

PEAK THERAPY CLINIC

Online Telehealth Practice

Email: peaktherapyclinic@gmail.com | Phone: [INSERT PHONE NUMBER]

Privacy Questions: Contact the Front Office

NOTICE OF PRIVACY PRACTICES

Effective Date: [INSERT DATE] | Last Revised: [INSERT DATE]

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

1. Who We Are

Peak Therapy Clinic is an online telehealth mental health practice providing therapy and counseling services. This Notice of Privacy Practices ("Notice") applies to Peak Therapy Clinic and all of our therapists, staff, and contractors who provide services on our behalf.

2. Our Legal Duty

We are required by law to:

- Maintain the privacy and security of your protected health information ("PHI");
- Provide you with this Notice of our legal duties and privacy practices regarding your PHI;
- Follow the terms of the Notice currently in effect; and
- Notify you if a breach occurs that may have compromised the privacy or security of your information.

3. How We May Use and Disclose Your Health Information

The following describes the ways we may use and disclose your protected health information without your written authorization:

Treatment

We may use and share your health information to provide, coordinate, or manage your mental health care and related services. For example, your therapist may share information with another healthcare provider if you are referred for additional care.

Payment

We may use and share your health information to bill and receive payment for services provided to you. For example, we may submit claims to your insurance company and include information about services you received.

Health Care Operations

We may use and share your health information for our business operations. For example, we may use your information to evaluate the quality of care you received, for staff training, or for administrative purposes.

As Required by Law

We will share your information when required to do so by federal, state, or local law.

Public Health Activities

We may disclose your information to public health authorities authorized by law to collect or receive information for the purpose of preventing or controlling disease, injury, or disability.

Serious Threats to Health or Safety

We may share your information if we believe, in good faith, that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

Abuse, Neglect, or Domestic Violence

We may disclose your information to government authorities if we reasonably believe you are a victim of abuse, neglect, or domestic violence, to the extent required or permitted by law.

Law Enforcement

We may disclose health information under certain circumstances to law enforcement officials for law enforcement purposes, such as in response to a court order or subpoena.

Judicial and Administrative Proceedings

We may disclose your information in response to a court or administrative order, a subpoena, or other lawful processes.

Workers' Compensation

We may disclose your information as authorized or required by workers' compensation or similar laws.

Minors

If you are a minor, we may disclose information to a parent or guardian as required or permitted by applicable law.

4. Uses and Disclosures Requiring Your Written Authorization

The following uses and disclosures will only be made with your written authorization:

- Most uses and disclosures of psychotherapy notes;
- Uses and disclosures of your information for marketing purposes;
- Sale of your protected health information; and
- Any other use or disclosure not described in this Notice.

You may revoke your authorization in writing at any time, except to the extent we have already acted in reliance upon it.

5. Your Rights Regarding Your Health Information

You have the following rights regarding the health information we maintain about you:

Right to Access Your Records

You have the right to inspect and obtain a copy of your health information. Requests should be submitted in writing to our front office. We may charge a reasonable fee for copies.

Right to Request Amendment

You have the right to request that we amend your health information if you believe it is incorrect or incomplete. We may deny your request under certain circumstances, and will notify you of the reason in writing.

Right to an Accounting of Disclosures

You have the right to request a list of disclosures we have made of your health information for purposes other than treatment, payment, or health care operations.

Right to Request Restrictions

You have the right to request restrictions on how we use or disclose your information. We are not required to agree to a restriction unless it involves disclosure to a health plan for payment or operations purposes and the services were paid out-of-pocket in full.

Right to Request Confidential Communications

You have the right to request that we communicate with you in a specific way or at a specific location. For example, you may request that we contact you only by email. We will accommodate reasonable requests.

Right to a Paper Copy of This Notice

You have the right to receive a paper copy of this Notice, even if you have agreed to receive it electronically. You may request a copy at any time by contacting our front office.

Right to Notification of Breach

You have the right to be notified in the event of a breach of unsecured protected health information. We will notify you without unreasonable delay and within 60 days of discovery of the breach.

6. Telehealth-Specific Privacy Practices

As an online telehealth practice, we use secure, HIPAA-compliant platforms for all video sessions, messaging, and record storage. However, please be aware:

- You are responsible for ensuring your own privacy during video sessions (e.g., using headphones, choosing a private location).
- We cannot guarantee the privacy of electronic communications sent from non-secure email or messaging platforms.

- We recommend using a private device and secure internet connection when accessing telehealth services.

7. Changes to This Notice

We reserve the right to change the terms of this Notice at any time. We will post the new Notice on our website and make copies available upon request. Changes will apply to all health information we maintain.

8. How to File a Complaint

If you believe your privacy rights have been violated, you may file a complaint with:

Peak Therapy Clinic – Privacy Officer

Contact: Individual Therapist / Front Office

Email: peaktherapyclinic@gmail.com

Phone: [INSERT PHONE NUMBER]

U.S. Department of Health and Human Services

Office for Civil Rights

200 Independence Avenue, S.W., Washington, D.C. 20201

Toll-Free: 1-877-696-6775

Website: www.hhs.gov/ocr/privacy/hipaa/complaints

You will not be penalized or retaliated against for filing a complaint.

Acknowledgment of Receipt

By signing below, you acknowledge that you have received and reviewed a copy of Peak Therapy Clinic's Notice of Privacy Practices.

Client Name (Print): _____ Date: _____

Signature: _____

Therapist Signature: _____