecounseling.com.
- **TCR Compliance**
To comply with mobile carrier regulations, we are registered with The Campaign Registry (TCR) for A2P 10DLC messaging. This means your consent to receive SMS messages from us is registered with the mobile carriers to ensure compliance with messaging regulations. We will not share your SMS consent with third parties for marketing purposes, and your contact details will only be used for appointment reminders, care notifications, and other related communications.

V. YOUR RIGHTS WITH RESPECT TO YOUR PHI:

- **The Right to Request Limits on Uses and Disclosures of Your PHI**
You have the right to ask me not to use or disclose certain PHI for treatment, payment, or healthcare operations purposes.
- **The Right to Request Restrictions for Out-of-Pocket Expenses Paid in Full**
You have the right to request restrictions on disclosures of your PHI to health plans for payment or healthcare operations purposes if the PHI pertains solely to a health care item or service you have paid for out-of-pocket in full.
- **The Right to Choose How I Send PHI to You**
You have the right to ask me to contact you in a specific way (for example, home or office phone) or to

send mail to a different address.

- **The Right to See and Get Copies of Your PHI**
You have the right to get a paper or electronic copy of your medical record and other information that I have about you.
 - **The Right to Get a List of the Disclosures I Have Made**
You have the right to request a list of instances in which I have disclosed your PHI for purposes other than treatment, payment, or healthcare operations.
 - **The Right to Correct or Update Your PHI**
If you believe there is a mistake in your PHI, or that important information is missing, you have the right to request that I correct the information.
 - **The Right to Get a Paper or Electronic Copy of this Notice**
You have the right to get a paper or electronic copy of this Notice.
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EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on September 20, 2013

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. By checking the box below, you are acknowledging that you have received a copy of HIPPA Notice of Privacy Practices.

BY CLICKING ON THE CHECKBOX BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.