Notice of Privacy Practices

Concord Family Counseling
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Effective Date: November 14, 2025

This notice explains how your health information may be used and shared. It also explains your rights. Please review it carefully.

Our Commitment to Your Privacy

Your health information is personal. We protect it and only use it when allowed by law. This notice applies to all records created by Concord Family Counseling.

We are required to:

- Keep your protected health information private
- Give you this notice of our privacy practices
- Follow the terms of this notice
- Notify you if a data breach occurs

We may update this notice at any time. The most current version will be available in our office and on our website.

How We May Use and Share Your Information Without Your Written Permission

Treatment

We can use and share your information to provide you with care. This includes sharing information with:

- Other health care providers
- Supervisors or consulting clinicians
- Physicians or specialists involved in your care

Example: Your therapist may consult with another licensed provider to support diagnosis or treatment.

Payment

We may use or share your information to bill for services and check insurance coverage.

Health Care Operations

We may use your information for tasks that support our practice. Examples include training, licensing, supervision, audits, or improving services.

Appointment Reminders

We may contact you by phone, text, email, or mail to schedule or remind you of appointments. You can request your preferred method.

Telehealth and Electronic Communication

We offer telehealth through secure platforms. If you choose to communicate through email or text, you understand that these forms of communication may have risks. You may request a different communication method at any time.

When Required or Allowed by Law

We may share information without your permission when required by law. Examples include:

- Reporting suspected child abuse, elder abuse, or dependent adult abuse
- Responding to court orders or legal processes
- Health oversight activities
- Certain law enforcement situations
- Coroner or medical examiner services
- Workers compensation claims
- Public health and safety matters

Duty to Protect

If you make a clear and immediate threat to harm yourself or someone else, Tennessee law allows us to share information with people who can help keep you or others safe. This may include law enforcement, potential victims, or emergency contacts.

When Your Written Permission Is Required

Psychotherapy Notes

These notes receive special protection. We will not share psychotherapy notes without your written permission except for:

- Your treatment
- Training or supervision
- Defending ourselves in legal matters
- Oversight activities
- When required by law
- Preventing a serious threat to health or safety

Most routine progress notes are not considered psychotherapy notes under HIPAA.

Marketing

We do not use or share your information for marketing.

Sale of Information

We will never sell your health information.

Other Uses

Any use or sharing not described in this notice requires your written permission. You may revoke permission at any time unless we have already acted on it.

When You Can Object

We may share certain information with family members or others involved in your care unless you object. You can limit this at any time.

Minors and Parents

Tennessee law allows minors to consent to some mental health services. When a minor receives treatment:

- Parents or guardians may have rights to the record
- A clinician may limit parental access if releasing information could harm the minor
- We follow Tennessee and federal guidelines when determining access

We will explain confidentiality to minors and caregivers at the start of treatment.

Website Privacy

We do not use website tracking technologies, such as pixels or cookies, to collect or share protected health information without your permission. If this changes, we will update this notice.

Your Rights

Request Restrictions

You may ask us to limit how we use or share your information. We may deny the request except in one case.

Out of Pocket Payment

If you pay for a service in full and ask us not to share that information with your health plan, we must honor your request.

Confidential Communications

You may request that we contact you in a specific way. We will honor reasonable requests.

Access to Your Records

You may ask for an electronic or paper copy of your record. We will provide it within 30 days and may charge a reasonable fee. Psychotherapy notes are excluded.

Request an Amendment

If something in your record is incorrect or incomplete, you may request a correction. If we deny your request, we will explain why in writing within 60 days.

Accounting of Disclosures

You may request a list of certain disclosures we have made in the past six years. One request each year is free.

Copy of This Notice

You may request a paper or electronic copy at any time.

Questions or Complaints

If you believe your privacy rights have been violated, you may file a complaint with:

Office for Civil Rights, U.S. Department of Health and Human Services
1-800-368-1019 · www.hhs.gov/ocr/privacy

You may also contact our office directly. We will not retaliate if you file a complaint.

Acknowledgment of Receipt

By signing or checking the box in the intake form, you confirm only that you received this Notice.