

## NOTICE OF PRIVACY PRACTICES

**Effective Date:4/20/2026**

**Community Impact Counseling, LLC**

**Owner/Provider: Kristen Rachelle Coffey, LPC**

This Notice describes how your health information may be used and disclosed, and how you can access your information. Your privacy is extremely important, and this practice is committed to protecting your personal and health information. This Notice is provided in accordance with the Health Insurance Portability and Accountability Act (HIPAA).

By using this website or engaging in services, you acknowledge that you have access to this Notice and may review it at any time.

### **1. Protected Health Information (PHI)**

“Protected Health Information” (PHI) includes any information that identifies you and relates to your health, treatment, or payment for services. This includes your name, contact information, session notes, billing information, and any details you share during treatment.

### **2. How Your Information May Be Used or Disclosed**

Your PHI may be used or disclosed for the following purposes:

#### **A. Treatment**

To provide, coordinate, or manage your care. Examples include consultation with another healthcare provider or coordinating care with your primary care physician (only with your written permission).

#### **B. Payment**

To obtain payment for services, verify benefits, or process claims.

#### **C. Healthcare Operations**

To support the functioning of the practice, such as quality improvement, licensing, credentialing, or administrative tasks.

### **3. Uses and Disclosures Requiring Your Written Authorization**

Your written authorization is required before your PHI is used or disclosed for:

- Release of psychotherapy notes
- Marketing or promotional communications
- Disclosure to attorneys, schools, or third parties not involved in your care
- Any use not described in this Notice

You may revoke authorization at any time in writing.

### **4. Uses and Disclosures Allowed Without Your Authorization**

Your PHI may be disclosed without your written permission when required by law or for specific safety-related reasons, including:

- Mandated reporting of child abuse, elder abuse, or abuse of an adult at risk
- Serious threat to health or safety, including risk of harm to self or others
- Court orders or legal proceedings when legally compelled
- Public health reporting
- Health oversight activities such as audits or investigations
- Workers' compensation claims, when applicable

Only the minimum necessary information will be disclosed.

### **5. Your Rights Regarding Your Health Information**

You have the following rights under HIPAA:

#### **A. Right to Access**

You may request to inspect or obtain a copy of your health record.

#### **B. Right to Amend**

You may request an amendment if you believe information is incorrect or incomplete.

## **C. Right to Request Restrictions**

You may request limits on how your PHI is used or disclosed. While the practice will consider your request, it may not be able to agree to all restrictions.

## **D. Right to Request Confidential Communications**

You may request that communications be sent to you in a specific way (e.g., email, phone, mailing address).

## **E. Right to an Accounting of Disclosures**

You may request a list of disclosures made without your authorization.

## **F. Right to a Copy of This Notice**

You may request a paper or electronic copy of this Notice at any time.

# **6. Provider Responsibilities**

This practice is legally required to:

- Maintain the privacy and security of your PHI
- Provide you with this Notice of Privacy Practices
- Notify you if a breach occurs that may compromise your information
- Follow the terms of this Notice

This Notice may be updated periodically. The most current version will always be available on this website.

# **7. Telehealth Privacy**

When services are provided via telehealth:

- Sessions occur through secure, HIPAA-compliant platforms
- Your location must be verified at each session
- You are responsible for ensuring privacy on your end of the connection
- Sessions may not be conducted while driving or in unsafe environments

## **8. Questions or Concerns**

If you have questions about this Notice or believe your privacy rights have been violated, you may contact:

**Community Impact Counseling, LLC**

Attn: Privacy Officer Email: [communityimpactcounseling@gmail.com](mailto:communityimpactcounseling@gmail.com)

Phone: 480-672-2013

You may also file a complaint with the U.S. Department of Health and Human Services. You will not be penalized for filing a complaint.