

Straight Paths Counseling, LLC

NOTICE OF PRIVACY PRACTICES

Effective Date: February 9, 2026

THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED ACCORDING TO THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA) AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

1. YOUR RIGHTS: This section explains your rights and some of our responsibilities to help you.

You have the right to:

- **Access Your Records:** You may request a copy of your medical records or summary of your health information. We may charge a reasonable, cost-based fee for this request.
- **Request Amendments:** If you believe your record is incorrect or incomplete you may request corrections; we may say “no” to your request, but we will tell you why in writing.
- **Request Restrictions on what we use or share:** You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no”, for example, if it could affect your care. If we agree to your request, we may still share this information in the event that you need emergency treatment. If you pay for a service out of pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.
- **Request Confidential Communication:** You may request contact in a specific manner (e.g., phone only, no voicemail, email only, alternative address). We will say “yes” to all reasonable requests.
- **Receive an Accounting of Disclosures:** You may request a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make).
- **Get a copy of this privacy notice:** You may ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide a paper copy promptly.
- **Choose someone to act for you:** If someone has the authority to act as your personal representative, such as if someone has your medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person who has the authority can act for you before we take any action.
- **File a Complaint:** If you believe your privacy rights have been violated; you can use the information below for complaints.

If you have concerns, please contact:

Privacy Officer: Alicia Byelich

Practice Name: Straight Paths Counseling, LLC

Phone: 267-219-8730

Email: alicia@straightpathscounseling.com

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

Phone: 1-877-696-6775

Website: www.hhs.gov/ocr

You will not be retaliated against for filing a complaint.

2. YOUR CHOICES: For certain health information, you can tell us your choices about what we share.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care or payment for your care
- Share information in a disaster relief situation

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

3. OUR USES AND DISCLOSURES: We typically use or share your health information in the following ways:

- **Treat you:** We can use your health information and share it with other internal professionals working at Straight Paths Counseling, LLC who are treating you. If health information is requested by an external health professional; or we desire to receive information from an external health professional, the client will be asked to sign a Release of Information form.
- **Run our organization:** We can use and share your health information to run our practice, improve your care, and contact you when necessary.
- **Bill for your services:** We can use and share your information to bill and get payment from health plans or other entities.

4. LIMITS ON CONFIDENTIALITY: At times we are required to share your information in other ways for the safety of yourself and the public. We have to meet conditions in the law before we can share your information for these purposes. In these situations we will only disclose the necessary information.

- Counselors are mandated reporters. In the event of, or reason to suspect, that a child under the age of 18 is being abused, neglected, or in danger in any way, by anyone responsible for child's welfare, a Childline Report is required through the Department of Human Services. Information needed will be provided.
- In the event of, or reason to suspect that a vulnerable adult or a senior citizen, is being abused, neglected, exploited or in danger in any way, we will report according to the law.
- In the event there is clear probability of serious physical harm to the client, or another individual in the community by the client, the counselor is required to disclose information to protect the client or individual, including police, family members, and/or potential victim(s).
- In the event we receive a claim for workers' compensation, a subpoena, lawsuits or legal actions, or health oversight agencies for activities authorized by law, your information may be reported according to the law.

5. OUR RESPONSIBILITIES:

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than described in this notice unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

6. CHANGES TO THIS NOTICE:

I/We reserve the right to change this Notice at any time. Any revised Notice will apply to all information maintained by this practice and will be available upon request in the office or on the practice website.