

NOTICE OF PRIVACY PRACTICES (HIPAA)

Effective Date: May 23, 2025

Revive Relationship Counseling

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AASECT Certified Sex Therapist

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Introduction

This document explains your rights and my legal obligations under the Health Insurance Portability and Accountability Act (HIPAA). HIPAA safeguards the privacy of your Protected Health Information (PHI) and governs how it may be used or disclosed for treatment, payment, and health care operations. You are entitled to receive this notice and may ask questions before signing. Your signature (or electronic acknowledgment) confirms receipt and understanding.

Limits of Confidentiality

In most cases, I cannot share information about your care without your written consent. However, certain situations require disclosure:

- When required by law (e.g., court orders or subpoenas)
- For health oversight by government agencies
- If you file a complaint or lawsuit against me
- In worker's compensation cases
- To business associates who help operate my practice (bound by confidentiality agreements)

Mandated Reporting and Duty to Protect

I am required to report or disclose information if:

- I suspect child abuse or neglect
 - I suspect elder or vulnerable adult abuse
 - You present a credible threat of serious harm to yourself or others
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Use and Disclosure of PHI

I may use or disclose your PHI for purposes including:

- Treatment: Coordinating your care
- Payment: Billing and reimbursement, when applicable
- Health Care Operations: Administrative tasks like scheduling, reminders, and quality assurance

I use SimplePractice, a secure HIPAA-compliant system, for electronic records, client communication, and billing.

Your Rights

You have the right to:

- Receive ethical treatment without discrimination
- Request that PHI not be shared with insurers if services are fully self-paid
- Request restrictions on how your PHI is used or disclosed (though I may not be required to agree)
- Receive confidential communications via preferred methods
- Inspect and request copies of your PHI (in writing; \$1.00/page fee may apply)
- Request corrections to your PHI if incomplete or inaccurate
- Obtain a copy of this notice at any time
- Request an accounting of certain disclosures of your PHI
- Appoint a personal representative to act on your behalf
- Decline or terminate services at any time
- Authorize disclosure of your PHI in writing

Exercising Your Rights

To exercise any of the rights described above, please submit your request in writing to my office by mail or email. Include specific details about your request, and be prepared to provide verification of your identity. I will respond within 30 days of receiving your request. If I am unable to fulfill your request, I will provide a written explanation outlining the reasons. You may also contact me directly by phone with any questions about exercising your rights or to request assistance with the process.

My Duties

I am legally and ethically obligated to:

- Maintain the confidentiality of your PHI
 - Provide you with this notice
 - Notify you if there is a breach of your PHI
 - Follow the terms of this notice unless it is revised, in which case you will be informed
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Complaints

If you believe your privacy rights have been violated, you can contact:

- U.S. Department of Health and Human Services – Office for Civil Rights
 - Website: <https://www.hhs.gov/hipaa/filing-a-complaint>
 - Phone: 1-877-696-6775
 - Email: OCRComplaint@hhs.gov
 - Mail: 200 Independence Avenue, S.W., Washington, D.C. 20201
- Colorado Department of Regulatory Agencies (DORA) – Mental Health Licensing
 - Website: <https://dpo.colorado.gov>
 - Phone: 303-894-7800
 - Mail: 1560 Broadway, Suite 1350, Denver, CO 80202
- Texas Behavioral Health Executive Council (BHEC)
 - Website: <https://www.bhec.texas.gov>
 - Phone: 1-800-821-3205
 - Mail: 1801 Congress Ave., Suite 7.300, Austin, TX 78701
- Utah Division of Occupational and Professional Licensing (DOPL)
 - Website: <https://dopl.utah.gov>
 - Phone: 801-530-6628
 - Mail: PO Box 146741, Salt Lake City, UT 84114-6741
- Washington State Department of Health – Health Systems Quality Assurance

- Website: <https://www.doh.wa.gov>
 - Phone: 360-236-4700
 - Mail: PO Box 47865, Olympia, WA 98504-7865
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Acknowledgment of Receipt

By checking the box below, you acknowledge:

- You have read and understood this Notice of Privacy Practices.
- You agree to the terms outlined.
- You understand your rights under HIPAA.

I have received, read, and agree to the Notice of Privacy Practices effective May 23, 2025.