Soulful Sage Counseling, LLC

Notice of Privacy Practices

Effective Date: 8/13/2026

Soulfulsagecounseling.com | Soulfulsagecounseling@gmail.com

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. This notice is required by the Health Insurance Portability and Accountability Act (HIPAA).

Our Commitment to Your Privacy

Soulful Sage Counseling, LLC is required by law to maintain the privacy of your protected health information (PHI), to provide you with this notice of our legal duties and privacy practices, and to abide by the terms currently in effect.

How We May Use and Disclose Your Information

Without Your Written Authorization

We may use and disclose your PHI for the following purposes without your specific written authorization:

- Treatment — to provide, coordinate, or manage your care, including consultation with other treating providers.
- Payment — to bill and collect payment for services, including submitting claims or superbills to your insurance company.
- Health Care Operations — for quality assurance, clinical supervision, training, and practice management activities.
- As Required by Law — including mandatory reporting of suspected abuse or neglect of a child, elder, or vulnerable adult.
- To Avert a Serious Threat to Health or Safety — including imminent danger to you or an identifiable other person.
- Public Health and Health Oversight Activities — as required by state or federal agencies.
- Judicial and Administrative Proceedings — in response to a valid court order or legal process.
- Law Enforcement — in limited circumstances required or permitted by law.

With Your Written Authorization

Other uses and disclosures not described above — including release of psychotherapy notes, use for marketing purposes, or sale of PHI — will be made only with your written authorization. You may revoke that authorization in writing at any time, except to the extent action has already been taken in reliance on it.

Your Rights Regarding Your Information

- Right to Request Restrictions — you may ask us to limit how we use or disclose your PHI; we are not required to agree, except in limited circumstances.
- Right to Request Confidential Communications — you may ask us to contact you in a specific way or at a specific location.
- Right to Inspect and Copy — you may request to see or receive a copy of your record, with limited exceptions (e.g., raw psychotherapy notes).

- Right to Amend — you may request a correction to your record if you believe it is inaccurate or incomplete.
- Right to an Accounting of Disclosures — you may request a list of certain disclosures of your PHI made outside of treatment, payment, and operations.
- Right to a Paper Copy — you may request a paper copy of this notice at any time, even if you agreed to receive it electronically.
- Right to be Notified of a Breach — you will be notified if a breach of your unsecured PHI occurs.

Our Duties

We are required by law to maintain the privacy of your PHI, provide you with this notice, and abide by its terms. We reserve the right to change the terms of this notice and to make the new terms apply to all PHI we maintain. If we make a material change, an updated notice will be made available to you.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with Soulful Sage Counseling directly, or with the U.S. Department of Health and Human Services, Office for Civil Rights. You will not be retaliated against for filing a complaint.

Soulful Sage Counseling, LLC — Soulfulsagecounseling@gmail.com

U.S. Dept. of Health & Human Services, Office for Civil Rights — www.hhs.gov/ocr/privacy/hipaa/complaints

Contact Person

Questions about this notice or our privacy practices may be directed to: Shelbie Bouck, LCMHC, at Soulfulsagecounseling@gmail.com.

Acknowledgment of Receipt

By signing below, I acknowledge that I have received a copy of Soulful Sage Counseling, LLC's Notice of Privacy Practices.

Client (or Legal Representative) — Signature *Date*