

NOTICE OF PRIVACY PRACTICES

Heather L. Cassels, LPC

Effective Date: August 18, 2026

PLEASE READ THIS NOTICE CAREFULLY.

This Notice explains how your health information may be used or disclosed, your rights regarding your information, and how you can contact me with questions or concerns.

Your Privacy Is Important

As a licensed professional counselor, I am required by law to protect the privacy of your protected health information (PHI). PHI includes information about your mental health treatment, diagnosis, symptoms, treatment plan, progress, payment for services, and other information that identifies you and relates to your care.

I will use and disclose your information only as permitted or required by law and as described in this Notice.

How Your Information May Be Used or Shared

Treatment

Your information may be used or shared when necessary to provide, coordinate, or manage your mental health treatment. For example, with your permission when appropriate, information may be shared with another healthcare provider involved in your care.

Payment

Information may be used or disclosed as necessary to obtain payment for services.

Health Care Operations

Information may be used as necessary to operate and manage the practice, including activities such as quality improvement, compliance, consultation, record maintenance, and administrative functions.

When Required or Permitted by Law

Your information may be disclosed when required or permitted by federal or Georgia law. Examples may include:

- Reporting suspected child or vulnerable-adult abuse or neglect when required by law.
- Responding to a valid court order or other lawful process.
- Taking appropriate action when there is a serious and imminent threat to your safety or the safety of another person.
- Complying with certain law-enforcement or public-health requirements.
- Disclosures necessary to protect the rights, safety, or welfare of a client or another person.

Georgia law also protects the confidentiality of information obtained during a professional counseling relationship, with exceptions established by law.

Psychotherapy Notes

Psychotherapy notes are personal notes maintained separately from the clinical record that document the counselor's thoughts or analysis regarding the contents of a counseling session. They receive additional protection under HIPAA. In most circumstances, your written authorization is required before psychotherapy notes can be disclosed.

Uses Requiring Your Written Authorization

Most uses or disclosures not specifically permitted or required by law will require your written authorization.

This includes most disclosures of psychotherapy notes and certain uses related to marketing or the sale of PHI. You may revoke a written authorization at any time by providing written notice. Revocation will not affect information that was already disclosed based on your authorization.

I do not sell your personal health information or use your health information for marketing purposes without the authorization required by law.

Electronic Communication and Telehealth

I may communicate with you by telephone, email, text message, electronic health-record portals, or other electronic communication methods when appropriate for your care or practice administration.

Electronic communications may carry privacy or security risks. Although reasonable safeguards will be used, no electronic communication method can be guaranteed to be completely secure.

Telehealth services also involve potential privacy and technology risks. Additional information about telehealth privacy and consent will be provided as part of the practice's telehealth informed consent process.

Substance Use Disorder Records

If your records are subject to the federal confidentiality requirements for substance use disorder (SUD) records under 42 CFR Part 2, those records may have additional protections. When applicable, I will comply with the requirements of HIPAA and Part 2, including obtaining the authorization required by law for disclosures that require authorization. HHS requires covered providers to include information about applicable Part 2 records in their Notice of Privacy Practices as of February 16, 2026.

Your Rights

You have the right to:

- **Access your records.** You may request to inspect or receive a copy of your PHI, subject to certain legal exceptions.
- **Request a correction.** You may ask that information in your record be corrected if you believe it is inaccurate or incomplete.
- **Request confidential communication.** You may ask me to contact you in a particular way or at a particular location.
- **Request restrictions.** You may ask that I limit how your information is used or disclosed. I am not required to agree to every request unless required by law.
- **Request an accounting of certain disclosures.** You may request a list of certain disclosures of your PHI made by the practice.
- **Receive a copy of this Notice.** You may request a paper or electronic copy at any time.
- **Choose someone to act on your behalf.** When legally authorized, another person may exercise certain privacy rights on your behalf.
- **File a complaint.** You may file a complaint with me or with the U.S. Department of Health and Human Services Office for Civil Rights if you believe your privacy rights have been violated. You will not be retaliated against for filing a complaint.

These rights are consistent with the rights described in the current HHS model notice.

My Responsibilities

I am required by law to:

- Maintain the privacy and security of your PHI.
- Provide you with this Notice describing my privacy practices and legal duties.
- Follow the terms of the Notice currently in effect.
- Notify you if a breach of unsecured PHI occurs when notification is required by law.
- Make reasonable efforts to limit the use and disclosure of PHI to the minimum necessary when the minimum-necessary standard applies.

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I may change this Notice in the future. If I make a material change to my privacy practices, the revised Notice will be made available as required by law. The current Notice will be available at the practice and on the practice website, if applicable. HHS requires covered providers to make their NPP available upon request and prominently post it on applicable websites.

Questions or Privacy Complaints

If you have questions about this Notice or believe your privacy rights have been violated, please contact:
Heather L. Cassels, LPC -heather@heathercassels.com

You may also contact:

U.S. Department of Health and Human Services

Office for Civil Rights

You may obtain information about filing a complaint at the HHS Office for Civil Rights website.

Filing a complaint will not affect your ability to receive services from this practice.

Acknowledgment of Receipt

I acknowledge that I have received a copy of Heather L. Cassels, LPC Notice of Privacy Practices. My signature acknowledges receipt of the Notice and does not authorize uses or disclosures of my health information beyond those permitted or authorized by law.

Signature

Date