Notice of Privacy Practices

* indicates a required field

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Email: vzelaya@lethealingleadcs.com NOTICE OF PRIVACY PRACTICES

Effective Date of This Notice: May 23, 2023

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.

I. Pledge Regarding Health Information:

Your health information is personal and confidential. I am committed to protecting the health information you share as part of providing you with quality care and complying with certain legal requirements. II. Uses and Disclosures of Health Information:

- For Treatment, Payment, or Health Care Operations: Your PHI may be used without your written authorization for these purposes, e.g., consulting with other healthcare providers about your care or handling billing and payment for services provided.
- Disclosures for Treatment: Not limited to the minimum necessary standard to ensure healthcare providers have the information needed for quality care.
- Lawsuits and Disputes: Your health information may be disclosed in response to a court or administrative order, or in response to a subpoena, discovery request, or other lawful processes.
- III. Certain Uses and Disclosures Require Your Authorization:
- Psychotherapy Notes: Uses and disclosures of psychotherapy notes, where applicable, require your specific authorization unless they are needed for treatment, legal defense, or emergency circumstances.
- Marketing and Sale of PHI: Uses and disclosures for marketing or selling your PHI require your prior written authorization, which you can withdraw at any time.

IV. Uses and Disclosures That Do Not Require Your Authorization:

- Appointment Reminders and Health Benefits: Your PHI may be used to contact you with reminders for appointments and information about treatment alternatives or other health-related benefits and services that may be of interest to you.
- Required by Law: Your PHI may be used or disclosed when required by state or federal law.
- Public Health and Safety: Your PHI may be used or disclosed for public health activities, health oversight activities, and emergencies.
- Research: We may use or disclose your PHI for research purposes, under certain conditions.
- V. Right to Object to Certain Disclosures:
- Disclosures to Family, Friends, or Others: You have the right to object to certain disclosures unless they are necessary for your care or required by law. You can also designate certain individuals to receive your PHI.

VI. Your Rights Regarding Your PHI:

- Right to Request Restrictions: You can request restrictions on the use or disclosure of your PHI, although we are not required to agree to those restrictions.
- Right to Confidential Communication: You can request that we communicate with you about medical matters in specific ways or at specific locations.
- Right to Inspect and Copy: You have the right to inspect and copy PHI that we maintain about you.
- Right to Amend: You have the right to request an amendment of your PHI if you feel it is incorrect or incomplete.
- Right to an Accounting of Disclosures: You are entitled to request an accounting of certain disclosures we have made of your PHI.