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## Notice of Privacy Practices and SMS / Text Messaging Practices

### - SMS / Text Messaging Practices -

#### For new and current clients: Communication and Contact preferences

*(Campaign Registry)*

Nicole Cameron, LPC @ Mind Body Spirit Motivation LLC offers appointment services, reminders, general business communications by text message. You may choose to **opt-in** or **opt-out** to receive text messages at any time.

- You will be provided with a separate **SMS / Text Consent Form** requesting your consent to receive texts from Nicole Cameron, LPC along with the Intake documents. I will only be able to contact you by text if it is signed. Contact will initially be by phone and messaging through the Simple Practice portal, both HIPAA compliant forms of contact.

Choose how you would like to be contacted / identify preferences for method(s) of contact

- When completing the **Demographic forms on Simple Practice**, you may choose to opt-in or opt-out for text messaging. You will not automatically receive texts from Simple Practice unless you select Yes, *send text appt reminders to this number*. The settings on Simple Practice do not automatically engage texting & will remain off - not allowing texting- unless you change them. Follow the directions to **opt-in** & receive text messages or **opt-out** & not receive text messages.
- When completing documents and forms for **Monarch, Headway, Psychology Today, Therapist.com** be sure to identify your preferences for the method(s) of contact you would like to allow the platform. You may be required to **opt-out** to not receive text messages. Follow the directions to **opt-out** & not receive text messages or **opt-in** & receive text messages.

\*See Notice of Privacy Practices; Terms and conditions on each platform to identify reasons you may be contacted by them such as for appointment reminders, incomplete documents and complete up to date info on their notices & terms. Feel free to ask me any questions as well & I will be happy to assist you.

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HIPAA compliant methods of contacting you will be by phone call or message on the Simple Practice portal. (For messages a link will be generated for the email on file & you will be able to log onto the portal to read it). Messages on the portal will ensure your PHI is protected.

Emails are not HIPAA compliant methods of communication, but you may choose to contact me by email knowing the possible risks to your PHI at [mindbodyspiritmotivation1@gmail.com](mailto:mindbodyspiritmotivation1@gmail.com).

I understand that by providing consent for texting and opting-in for texting on the Simple Practice, Monarch, Headway, Psychology Today, Therapist.com sites & with Nicole Cameron, LPC) I still always have options, and they are:

- I can Reply STOP to opt-out.
  - I can Reply HELP for support with texting/ electronic issues.
- \*\* For mental health help Immediately Call 911 or go to the nearest ER**
- Message and data rates may apply.
  - My consent is not required to purchase goods or services
  - Message frequency varies.

\*See Notice of Privacy Practices & Terms & conditions on each platform for complete up to date terms. Feel free to ask me any questions, as well, and I will gladly assist.

**In the event of a mental health emergency immediately call 911 or go to the closest Emergency Room.**

### **- Notice of Privacy Practices -**

I. MY PLEDGE REGARDING HEALTH INFORMATION: I understand that health information about you and your health care is personal. I am committed to protecting health information about you. I create a record of the care and services you receive from me. I need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by this mental health care practice. This notice will tell you about the ways in which I may use and disclose health information about you. I also describe your rights to the health information I keep about you, and describe certain obligations I have regarding the use and disclosure of your health information. We will

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- Make sure that protected health information (“PHI”) that identifies you is kept private.
- Give you this notice of my legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect.
- I can change the terms of this Notice, and such changes will apply to all information on your file. The new Notice will be available upon request, in my office, and on my website.

II. HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU: The following categories describe different ways that I use and disclose health information. For each category of uses or disclosures I will explain what I mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways I am permitted to use and disclose information will fall within one of the categories.

For Treatment Payment, or Health Care Operations: Federal privacy rules (regulations) allow health care providers who have a direct treatment relationship with the patient/client to use or disclose the patient/client’s personal health information without the patient’s written authorization, to carry out the health care provider’s own treatment, payment or health care operations.

Disclosures for treatment purposes are not limited to the minimum necessary standard. Because therapists and other health care providers need access to the full record and/or full and complete information to provide quality care. The word “treatment” includes, among other things, the coordination and management of health care providers with a third party, consultations between health care providers and referrals of a patient for health care from one health care provider to another.

