Lindsey Marie Counseling, PLLC

Lindsey Barlow, MS, LPC, NCC, THTC

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.

HIPAA CLIENT RIGHTS & THERAPIST DUTIES

Notice of Privacy Practices

Effective Date: June 2026

Lindsey Marie Counseling, PLLC | (720) 513-9554 | www.lindseymariecounseling.com

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PURPOSE OF THIS NOTICE

Federal law (HIPAA) requires that I:

- Maintain privacy protections and patient rights regarding your Protected Health Information (PHI)
- Provide you with this Notice of Privacy Practices
- Explain how I may use or disclose your PHI for treatment, payment, and health care operations
- Inform you of your rights regarding your PHI
- Follow the terms of this Notice

I may update this Notice from time to time. Updated versions apply to all PHI I maintain. By signing this form, you acknowledge that you have received this Notice. You may revoke acknowledgment at any time in writing, unless I have taken action in reliance on it.

LIMITS ON CONFIDENTIALITY & USES/DISCLOSURES OF PHI

The law protects the privacy of communication between you and your therapist. In most situations, I can only release information if you sign a written authorization that meets legal requirements. However, there are times when I am permitted—or required—to share information without your written authorization. In all cases, I will disclose only the minimum necessary information.

1. Situations Permitted or Required by Law

Court Proceedings or Legal Matters

Your treatment information may be protected by therapist–client privilege. I cannot release information unless you sign a written authorization, a court orders disclosure, or you are served with a subpoena and do not object. If you are involved in litigation, consult with an attorney about how your records may be used.

Health Oversight

Government or licensing agencies may request PHI as part of lawful oversight activities (e.g., audits, investigations).

Complaints or Lawsuits

If you file a complaint or lawsuit against me, I may disclose PHI necessary to defend myself.

Workers' Compensation

If your treatment is related to a workers' compensation claim, I may be required to submit information to the employer, insurer, or legally authorized parties.

Business Associates
I may share PHI with individuals or companies who assist with practice operations (such as billing or electronic health record services). They are bound by contract to protect your privacy.

Psychotherapy Notes
Psychotherapy notes (also called process notes) are held to a higher standard of protection under HIPAA than other PHI. These notes are kept separate from your general medical record and may not be disclosed without your specific written authorization, except in limited circumstances required by law (such as imminent safety threats). Standard records requests, insurance claims, and treatment coordination do not automatically include psychotherapy notes.

2. Situations Involving Safety or Mandated Reporting

Child Abuse or Neglect
If I know or suspect a child has been abused, abandoned, or neglected, I must report it.

Abuse, Neglect, or Exploitation of a Vulnerable Adult
If I know or suspect such abuse, I must report it.

Serious Threats of Harm
If I believe there is a clear and immediate risk of serious physical harm to you, someone else, or the public, I may need to notify the potential victim, contact family or supports, alert law enforcement, or seek hospitalization or other protective actions.

Imminent Risk of Self-Harm
If I believe you are at imminent risk of harming yourself, I may contact crisis services, law enforcement, or others who can help. Whenever possible, we will discuss options together first.

YOUR RIGHTS REGARDING YOUR PHI

Right to Treatment Without Discrimination
You have the right to ethical, respectful care without discrimination.

Right to Confidentiality
Your information will be protected within the limits described in this Notice. If you pay for a service out-of-pocket and in full, you may request that information about that service not be shared with your insurance company. I will honor this request unless required by law to disclose.

Right to Request Restrictions
You may request limits on the use or disclosure of your PHI. I am not required to agree, but I will consider all requests.

Right to Receive Confidential Communications
You may request to be contacted at specific locations or by specific methods. I will honor reasonable requests.

Right to Inspect and Obtain a Copy of Your PHI

You may request access to your PHI by submitting a written request. There is no copying fee for standard access to your PHI. If access is denied (rare), I will explain why and inform you of any rights to review.

Right to Request an Amendment
If you believe your records are incorrect or incomplete, you may request a correction in writing. I will respond within 60 days with approval or an explanation of why the amendment cannot be made.

Right to a Copy of This Notice
You may request a paper or electronic copy at any time.

Right to an Accounting of Disclosures
You may request a list of certain disclosures made without your authorization (excluding those for treatment, payment, and health care operations). I will explain how to make this request.

Right to Authorize Release of Information
With your written consent, PHI may be released to any individual or agency you designate.

Right to Decline or End Services
You may decline or end therapy at any time. You are responsible only for fees for services already provided.

THERAPIST DUTIES

I am required by law to:

- Maintain the privacy and security of your PHI
- Provide this Notice of Privacy Practices
- Notify you if a breach occurs that may compromise your PHI
- Follow the terms of this Notice
- Inform you if privacy practices change and make the updated Notice available

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COMPLAINTS

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

Office for Civil Rights, U.S. Department of Health & Human Services
Website: www.hhs.gov/ocr/privacy/hipaa/complaints | Phone: 1-800-368-1019 | TTY: 1-800-537-7697

ACKNOWLEDGEMENT

Your signature confirms that you have received and read this HIPAA Client Rights & Therapist Duties / Notice of Privacy Practices, and that you understand your rights and my responsibilities as described above.

Client Signature: _____ Date: _____

Printed Name: _____