

# NOTICE OF PRIVACY PRACTICES

**Effective Date:** January 8, 2026

This notice explains how your health information may be used and disclosed and how you can access this information. Please review it carefully.

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## 1. Our Commitment to Your Privacy

Your mental health information is personal and sensitive. Dreamwell Therapy and Consulting is committed to protecting your privacy in accordance with **HIPAA, Ohio law, and professional ethical standards**.

We maintain clinical records to provide quality care and comply with legal, ethical, and professional standards. This Notice applies to all records, whether you receive services **via telehealth** or in-person (if applicable in the future).

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## 2. How We May Use or Share Your Information

### A. Treatment, Payment, and Health Care Operations

We may use or share your information without written permission for:

- **Treatment:** Coordinating your psychological care, consultations with other providers.
- **Payment:** Billing, claims management, and collections.
- **Operations:** Quality assurance, supervision, training, legal, and administrative functions.

**Telehealth:** Some information may be transmitted electronically. See your **Telehealth Consent** for more about technology risks and client responsibilities.

### B. Legal Requirements

We may disclose your information when required by law, such as:

- Court orders, subpoenas, or other legal processes

- Health oversight, audits, or licensure investigations
- Reporting suspected abuse, neglect, or exploitation of children, elders, vulnerable adults, or animals

### **C. Emergencies and Safety**

We may share information without your permission to prevent **serious and imminent harm** to you or others. This can include disclosure to:

- Family members or significant others
- Emergency contacts you have identified
- Emergency responders or public authorities
- Potential victims or other professionals able to prevent harm

### **D. Psychotherapy Notes**

We maintain psychotherapy notes separately from your general clinical record. Access and disclosure are strictly limited and generally require your written authorization, except as allowed by law (e.g., to defend against legal claims you initiate).

### **E. Uses Not Requiring Authorization**

Without your permission, we may share information for:

- Appointment reminders or treatment alternatives
- Research (when legally permitted)
- Workers' compensation or public safety functions

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## **3. Your Rights**

You have the right to:

- Request restrictions on certain uses or disclosures of your information

- Receive communications through confidential channels
- Inspect and obtain copies of your records (except psychotherapy notes)
- Request amendments to your records
- Receive an accounting of disclosures
- Receive a paper copy of this Notice
- Request restrictions for self-pay services, limiting disclosure to health plans

Requests must be in writing. Some requests may be legally limited; we will provide written explanations when required.

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## 4. Breach Notification

You will be notified promptly if your unsecured health information is accessed or disclosed in violation of the law.

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## 5. Self-Pay / Good Faith Estimate

If you are self-paying, you may request a **Good Faith Estimate** of your fees before receiving services. This is outlined in your **Good Faith Estimate Notice for Self-Pay** document and will detail anticipated costs for your care.

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## 6. Questions or Complaints

If you believe your privacy rights have been violated, you may:

- Contact Dreamwell Therapy and Consulting directly
- File a complaint with the **U.S. Department of Health and Human Services Office for Civil Rights**

You will not be retaliated against for filing a complaint.