Lawsuits and Disputes: If you are involved in a lawsuit, I may disclose health information in response to a court or administrative order. I 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.

III. USES AND DISCLOSURES OF INFORMATION:

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1. Psychotherapy Notes. I do keep “psychotherapy notes” as that term is defined in 45 CFR § 164.501, and any use or disclosure of such notes requires your Authorization **unless** the use or disclosure is:

For my use in treating you, For my use in defending myself in legal proceedings instituted by you, For use by the Secretary of Health and Human Services to investigate my compliance with HIPAA, When required by law, such as for law enforcement in specific circumstances, Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes, Required by a coroner who is performing duties authorized by law, Required to help avert a serious threat to the health and safety of others.

2. Confidentiality will be waived if there is concern of harm to yourself or to others and in child abuse, elder abuse, or abuse of individuals with special needs.
3. Marketing Purposes. As a psychotherapist, I will not use or disclose your PHI for marketing purposes.
4. Sale of PHI. As a psychotherapist, I will not sell your PHI in the regular course of my business.

*In all other situations we will ask for your written authorization to disclose information. you can later revoke the authorization to stop any future uses & disclosures.*

IV. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION. If needed I can use and disclose your PHI without your Authorization for the following reasons:

1. When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.
2. For public health activities, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone’s health or safety.
3. For health oversight activities, including audits and investigations.
4. For judicial and administrative proceedings, including responding to a court or administrative order, although my preference is to obtain an Authorization from you before doing so.
5. For law enforcement purposes, including reporting crimes occurring on my premises.

6. To coroners or medical examiners, when such individuals are performing duties authorized by law.
7. Specialized government functions, including, ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counter-intelligence operations; or, helping to ensure the safety of those working within or housed in correctional institutions.
8. Appointment reminders and health related benefits or services. I may use and disclose your PHI to contact you to remind you that you have an appointment with me. I may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that I offer.

#### V. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT.

1. Disclosures to family, friends, or others. I may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

#### VI. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI:

1. The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask me not to use or disclose certain PHI for treatment, payment, or health care operations purposes. I am not required to agree to your request, and I may say “no” if I believe it would affect your health care.
2. The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full. You have the right to request restrictions on disclosures of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full.
3. The Right to Choose How I Send PHI to You. You have the right to ask me to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and I will agree to all reasonable requests.
4. The Right to See and Get Copies of Your PHI. Other than “psychotherapy notes,” you have the right to get an electronic or paper copy of your medical record and other information that I have about you. I will provide you with a copy of your record, or a

summary of it, if you agree to receive a summary, within 30 days of receiving your written request, and I may charge a reasonable, cost based fee for doing so.

5. **The Right to Get a List of the Disclosures I Have Made.** You have the right to request a list of instances in which I have disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided me with an Authorization. I will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list I will give you will include disclosures made in the last six years unless you request a shorter time. I will provide the list to you at no charge, but if you make more than one request in the same year, I will charge you a reasonable cost based fee for each additional request.
6. **The Right to Correct or Update Your PHI.** If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that I correct the existing information or add the missing information. I may say “no” to your request, but I will tell you why in writing within 60 days of receiving your request.
7. **The Right to Get a Paper or Electronic Copy of this Notice.** You have the right get a paper copy of this Notice, and you have the right to get a copy of this notice by e-mail. And, even if you have agreed to receive this Notice via e-mail, you also have the right to request a paper copy of it.

### ***Acknowledgement of Receipt of Privacy Notice***

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By checking the box below, you are acknowledging that you have received a copy of HIPAA Notice of Privacy Practices.

*updated 3.7.2025*

**BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.**

**Or BY SIGNING BELOW I AM AGREEING THAT I HAVE READ this agreement w/my minor child, the minor UNDERSTOOD AND AGREES TO THE ITEMS CONTAINED IN THIS DOCUMENT.**

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**Or BY SIGNING BELOW I AM AGREEING THAT I HAVE READ this consent w/my parent/caregiver, As a Minor I UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.**

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