



Notice of Privacy Practices

Soft Edge Counseling Services, PLLC

Please review carefully. This notice describes how medical information about you may be used and disclosed and how you may access this information.

Our Commitment Regarding Your Protected Health Information

Soft Edge Counseling Services understands the importance of your Protected Health Information (hereafter referred to as PHI) and follows strict policies (in accordance with state and federal privacy laws) to keep your PHI private and accessible to you. PHI is information about you, mental health, and the provision of health care to you or the payment for that care.

In this notice, we explain how we protect the privacy of your PHI, and how we will allow it to be used and given out. We must follow the privacy practices described in this notice while it is in effect. The notice takes effect June 2nd 2024 and will remain in effect until we replace or modify it.

Soft Edge Counseling Services, PLLC reserves the right to change or replace our privacy practices and the terms provided in this statement at any time, provided that applicable law permits such changes. The revised practices will apply to your PHI regardless of when it was created or received. Before we make material change to privacy practices we will mail a revised notice to our clients.

We do not sell your PHI to anyone, nor disclose your PHI to other companies who may want to sell their products to you.

We must have your written authorization to use or disclose your PHI, except for the following uses and disclosures:

- **For Health Care Operations:** We may disclose your PHI for our health care operations, including for example Communicating with you about treatment alternatives or other health related benefits and services
- **To Others Involved in Your Care:** We may under certain circumstances disclose to a member of your family, a relative, a close friend, or any other person you identify, the PHI directly relevant to that persons involvement in your health care or payment for health care. For example, we may discuss a claim determination with you in the presence of a friend or relative unless you object.
- **When required by Law:** We will use and disclose your PHI if we are required to do so by law. For example we use and disclose your PHI in responding to a court and administrative order and subpoena, and to comply with workers compensation laws. We will disclose your PHI when required by Secretary of Health and Human Services and state regulatory authorities
- **For Matters in the Public Interest:** Peaceful Mind Counseling Services LLC may use or disclose your PHI without your written consent for matters in public interest including: reporting child abuse, neglect or domestic violence or Danger to self or others
- **To Our Business Associates:** From time to time we engage in third parties to provide various services. Whenever an arrangement with such a third party involves the use of disclosure of your

PHI we will have a written contract with that third party to protect your privacy. For example we may share your information with business associates who process claims or collection agencies.

Disclosure You May Request

You may instruct us, and give your written authorization, to disclose your PHI to another party for any purpose.

Individual Rights

You have the following rights. To exercise these rights, you must make a written request to the Privacy Officer of Soft Edge Counseling Services, PLLC

- **Access:** With certain expectations you have the right to look at or receive a copy of your PHI contained in the group of records that are used by or for us to make decisions about you, including our enrollment, payment, claims, and case or medical management notes. We reserve the right to charge a reasonable cost-based fee for copying and postage. If you request an alternative format such as a summary we may charge a cost for preparing the summary. If we deny request for access we will tell you the basis for our decision and whether or not you have the right to further review.
- **Disclosure Accounting:** You have the right to an accounting of certain disclosure of your PHI such as required by law. This accounting requirement applies to disclosures we make beginning on and after July 1, 2018. If you request this accounting more than once in a 12 month period we may charge a fee covering the cost of responding to requests
- **Restriction Requests:** you have the right to request that we place restrictions on the way we use or disclose your PHI for treatment, payment or health care operations. We are not required to agree to these additional restrictions, but if we do, we will abide by them unless we notify you that we are terminating our agreement.
- **Amendment:** You have the right to request that we amend your PHI in the set of records we described under "Access". If we deny your request we will provide a written explanation. If you disagree, you have a statement of your disagreement placed in our records. If we accept your request to amend the information, we will make reasonable efforts to inform others of the amendment including the individuals you name.

Practice Policies

Regarding payments, appointments, and emergencies:

- **Payments:** Payments, Co-payments, and deductibles are due at the time of service, **or within 10 days of receiving a statement.** In case of minors the payment of co-payments and deductibles will be the responsibility of the Guardian listed on the Client information sheet.
- **Appointments:** Appointments are directly made with the therapist. Cancelled appointments with **less than a 24 hour notice or no-show will result in a charge of \$100.00.** Medicaid clients with 2 no-shows will result in closing of the case.
- **Emergencies:** In the event of a psychiatric emergency, please contact 911 or go to your nearest emergency room

Questions and Complaints

If you want to more information about our privacy practices or a written copy of this notice, please contact Soft Edge Counseling Services (734)478-8165.

It is your right to submit a written complaint to the Department of Health and Human Services. We will provide you with their address to file your complaint upon request. We support your right to protect the privacy of your PHI. We will not take action against you if you file a complaint with us or with the US Department of Health and Human Services.

Please sign below to acknowledge that you have read and agree to the terms and practices described in this notice.

Client Name: _____

Client Signature: _____

Date: _____