

## **Verdure Counseling LLC**

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**Effective Date of This Notice: 9/1/2025**

### **Notice of Privacy Practices**

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

#### **I. My Pledge Regarding Health Information:**

I understand that health information about you and your care is personal. I am committed to protecting your privacy. I create a record of the care and services you receive from me, which is necessary to provide you with quality care and to comply with legal and ethical obligations.

This notice applies to all records of your care generated by Verdure Counseling LLC. It outlines how I may use and disclose your health information and describes your rights.

I am required by law to:

- Ensure that your protected health information (“PHI”) is kept private.
- Provide you with this notice of legal duties and privacy practices.
- Follow the terms of this notice.

I may update this notice at any time. Any changes will apply to all PHI I maintain. Updated versions will be available upon request, in my office, and on my website.

## **II. How I May Use and Disclose Health Information About You:**

### **For Treatment, Payment, or Health Care Operations:**

Federal privacy rules allow providers to use or disclose PHI without written authorization for:

- **Treatment** (e.g., coordinating care with other providers)
- **Payment** (e.g., submitting claims)
- **Health Care Operations** (e.g., clinical supervision or audits)

For example, I may consult with another licensed provider about your care. These uses are not subject to the “minimum necessary” standard because full access to your information may be needed for quality treatment.

### **Lawsuits and Disputes:**

If you are involved in a legal matter, I may disclose PHI as required by a court order. I may also respond to subpoenas or legal requests after reasonable efforts are made to notify you or obtain a protective order.

## **III. Certain Uses and Disclosures Require Your Authorization:**

### **Psychotherapy Notes:**

I maintain “psychotherapy notes” as defined by HIPAA. I will not disclose them without your written authorization, except:

- For my own treatment use
- For clinical supervision and training
- To defend myself in legal proceedings initiated by you
- When required by law or to avert a serious safety threat

### **Marketing & Sale of PHI:**

I do not use your PHI for marketing or sell your PHI.

#### **IV. Certain Uses and Disclosures Do Not Require Your Authorization:**

I may use or disclose your PHI without your consent in the following circumstances:

- When required by state or federal law
- For reporting abuse or threats to safety
- For public health or oversight activities (e.g., audits, investigations)
- For judicial or administrative proceedings
- To report a crime on premises
- To medical examiners or coroners
- For research, where permitted by law and with appropriate safeguards
- For government functions (e.g., military, national security, correctional safety)
- For workers' compensation compliance
- To send appointment reminders or inform you of treatment alternatives or services

#### **Incapacitation or Death of Provider (Professional Will)**

In the event of my death, incapacitation, or other inability to continue practicing, I have designated a licensed mental health professional to act on my behalf as a professional executor. This individual will have limited access to client contact information and treatment records solely for notification, record transfer, and coordination of care. They are legally and ethically bound to uphold HIPAA confidentiality protections.

#### **V. Certain Uses and Disclosures Require You Have the Opportunity to Object:**

If you do not object, I may share your PHI with a friend, family member, or person involved in your care or payment for care. If you're unable to consent due to emergency, I may share relevant information and document it appropriately.

## **VI. Your Rights Regarding Your PHI:**

- **Request Restrictions:** You may request limits on how your PHI is used. I'm not required to agree unless it's for services you paid for in full out-of-pocket and request that they not be shared with your insurer.
- **Confidential Communications:** You can request that I contact you at a specific location or via a particular method (e.g., mail vs. phone), and I will accommodate reasonable requests.
- **Access to Records:** You have the right to request and receive a copy of your record (excluding psychotherapy notes), in paper or electronic format, within 30 days. Reasonable fees may apply.
- **Accounting of Disclosures:** You may request a list of PHI disclosures made in the past six years (excluding those for treatment, payment, or operations). One free request per year; additional requests may incur a fee.
- **Request Amendments:** You may request that I correct or amend your records. If I deny your request, you will receive an explanation within 60 days.
- **Paper or Electronic Copy of this Notice:** You may request a printed or emailed copy of this notice at any time, even if you initially received it electronically.

## **Acknowledgment of Receipt of Privacy Notice**

Under HIPAA, you have specific rights regarding your protected health information. By signing below, you are acknowledging that you have received and reviewed this Notice of Privacy Practices.