



****Effective Date:** December 1, 2024**

****Last Revised:** November 1, 2025**

NOTICE OF PRIVACY PRACTICES

This notice describes how your protected health information (PHI) may be used and disclosed, and how you can access this information. Please review it carefully.

I. Our Commitment to Your Privacy

At **Serenity Space Therapy and Supervision, LLC**, your privacy is a top priority. We create and maintain records of the care and services you receive to ensure quality treatment and to comply with legal requirements. This notice explains how we may use and share your information, your rights regarding that information, and our obligations to protect it.

We are required by law to:

- Maintain the privacy of your protected health information (“PHI”).
- Provide you with this Notice of our legal duties and privacy practices.
- Follow the terms of this Notice currently in effect.

We reserve the right to revise or update this Notice as permitted by law. Any revised version will apply to all records we maintain and will be available in our office and on our website.

II. How We May Use and Disclose Your Health Information

Your PHI may be used or disclosed for the following purposes **without your written authorization**, as permitted by HIPAA:

1. Treatment, Payment, and Health Care Operations

- **Treatment:** To coordinate, manage, or provide care with other healthcare professionals (e.g., if consultation or referral is needed).



- **Payment:** To bill and collect payment from you, your insurance company, or another responsible party.
- **Health Care Operations:** For business management, quality assurance, training, and compliance activities necessary to run the practice.

Disclosures for treatment purposes are not limited by the “minimum necessary” standard, as providers may need access to the full clinical record to ensure quality care.

2. Other Uses and Disclosures Permitted or Required by Law

We may also disclose PHI without your authorization for the following reasons:

- **When required by state or federal law.**
 - **Public health activities**, including reporting suspected abuse or neglect or preventing a serious threat to health or safety.
 - **Health oversight activities**, such as audits, inspections, or investigations.
 - **Judicial or administrative proceedings**, such as in response to a valid court order or subpoena.
 - **Law enforcement purposes**, including reporting crimes that occur on practice premises.
 - **Coroners or medical examiners**, when performing duties authorized by law.
 - **Workers’ compensation claims**, as required to comply with relevant laws.
 - **Appointment reminders or health-related services**, such as notifying you of an upcoming appointment or alternative treatment options.
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III. Uses and Disclosures Requiring Your Authorization

Certain types of PHI will never be disclosed without your specific written authorization:

- **Psychotherapy Notes:** These are kept separate from your clinical record. They will only be used or disclosed for treatment, supervision, defense in legal proceedings initiated by you, or as otherwise required by law.
- **Marketing:** We do not use or disclose PHI for marketing purposes.
- **Sale of PHI:** We do not sell your PHI.



You may revoke an authorization at any time in writing, except to the extent that action has already been taken based on it.

IV. Uses and Disclosures That Allow You to Object

We may disclose limited information to a family member, friend, or designated person involved in your care or payment for services **unless you object**. You may withdraw this permission at any time.

V. Your Rights Regarding Your Health Information

You have the following rights regarding your PHI:

1. **Right to Request Restrictions:** You may ask us not to use or disclose certain information for treatment, payment, or healthcare operations. While we are not required to agree, we will consider all reasonable requests.
 2. **Right to Restrict Certain Disclosures to Health Plans:** If you pay for a service entirely out-of-pocket, you may request that we not disclose that service information to your insurance company.
 3. **Right to Confidential Communications:** You may request that we contact you in a specific way (e.g., at home, at work, or by mail).
 4. **Right to Inspect and Obtain Copies:** You may request an electronic or paper copy of your record (excluding psychotherapy notes). Requests will be fulfilled within 30 days. Reasonable fees may apply for copying or mailing.
 5. **Right to an Accounting of Disclosures:** You may request a list of disclosures made within the past six years that were not for treatment, payment, or operations.
 6. **Right to Amend or Correct Your Record:** If you believe information is inaccurate or incomplete, you may request an amendment. If we deny the request, you will receive an explanation in writing within 60 days.
 7. **Right to a Copy of This Notice:** You may request a paper or electronic copy of this Notice at any time, even if you have agreed to receive it electronically.
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VI. Questions or Concerns



If you have any questions about this Notice or believe your privacy rights have been violated, you may file a complaint with:

Erica Ward, MPH, LCSW-QS Privacy Officer, Serenity Space Therapy and Supervision, LLC
Email: billing@serenityspacepsychotherapy.com Phone: 475-619-2582

You may also file a complaint with the **U.S. Department of Health and Human Services (HHS)** Office for Civil Rights. There will be no retaliation for filing a complaint.

Acknowledgment of Receipt

Under HIPAA, you have certain rights regarding the use and disclosure of your protected health information (PHI). By signing below, you acknowledge that you have received and reviewed a copy of this **Notice of Privacy Practices**.