



NOTICE OF PRIVACY PRACTICES

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 our commitment to protecting your Privacy.

At Footprints Counseling, PLLC, we are committed to protecting the privacy of your health information. We are required by law to maintain the confidentiality of our health information by the Health Insurance Portability and Accountability Act (HIPAA) of 1996 to maintain the privacy and security of your health information. Footprints Counseling, PLLC wants to provide you with this notice of our legal duties and privacy practices and follow the terms of this notice.

How We May Use and Disclose Your Health Information: We may use and disclose your health information for the following purposes:

1. **Treatment:** To provide, coordinate, or manage your healthcare.
2. **Payment:** To obtain payment for services we provide to you.
3. **Healthcare Operations:** For our internal operations, including quality assessment and improvement activities
4. **As Required by Law:** When required by federal, state, or local law
5. **Public Health Activities:** For public health activities, including disease prevention, injury or disability prevention, and public health investigations
6. **Abuse or Neglect:** To report suspected abuse, neglect, or domestic violence
7. **Health Oversight Activities:** For health oversight agencies for activities authorized by law
8. **Judicial and Administrative Proceedings:** In response to a court or administrative order, subpoena, discovery request, or other lawful process
9. **Law Enforcement:** To law enforcement officials for law enforcement purposes
10. **Research:** For research purposes, subject to certain conditions
11. **To Avert a Serious Threat to Health or Safety:** To prevent or lessen a serious and imminent threat to the health or safety of a person or the public
12. **Special Protections for Reproductive Health Information** We are prohibited from using or disclosing your protected health information (PHI) when it is sought to investigate or impose liability on individuals, healthcare providers, or others who seek, obtain, provide, or facilitate reproductive healthcare that is lawful under the circumstances in which such healthcare is provided

Your Rights Regarding Your Health Information: You have the following rights regarding your health information:

- **Right to Inspect and Copy:** You have the right to inspect and obtain a copy of your health information
- **Right to Amend:** You have the right to request an amendment to your health information.
- **Right to an Accounting of Disclosures:** You have the right to receive an accounting of certain disclosures of your health information
- **Right to Request Restrictions:** You have the right to request restrictions on certain uses and disclosures of your health information
- **Right to Request Confidential Communications:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location.
- **Right to a Paper Copy of This Notice:** You have the right to a paper copy of this notice.

Changes to This Notice

We reserve the right to change this notice and make the new notice apply to health information we already have as well as any information we receive in the future. We will post a copy of the current notice at our office and on our website.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with our office or the Department of Health and Human Services Secretary.

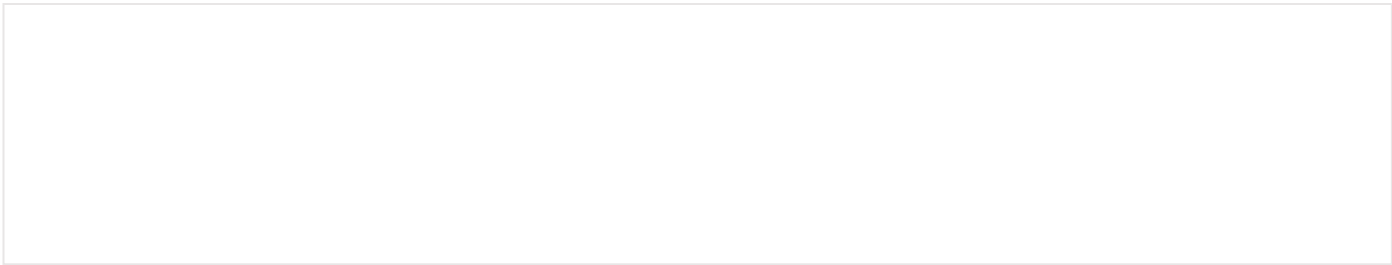
To file a complaint with our office, contact:

Compliance Officer: Joseph B. Alexander, LMFT (Owner) Telephone: 336-893-8727 Fax: 336-893-8726 Address:
Footprints Counseling, PLLC 3410 Healy Drive 200-A Winston-Salem, NC 27103

You will not be penalized for filing a complaint.

Additional Information

For further information about our privacy practices, please get in touch with our Compliance Officer.



Use your mouse (or, on a touch device, your finger) to draw your signature in the box above.