

Cedar Grove Counseling LLC

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EFFECTIVE DATE OF THIS NOTICE

Effective date of this revised notice: October 4, 2026.

If you have questions about this Notice of Privacy Practices or our privacy practices, please contact the Privacy Contact listed above.

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 health care is personal. I am committed to protecting health information about you. I create a record of the care and services you receive from me. I need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by this mental health care practice. This notice will tell you about the ways in which I may use and disclose health information about you. I also describe your rights to the health information I keep about you, and describe certain obligations I have regarding the use and disclosure of your health information. I am required by law to:

Make sure that protected health information ("PHI") that identifies you is kept private.

Give you this notice of my legal duties and privacy practices with respect to health information.

Follow the terms of the notice that is currently in effect.

Notify affected individuals following a breach of unsecured PHI as required by law, without unreasonable delay and no later than 60 days after discovery of a breach requiring notice.

I am also required by law to provide you with adequate notice of your rights and my legal duties if I create or maintain records protected by 42 C.F.R. Part 2.

I can change the terms of this Notice, and such changes will apply to all information I have about you. The new Notice will be available upon request, in my office, and on my website at <https://www.cedargrovecounselingllc.com/>.

II. HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:

The following categories describe different ways that I use and disclose health information. For each category of uses or disclosures I will explain what I mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways I am permitted to use and disclose information will fall within one of the categories.

For Treatment: I may use your PHI to provide and coordinate your care and, when permitted by applicable law, consult or collaborate with other treating professionals on your behalf. For example, I may consult with another licensed clinician about your treatment. HIPAA's minimum necessary standard generally does not apply to disclosures to, or requests by, health care providers for treatment; other confidentiality protections still apply.

For Payment: When permitted by applicable law and with any required consent or authorization, I may use and disclose information needed to bill for your services, verify coverage, submit insurance claims, and obtain payment. For example, an insurance claim may include your diagnosis, service date, and type of service.

For Health Care Operations: When permitted by applicable law and with any required consent or authorization, I may use and disclose your PHI to manage the practice, review the quality of care, maintain records, and perform administrative functions. Service providers who handle PHI on my behalf must have appropriate confidentiality and safeguarding obligations, including a business associate agreement when required by HIPAA.

Missouri Confidentiality Protections: Missouri law, including RSMo Section 337.636, restricts disclosure of information obtained in professional social work services. Written consent is generally required unless an applicable exception permits disclosure, such as professional consultation or collaboration on your behalf, certain abuse or welfare proceedings, or other legally recognized exceptions. The categories described in this notice do not override Missouri confidentiality protections, psychotherapy-note protections, or any other applicable restrictions. Where applicable law is more protective than HIPAA, I will follow the more protective requirements.

Lawsuits and Disputes: I may disclose information in response to a court or administrative order or other lawful process only when permitted by applicable law and after satisfying applicable confidentiality and privilege requirements. A subpoena alone does not automatically authorize disclosure of all therapy records. Where HIPAA permits disclosure in response to a subpoena without an order, required assurances about notice to you or a qualified protective order must be satisfied, and applicable Missouri protections must also be met.

Records Protected by 42 C.F.R. Part 2: If I receive or maintain substance use disorder records protected by Part 2, I will follow the applicable additional protections. Such records, or testimony describing their contents, cannot be used or disclosed in civil, criminal, administrative, or legislative investigations or proceedings against you without your specific written consent or an appropriate Part 2 court order and a subpoena or similar legal mandate. A general consent for treatment, payment, or health care operations does not authorize these uses. This provision addresses protected records I may receive or maintain; it does not identify this practice as a Part 2 treatment program.

Redisclosure: Information disclosed as permitted by law may be redisclosed by the recipient and may no longer be protected by HIPAA. This does not eliminate protections that remain applicable under Part 2 or other law.

III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:

Psychotherapy Notes. I may maintain psychotherapy notes as defined by HIPAA, and any use or disclosure of such notes requires your Authorization unless the use or disclosure is:

For my use in treating you.

For my use in training or supervising mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy.

For my use in defending myself in legal proceedings instituted by you.

For use by the Secretary of Health and Human Services to investigate my compliance with HIPAA.

Required by law and the use or disclosure is limited to the requirements of such law.

Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes.

Required by a coroner who is performing duties authorized by law.

Required to help avert a serious threat to the health and safety of others.

Psychotherapy notes are maintained separately from the general clinical record and are not the same as progress notes or other treatment records. Access to psychotherapy notes is limited as permitted by applicable law.

Marketing Purposes. As a psychotherapist, I will not use or disclose your PHI for marketing purposes.

Sale of PHI. As a psychotherapist, I will not sell your PHI.

Other Uses and Disclosures: Uses and disclosures not described in this notice will be made only with your written authorization unless otherwise permitted or required by applicable law. You may revoke an authorization in writing by contacting the Privacy Contact. Revocation does not affect actions already taken in reliance on your authorization.

IV. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION:

HIPAA permits or requires certain uses and disclosures without authorization. The following categories apply only when all applicable legal conditions are met, including Missouri confidentiality and privilege protections and any Part 2 restrictions. I will obtain your written consent or authorization when required by applicable law:

When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.

