

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL AND MENTAL HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Effective Date: October 1, 2026

1. Our Commitment to Your Privacy

Embrace Curiosity Counseling LLC is dedicated to maintaining the privacy of your protected health information (PHI). In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you, to provide you with this notice of our legal duties and privacy practices, and to notify you following a breach of your unsecured PHI.

2. Telehealth & In-Person Safeguards

Whether we meet in person at our physical office or via electronic digital platforms for telehealth, your privacy is protected.

- **Telehealth Platforms:** We utilize encryption and secure video technology platforms that comply with HIPAA standards and maintain active Business Associate Agreements (BAAs) with our technical vendors.
- **Your Responsibilities:** For telehealth sessions, you are responsible for secure data connections on your end and maintaining a private environment to maximize your own confidentiality.

3. How We May Use and Disclose Your PHI

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

- **Treatment:** We can use your PHI to provide, coordinate, or manage your mental health care. For example, we may discuss your case within our clinical team or consult with your primary care physician, with your knowledge.
- **Payment:** We may use and disclose your PHI so that the services you receive can be billed and payment collected from you, an insurance company, or a third party.
- **Health Care Operations:** We may use and disclose your PHI to run our practice, improve your care, and contact you when necessary.
- **As Required By Law:** We will disclose PHI when required to do so by federal, state, or local laws.

- **To Avert a Serious Threat to Health or Safety:** In accordance with Colorado law (including the duty-to-protect standard), we may use and disclose PHI when necessary to prevent a serious and imminent threat to your health and safety or the health and safety of the public or an identifiable third party.
- **Abuse or Neglect:** We are mandated reporters under Colorado law. We must disclose PHI to report suspected child abuse, elder abuse, or institutional abuse of a vulnerable adult.
- **Lawsuits and Disputes:** If you are involved in a lawsuit or dispute, we may disclose PHI in response to a court or administrative order, or a lawful subpoena that complies with strict state mental health record disclosure rules.

4. Special Protections for Substance Use Disorder Records (42 CFR Part 2)

To the extent that our practice receives, creates, or maintains patient records regarding federally assisted Substance Use Disorder (SUD) treatment, those records are subject to strict protections under federal law (42 CFR Part 2).

- We will not disclose your SUD records, or acknowledge your presence in an SUD program, to anyone outside the practice without your express written consent or as otherwise permitted strictly by Part 2 regulations.
- Our default handling of Part 2 records complies with the unified privacy standards enacted to align HIPAA rules with Part 2 protections.

5. Uses and Disclosures That Require Your Written Authorization

Your explicit written authorization is strictly required for:

- **Psychotherapy Notes:** Most uses and disclosures of psychotherapy notes (separate from your regular clinical medical charts) require your explicit authorization.
- **Marketing & Sales:** We will never sell your PHI or use your PHI for marketing purposes without your written authorization.

You may revoke an authorization at any time in writing, except to the extent that we have already taken action relying on it.

6. Your Rights Regarding Your PHI

You have the following rights regarding the PHI we maintain about you:

- **Right to Inspect and Copy:** You have the right to inspect and obtain a copy of your mental health and billing records, usually within 30 days of a written request. We may provide this electronically.
- **Right to Amend:** If you feel that PHI we have about you is incorrect or incomplete, you may ask us to amend the information. Your request must be in writing and provide a valid reason.
- **Right to an Accounting of Disclosures:** You have the right to request a list of certain disclosures we have made of your PHI for purposes other than treatment, payment, or healthcare operations.

- **Right to Request Restrictions:** You have the right to request a restriction or limitation on the PHI we use or disclose about you. You also have the right to restrict disclosures to your health plan if you pay out-of-pocket in full for a service.
- **Right to Request Confidential Communications:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location (e.g., only calling a specific phone number).
- **Right to a Paper Copy of This Notice:** You have the right to a paper copy of this notice at any time, even if you have agreed to receive it electronically.

7. Complaints

If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the U.S. Department of Health and Human Services (HHS). You will not be penalized or retaliated against for filing a complaint.

To file a complaint with our practice, contact our Privacy Officer listed below.

8. Contact Information

Privacy Officer Name: Hannah Holstein, LPC-S

Practice Name: Embrace Curiosity Counseling LLC

Physical Address: 32976 Saint Moritz Dr., Evergreen, CO 80439

Phone Number: 720.500.2172

Email Contact: EmbraceCuriosityCounseling@gmail.com