Lurah Patrick Counseling & Consulting, LLC
Colorado Telehealth Practice
Privacy Contact: Lurah Patrick, LPCC
Telephone: 720-608-8866
Email: Lurah@LurahPatrickConsulting.com

NOTICE OF PRIVACY PRACTICES

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.

Effective date: July 12, 2026

This Notice explains how Lurah Patrick Counseling & Consulting, LLC (the "Practice") may use and disclose your protected health information ("PHI"), your rights regarding that information, and the Practice's legal duties. Because mental health information is especially sensitive, the Practice takes reasonable steps to protect your privacy and will follow any federal or Colorado law that provides greater confidentiality protection.

I. MY PLEDGE REGARDING YOUR HEALTH INFORMATION

I understand that information about your health and treatment is personal. I create and maintain a record of the care and services you receive so that I can provide quality treatment, coordinate care, obtain payment, and comply with legal and professional obligations. This Notice applies to records created or maintained by this solo mental health practice.

I am required by law to:

- Maintain the privacy and security of PHI that identifies you.
- Provide you with this Notice of my legal duties and privacy practices.
- Follow the terms of the Notice currently in effect.
- Notify you following a breach of unsecured PHI when required by law.

I may revise this Notice. Any revised Notice may apply to PHI already maintained by the Practice as well as information received in the future. The current Notice will be available through the client portal, on the Practice website, and upon request.

II. HOW I MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

The following sections describe common ways I may use or disclose PHI. Not every possible use or disclosure is listed, but all permitted uses and disclosures will fall within the categories described below.

Treatment, Payment, and Health Care Operations

Federal privacy rules generally allow me to use and disclose PHI without your written authorization for treatment, payment, and health care operations.

Treatment. I may use or disclose PHI to provide, coordinate, or manage your care. For example, I may consult with another licensed health care professional or make a referral when doing so is clinically appropriate. Treatment disclosures are not subject to HIPAA's minimum-necessary standard because providers may need complete information to deliver appropriate care.

Payment. I may use or disclose PHI to bill you or your health plan and obtain payment. If you use insurance, information sent to the insurer or claims processor may include your diagnosis, dates and type of service, and information requested to establish coverage, medical necessity, authorization, payment, or audit compliance.

Health care operations. I may use or disclose PHI to operate the Practice, including scheduling, appointment reminders, billing, quality improvement, legal and accounting services, credentialing, licensing, compliance, clinical consultation or supervision, and maintaining secure electronic records.

Business Associates

I may share PHI with vendors that perform services for the Practice, such as the electronic health record, telehealth platform, billing or claims processor, payment processor, secure communications provider, accountant, attorney, or information-technology provider. When required, these vendors enter into agreements requiring them to protect PHI.

Appointment and Service-Related Communications

I may contact you about appointments, scheduling, billing, treatment follow-up, practice changes, or treatment alternatives. Email and text messaging can carry privacy risks. I will use the communication methods you authorize, and you may request a different reasonable method of contact.

Lawsuits and Legal Proceedings

I may disclose PHI in response to a valid court or administrative order or, when legal requirements are satisfied, a subpoena, discovery request, or other lawful process. Mental health and psychotherapy records may receive protections beyond ordinary medical records. I will evaluate legal requests carefully and disclose only what is legally required or permitted.

III. USES AND DISCLOSURES THAT GENERALLY REQUIRE YOUR WRITTEN AUTHORIZATION

Psychotherapy Notes

To the extent I maintain "psychotherapy notes" as that term is defined by HIPAA, they are kept separately from the rest of your clinical record. Most uses or disclosures of psychotherapy notes require your written authorization. Authorization is generally not required when the notes are used by me to treat you, used for certain training or supervision purposes, used to defend the Practice in a legal proceeding brought by you, reviewed by the U.S. Department of Health and Human Services for HIPAA compliance, or disclosed as otherwise specifically permitted or required by law.

Marketing and Sale of PHI

I will not use or disclose your PHI for marketing when HIPAA requires authorization, and I will not sell your PHI. I do not ask current clients to provide public testimonials or reviews. Any use of a client's identifying information for advertising would require a valid written authorization.

Other Uses and Disclosures

Other uses or disclosures not described in this Notice will generally be made only with your written authorization. You may revoke an authorization in writing at any time, except to the extent I have already acted in reliance on it or another legal exception applies.

IV. USES AND DISCLOSURES THAT DO NOT REQUIRE YOUR AUTHORIZATION

Subject to applicable legal conditions and limitations, I may use or disclose PHI without your written authorization for the following purposes:

Required by law. To comply with federal, state, or local law.

Public health and safety. For legally authorized public health activities, including reporting suspected child abuse or neglect, abuse or exploitation of an at-risk adult, or acting to prevent or lessen a serious and imminent threat to health or safety.

