

Inner Light Wellness & Healing LLC

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EFFECTIVE DATE OF THIS NOTICE: This notice went into effect on February 17th, 2026

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.
- 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.

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

The following categories describe the ways I may use or disclose your health information. Not every possible use or disclosure is listed, but all permitted uses fall within these categories.

For Treatment, Payment, or Health Care Operations: Federal privacy laws (HIPAA) allow health care providers to use or disclose your protected health information without your written authorization for purposes related to:

- Treatment – coordinating your care, consulting with other health care providers, or making

referrals.

- Payment – billing, insurance claims, or verifying coverage.
- Health care operations – activities that support quality care, such as scheduling, record-keeping, or required supervision.

For example, I may consult with another licensed health care provider to support diagnosis or treatment. In these situations, sharing relevant clinical information is permitted so that you receive appropriate care.

Disclosures for treatment purposes are not subject to the “minimum necessary” standard because providers may need access to complete information to ensure safe and effective care.

Supervision: As a conditionally licensed clinician (LCPC-C), I practice under required clinical supervision. Consultation with my supervisor is considered part of treatment and does not require a Release of Information. During supervision, I share only the information necessary for clinical guidance and protect your privacy to the fullest extent possible. Outside of these treatment-related activities, I will only share your information with your written authorization through a Release of Information (ROI).

Lawsuits and Legal Proceedings:

If you are involved in a legal matter, I may disclose health information only as required by law, such as in response to:

- A court order
- An administrative order
- A lawful subpoena or discovery request (after reasonable efforts have been made to notify you or to secure a protective order).

I will disclose only the information legally required and will inform you when possible.

III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION —

1. Psychotherapy Notes: I maintain psychotherapy notes, which are separate from your clinical record and used for my own clinical understanding and required supervision. These notes receive special protection under HIPAA and cannot be used or disclosed without your written authorization, except in the following limited situations:

- For my own use in providing your treatment
- For required clinical supervision (as an LCPC-C)
- To defend myself if you bring a legal action against me
- If required by law
- If required by the U.S. Department of Health and Human Services for a HIPAA compliance

review

- To prevent or lessen a serious and imminent threat to health or safety

Psychotherapy notes are not part of the clinical record you are entitled to access. You may request a copy of your clinical record at any time, which includes documentation used to make decisions about your care, such as progress notes, treatment plans, diagnoses, and any assessment tools or measures that are part of your record.

2. Marketing: I will not use or disclose your protected health information (PHI) for marketing purposes.

3. Sale of PHI: I will not sell your PHI under any circumstances.

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

There are situations where I may use or disclose your PHI without your written authorization, as permitted or required by law. These include:

1. Required by Law:

If state or federal law requires disclosure, I will comply with the minimum necessary requirements.

2. Public Health and Safety:

- Reporting suspected abuse or neglect of a child, dependent adult, or incapacitated adult
- Taking steps to prevent or reduce a serious and imminent threat to someone's health or safety

3. Health Oversight Activities: Such as audits, investigations, or licensing-related reviews.

4. Judicial or Administrative Proceedings: I may disclose PHI in response to a valid court order or administrative order. When possible, I will seek your authorization first.

5. Law Enforcement: I may disclose limited information to law enforcement if a crime occurs on my premises or as otherwise required by law.

6. Coroners or Medical Examiners: If required for them to perform their legally authorized duties.

7. Appointment Reminders and Service Information: I may use your information to—

- Remind you of appointments
- Inform you about treatment-related services or benefits I offer

Acknowledgement of Receipt of Privacy Notice

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By checking the box below, you are acknowledging that you have received a copy of HIPAA Notice of Privacy Practices.

BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.