

Notice of Privacy Practices

Effective Date: September, 2026

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.

Practice Information

Provider: Christ-Lynn Smith, RMHCI (*Registered Mental Health Counselor Intern*), supervised by Molly Giannotta, *Credentials, License #IMH26833* **Practice Name:** Christ-Lynn Smith Therapy and Coaching **Phone:** 7865909741 **Email:** christlynnsmith1@gmail.com

My Commitment to Your Privacy

I am required by law to maintain the privacy of your Protected Health Information ("PHI"), to provide you with this Notice of my legal duties and privacy practices, and to notify you following a breach of your unsecured PHI. I am required to abide by the terms of this Notice as long as it remains in effect. I reserve the right to change the terms of this Notice, and any changes will apply to all PHI I maintain, including PHI created or received before the change. If I make a material change to this Notice, I will provide you with a revised copy upon your next visit or upon request.

How I May Use and Disclose Your PHI

Treatment: I may use or disclose your PHI to provide, coordinate, or manage your treatment, including consultation with my clinical supervisor as part of my supervised practice as a Registered Mental Health Counselor Intern.

Payment: I may use or disclose your PHI to bill and collect payment for services, including submitting claims to your health plan, verifying coverage, or communicating with a billing service.

Health Care Operations: I may use or disclose your PHI for operations necessary to run my practice, such as quality assessment, supervision, licensing compliance, and business planning.

Required by Law: I may disclose PHI when required to do so by federal, state, or local law.

Without Your Authorization (as permitted by law), I may also disclose PHI:

- To avert a serious and imminent threat to your health or safety, or the health or safety of others
- To report suspected abuse, neglect, or domestic violence to the appropriate government authority (including mandatory reporting of suspected child, elder, or dependent adult abuse)
- In response to a valid court order, subpoena, or other legal process
- To a health oversight agency for activities authorized by law (audits, investigations, licensure)
- To coroners, medical examiners, or funeral directors as necessary
- For public health activities, such as reporting disease, injury, or vital statistics as required by law
- To avert danger if I believe, in good faith, that you present a serious risk to yourself or others

All Other Uses and Disclosures Require Your Written Authorization. Uses and disclosures not described above including most disclosures of psychotherapy notes will only be made with your written authorization. You may revoke that authorization at any time in writing, except to the extent I have already relied on it.

Notice Regarding Coaching Services

If you are receiving **coaching services** rather than clinical therapy, please note that coaching is a non-clinical service. While I apply the same privacy and confidentiality standards to coaching communications as a courtesy, coaching relationships are not automatically covered under HIPAA in the same way that psychotherapy is, since coaching does not involve diagnosis or treatment of a medical condition. I will clarify at intake which service you are receiving.

Your Rights Regarding Your PHI

You have the right to:

- **Request Restrictions** — Ask me to limit how I use or disclose your PHI for treatment, payment, or operations. I am not required to agree, except when you request a

restriction on disclosure to a health plan for services you paid for out-of-pocket in full, which I must honor.

- **Request Confidential Communications** — Ask that I contact you in a specific way or at a specific location.
- **Inspect and Copy** — Request to inspect or receive a copy of your PHI, with limited exceptions (e.g., psychotherapy notes are generally excluded from this right).
- **Request Amendment** — Ask me to amend your PHI if you believe it is incorrect or incomplete. I may deny this request under certain circumstances, and will explain the reason in writing.
- **Receive an Accounting of Disclosures** — Request a list of certain disclosures of your PHI made in the six years prior to your request (excluding disclosures for treatment, payment, operations, and a few other categories).
- **Receive a Paper Copy** — Request a paper copy of this Notice at any time, even if you agreed to receive it electronically.
- **File a Complaint** — If you believe your privacy rights have been violated, you may file a complaint with me 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.

To exercise any of these rights, contact me at the information listed above.

Complaints

If you believe your privacy rights have been violated, you may submit a written complaint to me at the address above, or to:

U.S. Department of Health and Human Services Office for Civil Rights 200 Independence Avenue, S.W. Washington, D.C. 20201 www.hhs.gov/ocr/privacy/hipaa/complaints

You will not be penalized or retaliated against for filing a complaint.

Questions

If you have questions about this Notice or my privacy practices, please contact me at the phone number or email listed above.
