

Megan Hoffman, LPC, Certified CCPT

Megan Hoffman Counseling, PLLC

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MEGAN HOFFMAN
— COUNSELING —

Notice of Privacy Practices

Effective June 30th, 2026

This Notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

I understand that health information about you and your health care is personal. By law, and in accordance with the ethics of the counseling profession, Megan Hoffman, LPC is required and committed to protecting the privacy of your personal health information. This practice is also required to give you this notice to explain how personal health information may be used and disclosed, as well as to inform you of your rights pertaining to your health information.

“Personal health information” includes any information about you, and records of services you received through this practice, including and not limited to:

- Dates, times, and lengths of your therapy sessions
- Information you disclosed during sessions, over the phone, in email, or at other times
- Your therapist’s observations of you
- Your therapist’s assessment of your mental health concerns
- Results of psychological tests and diagnostic interviews
- Treatment plans
- Medication Records
- Billing and insurance information
- Records obtained from other healthcare providers who have treated you

The personal health information listed above, is part of your records, we keep regarding services provide by this practice in order to provide quality care. Personal health information about you can also include be included Psychotherapy Notes and Substance Use Disorder (SUD) Counseling Notes.

How we may use and disclose your personal health information

State and federal laws allow Megan Hoffman, LPC, as health care provider who has a direct treatment relationship with the patient/client (yourself) to use and disclose your health information to create a record of care and services provided to you. Providing treatment services, collecting payment and conducting healthcare operations with records are necessary for providing quality care and to comply with certain legal requirements.

Treatment

Your health information can be used and disclosed to manage and coordinate your care. This could include consultation with another clinician to improve your care, coordination with another provider who is treating you, and for referral purposes.

Payment

Your health information can be used and disclosed to bill for services and receive payment from health plans and other entities. Your health insurance plan may use this information to make determination of coverage for benefits, review services to determine medical necessity, and for utilization reviews activities. If your account is referred to a collection agency, the agency may ask for parts of your personal health information relevant to their task.

Healthcare Operations

Your health information can be used and disclosed to run this practice, improve your care, contact you when necessary, and resolve any complaints you may have. Your information may also be used to review treatment procedures, review business activities, certification, training, compliance and licensing activities.

If your records are protected under 42 C.F.R. Part 2, certain uses and disclosures permitted b HIPAA for treatment, payment, and health care operations are materially limited by the stricter standards of those regulations. Furthermore, information disclosed pursuant to these rules mya be subject to redisclosure by the recipient and mya no longer be protected by federal privacy standards.

Other uses and disclosures of your personal health information

Megan Hoffman, LPC, is allowed or required to disclose your information in other ways – usually in ways that contribute to the public good, such as public health and research. This practice has to meet conditions in the law before your information can be disclosed for these purposes, and disclosures will be made in a manner consistent with applicable laws. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We can disclose health information about you for certain situations such as:

- Preventing disease and the spread of communicable illnesses
- Mandated reporting of suspected abuse, or neglect
- Preventing or reducing a serious threat to anyone's health or safety including emergency situations

Conduct research

We can use or disclose your information for health research. (Megan Hoffman, LPC, is not currently conducting research and will notify clients if this changes)

Comply with the law

We will disclose information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law, or to state licensing board for investigations of complaints. We will also disclose

information about you if required by law and the use or disclosed is limited to the requirements of such law; required by law for certain health oversight activities pertaining to the originator of the records; required by a coroner who is performing duties authorized by law; to help avert a serious threat to the health and safety of others.

Address workers' compensation, law enforcement, and other government requests

We can use or disclose health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health or oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can disclose health information about you in response to a court or administrative order, or in response to a subpoena. We may also disclose health information about your child in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested. However, for records protected by 42 C.F. R. Part 2, such records or testimony relaying their content shall not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you unless you provide specific written consent or a court order is issued in accordance with 42 C.F. R. Part 2.

Law Enforcement

We can disclose limited information to assist law enforcement purposes such as locating a missing person, or in the event that a crime occurs on the premises of this practice.

Your choices

For certain health information, you can tell us your choices about what we disclose. If you have a clear preference for how this practice discloses your information in the situations described below, please inform Megan Hoffman, LPC, of your request in writing. Reasonable efforts will be made to follow your instructions.

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

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

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and disclose your information if we believe it is in your best interest. We may also disclose your information when needed to lessen a serious and imminent threat to health or safety.

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

- Marketing purposes (Megan Hoffman, LPC, NEVER uses personal information for marketing)

- Most sharing of psychotherapy notes (these are notes separate from your formal session charts)
- Substance Use Disorder (SUD) Counseling Notes (these notes are recorded by a substance use disorder provider documenting the content of a counseling session. At this time Megan Hoffman, LPC, does not specialize in SUD and therefore is not considered a SUD provider in which these types of notes are being stored for this practice. Any use or disclosure of these notes requires your separate written authorization, which cannot be combined with a consent for other types of records. You can revoke your consent at any time except to the extent that I have already acted upon it to disclose these notes in accordance with your initial authorization.)
- Fundraising (Megan Hoffman, LPC, at this time has no plans for fundraising for this practice or her benefit. If we intend to use or disclose your records protected by 42 C.F.R. Part 2 for fundraising, you will be provided with a clear and conspicuous opportunity to opt-out before any such use or disclosure occurs)

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic (when possible) or paper copy of your medical record and other health information we have about you, other than “psychotherapy notes” and “SUD counseling notes”. This request must be made in writing.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. This request must be made in writing.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days. If your request is denied you have the right to file a disagreement in writing which will be kept in your record.

Request confidential communications

- You can ask us to contact you for appointment reminders, issues regarding payment, and treatment issues in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

Ask us to limit what we use and disclose

- You can ask us not to use or disclose certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care. This request must be in writing and specify what restrictions are needed.

- If you pay for a service out-of-pocket in full, you can ask us not to disclose that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to disclose that information.

Get a list of those with whom we’ve disclosed information

- You can ask for a list (accounting) of the times we’ve disclosed your health information for six years prior to the date you ask, who we disclosed it with, and why.
- We will include all the disclosures expect for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
- You also have the right to request an accounting of disclosures specifically for your substance use disorder records protected under 42 C.F.R. Part 2. (At this time Megan Hoffman, LPC, does not specialize in SUD and therefore is not considered a SUD provider in which these types of notes are being stored for this practice.)

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone 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 has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting:

The Privacy Official – Megan Hoffman, LPC

972.643.8382

MeganHoffmanCounseling@gmail.com

- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

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 disclose your information other than as described here unless you tell us we can in writing.
- We are also required by law to provide you with adequate notice of your rights and my legal duties if I create or maintain records protect by 42 C.F.R. Part 2.
- We can change the terms of this Notice, and such changes will apply to all information I have about you. The new Notice will be available upon request, in my office, and on my website.

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.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.

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