For public health and safety activities as permitted or required by law, including required reporting of suspected child abuse or neglect, elder or dependent adult abuse, and disclosures needed to prevent or lessen a serious and imminent threat to health or safety.

For health oversight activities, including audits and investigations.

For judicial and administrative proceedings, subject to the legal conditions described under Lawsuits and Disputes above.

For law enforcement purposes, including reporting crimes occurring on my premises.

To coroners or medical examiners, when such individuals are performing duties authorized by law.

For research purposes only when all required legal conditions, approvals, consents, or authorizations are satisfied. This notice does not itself authorize participation in research.

Specialized government functions, including ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counter-intelligence operations; or helping to ensure the safety of those working within or housed in correctional institutions.

For workers' compensation purposes. Although my preference is to obtain an Authorization from you, I may provide your PHI in order to comply with workers' compensation laws.

Appointment reminders and health related benefits or services. I may use and disclose your PHI to contact you to remind you that you have an appointment with me. I may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that I offer.

V. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT:

Disclosures to Family, Friends, or Others: When permitted by applicable law, I may share information directly relevant to the involvement of a person you identify in your care or payment for your care, if you agree or do not object. I will obtain written consent when required by Missouri or other applicable law. If you cannot express your preference because of an emergency or incapacity, I may make limited disclosures based on professional judgment and your best interests, but only as permitted by applicable law. Similar limitations apply to disaster relief disclosures.

Fundraising. Cedar Grove Counseling does not use or disclose your PHI for fundraising purposes.

VI. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI:

The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask me not to use or disclose certain PHI for treatment, payment, or health care operations purposes. Make your request in writing to the Privacy Contact. I am generally not required to agree, except for the full-payment restriction described below. If I agree, I will follow the restriction except as permitted by law, including when information is needed for emergency treatment.

The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full. If you or someone other than your health plan pays for a service out-of-pocket in full, you may ask me not to disclose PHI relating solely to that service to your health plan for payment or health care operations. I must agree to that restriction unless disclosure is required by law. Contact the Privacy Contact before a claim or other disclosure is sent so your request can be implemented.

The Right to Choose How I Send PHI to You. You have the right to ask me to contact you in a specific way (for example, home or office phone), or to send mail to a different address, and I will agree to all reasonable requests.

The Right to See and Get Copies of Your PHI. You may request to inspect or receive an electronic or paper copy of your medical and billing records and other information in your designated record set. Separately maintained psychotherapy notes and certain other legally excluded information are not covered by this access right. Send your request to the Privacy Contact. I will act on your request within 30 days. If a legally permitted extension is necessary, I will notify you in writing within that time of the reason and the expected completion date; HIPAA permits one extension of up to 30 additional days. I may provide a summary instead of a copy only if you agree. I may charge a reasonable, cost-based fee as permitted by law. If I deny access, I will explain the denial and any applicable review rights in writing.

The Right to Get a List of Disclosures. You may request an accounting of disclosures of your PHI that are subject to accounting under HIPAA. The accounting generally excludes disclosures for treatment, payment, and health care operations, disclosures made with your authorization, disclosures to you, and other legally excluded disclosures. Submit your request to the Privacy Contact and specify a period of up to six years before your

request. I will respond within 60 days. If a legally permitted extension is needed, I will notify you in writing of the reason and completion date; HIPAA permits one extension of up to 30 additional days. The first accounting in any 12-month period is free. For additional requests within that period, I may charge a reasonable, cost-based fee after notifying you in advance and giving you the opportunity to withdraw or modify your request. Any additional accounting rights for Part 2 records will be honored when applicable requirements take effect.

The Right to Correct or Update Your PHI. If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that I correct the existing information or add the missing information. Submit your request in writing to the Privacy Contact, explaining the requested amendment and your reason. I will act within 60 days. If a legally permitted extension is needed, I will notify you in writing of the reason and expected completion date; HIPAA permits one extension of up to 30 additional days. If I deny your request, I will explain why in writing and how you may submit a statement of disagreement.

The Right to Get a Paper or Electronic Copy of this Notice. You have the right to get a paper copy of this Notice, and you have the right to get a copy of this notice by e-mail. And, even if you have agreed to receive this Notice via e-mail, you also have the right to request a paper copy of it.

The Right to Have a Personal Representative Act for You. A person with appropriate legal authority, such as a legal guardian or a person authorized under a health care power of attorney, may exercise your privacy rights to the extent of that authority. I will verify the person's identity and authority before taking action. Applicable legal exceptions, including certain abuse or endangerment situations, may limit this right.

The Right to Revoke an Authorization. You may revoke a written authorization by submitting a written request to the Privacy Contact, except to the extent that I have already acted in reliance on the authorization.

The Right to File a Complaint. If you believe your privacy rights have been violated, you may file a complaint with the Privacy Contact using the phone number, email, or mailing address above. You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, by visiting <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>, calling 1-877-696-6775, or writing to 200 Independence Avenue, S.W., Washington, D.C. 20201. I will not retaliate against you for filing a complaint.

VII. CHANGES TO THIS NOTICE

I reserve the right to revise this notice and make the revised terms apply to all PHI I maintain, including information created or received before the revision. A revised notice will show its effective date and will be available upon request, in my office, and on my website. I will follow the notice currently in effect.