Health oversight. For authorized audits, investigations, inspections, licensing matters, or disciplinary proceedings.

Judicial and administrative proceedings. In response to lawful legal process when the applicable requirements have been met.

Law enforcement. For limited law-enforcement purposes specifically permitted or required by law.

Coroners and medical examiners. When those officials are performing duties authorized by law.

Workers' compensation. As authorized and necessary to comply with workers' compensation or similar laws.

Research. For research that satisfies applicable approval and privacy requirements. The Practice does not ordinarily conduct research using client records.

Specialized government functions. For certain authorized military, national security, protective-service, correctional, or other government functions.

Organ and tissue donation. To organizations involved in organ, eye, or tissue donation and transplantation when applicable.

Substance Use Disorder Records

To the extent the Practice receives or maintains substance use disorder treatment records protected by 42 C.F.R. Part 2, those records or testimony describing their contents will not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you unless you provide written consent or a court order and subpoena or other legal requirement compelling disclosure are obtained.

V. USES AND DISCLOSURES FOR WHICH YOU MAY OBJECT

Family, Friends, and Others Involved in Your Care

You may tell me whether I may share relevant PHI with a family member, friend, caregiver, or another person involved in your care or payment for your care. If you are unable to communicate your preference, I may disclose limited information when I reasonably determine that doing so is in your best interest and is permitted by law. I may also share limited information for disaster-relief purposes when allowed by law.

VI. YOUR RIGHTS REGARDING YOUR PHI

1. **Request limits on uses and disclosures.** You may ask me not to use or disclose certain PHI for treatment, payment, or operations. I am not generally required to agree, but if I do agree I will follow the restriction except when emergency treatment or law requires otherwise.
2. **Restrict disclosures to a health plan for services paid in full.** If you pay for a service out of pocket in full, you may ask me not to disclose information about that service to your health plan for payment or health care operations. I will honor the request unless disclosure is required by law.
3. **Request confidential communications.** You may ask me to contact you in a particular way or at a particular location. I will accommodate reasonable requests.
4. **Inspect or obtain a copy of your record.** You may ask to inspect or receive an electronic or paper copy of the clinical record and other PHI I maintain about you. I will generally provide the information within the time required by law and may charge a reasonable, cost-based fee. HIPAA does not provide a right of access to psychotherapy notes or information prepared for certain legal proceedings.
5. **Request an amendment.** You may ask me to correct PHI that you believe is inaccurate or incomplete. I may deny the request in circumstances allowed by law, but I will explain why in writing.
6. **Receive an accounting of disclosures.** You may request a list of certain disclosures made during the six years before your request. The accounting generally does not include disclosures for treatment, payment, health care operations, disclosures to you, or disclosures you authorized. One accounting in a 12-month period is free; a reasonable fee may apply to additional requests.
7. **Receive a copy of this Notice.** You may request a paper or electronic copy of this Notice at any time, even if you previously agreed to receive it electronically.
8. **Choose someone to act for you.** A legally authorized personal representative, such as a guardian or person holding appropriate medical power of attorney, may exercise your privacy rights. I will verify the person's authority before acting.
9. **Be notified following a breach.** You have the right to receive notification if a breach may have compromised the privacy or security of your unsecured PHI, as required by law.
10. **Revoke an authorization.** You may revoke a written authorization at any time by providing written notice, subject to actions already taken in reliance on the authorization.

VII. COMPLAINTS

You may file a complaint if you believe your privacy rights have been violated. You may contact the Practice's Privacy Officer using the information below. You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, 200 Independence Avenue, S.W., Washington, D.C. 20201; telephone 1-877-696-6775; or through the HHS Office for Civil Rights complaint portal. I will not retaliate against you for filing a complaint.

VIII. MY RESPONSIBILITIES

- I am required by law to maintain the privacy and security of your PHI.
- I must provide you with this Notice and follow the privacy practices described in the Notice currently in effect.
- I will not use or disclose your PHI other than as described in this Notice unless you authorize it in writing or the law permits or requires it.

- I will provide a revised Notice when there is a material change to the Practice's privacy practices.

IX. CHANGES TO THIS NOTICE

I reserve the right to change the terms of this Notice and make the revised Notice effective for all PHI maintained by the Practice. The revised Notice will identify its effective date and will be available through the client portal, on the Practice website, and upon request.

PRIVACY CONTACT

Privacy Officer	Lurah Patrick, LPCC
Practice	Lurah Patrick Counseling & Consulting, LLC
Telephone	720-608-8866
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ACKNOWLEDGMENT OF RECEIPT

I acknowledge that I received or was given access to the Notice of Privacy Practices of Lurah Patrick Counseling & Consulting, LLC. My acknowledgment confirms receipt only. It does not authorize disclosure of my records, waive any privacy right, or indicate agreement with every practice described in the Notice.

Client name: _____

Client signature: _____ Date: _____