

Notice of Privacy Practices

14689 Lee Hwy #284
Gainesville, VA 20156

Phone: 540-413-9207

Meaningful Change Therapy, LLC

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.

Meaningful Change Therapy, LLC is committed to maintaining the privacy of your personal health information (PHI) as I am required by law to keep this “protected health information private.”

Uses and Disclosures Require Your Authorization:

I will ask you to complete and sign the Request of Information form if there is a medical care provider or family member with whom you would like me to consult. Your signature authorizes me to be able to discuss certain information with other health care providers or family members for purposes of treatment, payment, or consultation.

As a counselor, I will not use or disclose any of your information for marketing purposes nor will I sell any of your protected health information.

Your protected health information will remain private however there are instances when the law requires me to use or share it.

1. When there is a serious threat to your health and safety or the health and safety of another person or the public.
2. Reporting suspected child, elder, or dependent adult abuse
3. Lawsuits or legal or court proceedings
4. Workers compensation

Your Rights regarding your health information:

1. You have the right to decide what is disclosed to people involved in your care or payment of your care. In most instances, I will honor your requests unless I believe there are clinical or legal reasons why I can not honor your request in which case, I will discuss this with you.
2. You have the right to look at your health records including billing and progress notes but not psychotherapy notes. You can ask for a copy of these records and I may charge you to obtain copies.
3. If you believe the information in your record is incorrect or missing important information, you can ask me to make any changes to your health information. If you request changes to be made, please include your reasons for these changes.
4. You have the right to choose how I send your PHI to you; phone, email, or home address.

5. If you are involved in a lawsuit, I may have to disclose health information in responses to a court order. Also, I may have to disclose your child's health information in response to a subpoena, discovery request, or other lawful process by someone who is involved in the dispute, only if efforts were made to discuss with you about the request or to obtain an order protecting the requested information.
6. You have the right to obtain an accounting of any disclosures of your PHI that I have made.
7. You have the right to receive a copy of the Notice of Privacy Practices. If changes are made, I will post a new version on my website and will send you an updated copy electronically.
8. You have the right to file a complaint if you believe your privacy has been violated. You can file a complaint to the Secretary of the Department of Health and Human Services. All complaints must be in writing. Filing a complaint will not impact the care I provide you.

This document is effective on July 1, 2024

BY SIGNING BELOW, I AM AGREEING THAT I HAVE READ, UNDERSTOOD, and AGREE TO THE ITEMS in this DOCUMENT.

Client's signature

Date