

Notice of Privacy Practices

HopeSpark Counseling

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.

HopeSpark Counseling LLC is committed to your privacy and we will follow the terms of this Notice. If you have any questions about this Notice of Privacy Practices, please communicate those questions to Jami Ober, the owner of HopeSpark Counseling via jami@hopesparkcounseling.com.

How we may use and share information about you:

- **Contacting you:** We may contact you by the SimplePractice portal, mail, phone, or email regarding appointments, payment, follow up of treatment, or to ask about the quality of services provided you.
- **Treatment plans/notes:** We will produce notes regarding your treatment. These constitute HopeSpark Counseling's clinical and business records, which we must legally maintain and they are the sole property of HopeSpark Counseling. Should you desire your notes be provided to a fellow health care professional, the request must be completed in writing via an information release form. For example, if you are being treated for depression by a psychiatrist, it is important for your doctor to be informed of your therapy goals, etc., for your physical well-being and treatment goals. HopeSpark Counseling will keep your records for 7 years after termination of therapy at which time they will be destroyed in a confidentiality preserving manner.
- **Client litigation:** HopeSpark Counseling will not voluntarily participate in any litigation or custody dispute in which you or anyone else are parties. HopeSpark Counseling has a policy of not communicating with attorneys regarding confidential information and will generally not write or sign letters, reports, or declarations to be used in any legal matter, and generally will not provide records or testimony unless compelled to do so. The information disclosed in sessions and any records created are subject to the therapist-client privilege, similar to the doctor-patient privilege.
- **Insurance reimbursement:** You are responsible for all fees. HopeSpark Counseling does not bill insurance for payment. HopeSpark Counseling will provide a receipt of service for you to submit to insurance for reimbursement if you so desire. Please, be aware the insurance company will require diagnosis, dates of service, and treatment method. Confidentiality is waived if you choose to submit this information to an insurance company.
- **Involved third parties:** You have the option of involving family members or friends in your treatment process or payment for care. When this is the case, we will share sales receipts or scheduled appointments, but session information will not be discussed. In emergencies or situations in which you are unable to tell us who to share information with, we will only share information that others need to know. For example, if you express a plan to harm yourself, it is standard practice to inform a trusted family member or friend to be involved in your safety plan. We may also share information about you with a public or private agency during a disaster so the agency can help contact your family or friends about your location and tell them how you are doing.
- **Therapist availability:** HopeSpark Counseling is unable to provide 24-hour crisis service. We recommend that if you are feeling unsafe or need immediate medical or psychiatric evaluation you call 911, National Suicide Prevention Lifeline at 1-800-273-8255 for free 24-hour support, or go to your nearest emergency room.
- **Threats to health or safety:** When necessary to prevent a serious and urgent threat to the health and safety of you or someone else, we will share your personal information with appropriate authorities such as the police or DCS. This includes if we learn about possible abuse or neglect of children, elders, or dependent adults, as well as if we believe a client has been the victim of abuse, neglect, or domestic violence.

- Law enforcement: We may release your personal information to a law enforcement official, as authorized or required by law: in response to a court order, subpoena, warrant, summons or similar process; if you are suspected to be a victim of a crime, generally with your permission; about a death we believe may be the result of a crime; about criminal conduct within the practice; in an emergency, to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.
- Professional consultation: Professional consultation is an important component of a healthy therapy practice. I will regularly participate in clinical/ethical/legal consultation with appropriate professionals. In such consultations I WILL NOT reveal any personally identifying information regarding clients.
- Termination of therapy: HopeSpark Counseling reserves the right to terminate therapy at the therapist's discretion, for reasons including, but not limited to untimely fee payment, noncompliance with treatment recommendations, conflict of interest, failure to participate in therapy, or your needs are outside the therapist's scope of practice or competence. You have the right to terminate therapy at your discretion with the appropriate notice to cancel all further sessions in order not to accumulate fees for late cancels or no call/no shows.
- Changes to this notice: We have the right to change this Notice at any time. Any change could apply to personal information we already have about you as well as any information we receive in the future. We will maintain a copy of the most current notice on the website and in the office.

By typing your name, you acknowledge that you have reviewed and fully understand the terms and conditions of this Notice. You agree to abide by the terms and conditions and consent to participate in therapy with HopeSpark Counseling. Moreover, you agree to hold HopeSpark Counseling free and harmless from any claims, demands, or suits for damages from any injury or complications whatsoever, save negligence, that may result from such treatment.

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 HIPAA Notice of Privacy Practices.

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