



**GRACEFUL
GUIDANCE
THERAPEUTIC LLC**

914 364 2226
info@gracefulguidancetherapeutic.com
46471 Rosewood Dr.,
Lexington Park, MD, 20653

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

As a health care provider, I, Graceful Guidance Therapeutic LLC, am required by law to maintain the privacy of your protected health information (PHI). I am also obligated by law to tell you how PHI about you may be used and under what circumstances it may be disclosed. PHI is any individually identifiable information about your past, present, or future health or condition. PHI includes any information about the provision of health care services to you or the payment for any health care services. PHI includes written, spoken, or electronically recorded information. When you begin services here, I will ask you to sign a consent form agreeing to receive services from me. By signing the consent form, you are giving your permission to use your PHI for routine treatment, payment, or operations purposes:

1. **Treatment:** This would include sharing your information with employees, contractors, or other health care providers who are treating you or consulting in your care.
2. **Payment:** This would include your insurer or third-party payer who is responsible for paying all or part of the cost of your care.
3. **Health Care Operations:** This would include such things as contacting other health care providers regarding treatment alternatives; evaluating provider performance; training providers of care; legal and medical review of care provided; business planning and management; customer service; auditing, accreditation; certification, licensing, or credentialing activities.

A specific Authorization for Release of Medical Records that you may sign authorizes Graceful Guidance Therapeutic LLC to make a specific disclosure that is not covered above. A specific authorization will name the party to whom you are authorizing disclosure and will contain any limitations to disclose your records. You may revoke any authorization provided by giving a written notice of revocation.

Graceful Guidance Therapeutic LLC may be required by law to make disclosures of your record that you have not authorized. Examples are subpoenas in criminal or civil litigation, or requests/surveys by licensure agencies or the U.S. Department of Health and Human Services. Graceful Guidance Therapeutic LLC may need to use and disclose your protected health information when required by federal, state, or local law; if I have a reasonable suspicion of child abuse or neglect; if I have a reasonable suspicion of elder abuse or dependent adult abuse; if you tell me of a serious/imminent threat of physical violence by you against a reasonably identifiable victim or victims; or if you make a serious/imminent threat to harm yourself.



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Graceful Guidance Therapeutic LLC may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

You have the following rights with respect to your medical records/information:

1. You may obtain and inspect a copy of your protected health information. This right does not include inspection and copying of the psychotherapy notes; information gathered in anticipation of or use in civil, criminal, or administrative action or proceeding; and protected health information that is subject to law that prohibits access to protected health information. All requests to inspect and copy must be made in writing. Graceful Guidance Therapeutic LLC is entitled to charge you a reasonable fee related to the cost of photocopying your records.
2. You have the right to ask to amend your medical records/information. There are some limits to your ability to amend. Graceful Guidance Therapeutic LLC will not amend information that is complete and accurate, that is not created by Graceful Guidance Therapeutic LLC, or is not part of your protected health information that you would be permitted to inspect and copy. All requests to amend must be made in writing. If I do not agree with your request, an objection will be noted in your medical record.
3. You have the right to an accounting (list) of disclosures of your medical records/information made (except for those disclosures made to you or with your specific authorization that fall within the scope of the "health care operations" or disclosures made for payment or treatment purposes).
4. You have the right to request restrictions on the use and disclosure of your medical records/information; however, Graceful Guidance Therapeutic LLC is not required to agree to restrictions not guaranteed by law. You will be informed if I do not agree to a requested restriction. Your request must be made in writing, and you must tell this provider: (1) what information you want restricted, (2) whether you want to restrict use, disclosure, or both; (3) to whom you want the restriction to apply, and (4) an expiration date.
5. You have the right to receive confidential communications of your health information and may request that Graceful Guidance Therapeutic LLC communicate with you using alternative means. I will accommodate all reasonable requests, when possible.
6. You have the right to receive a paper copy of this notice.

If you believe that your privacy rights have been violated, you may file a complaint with me, Elisa A. Rampersad, LCSW-C, or with the Secretary of the U.S. Department of Health and



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Human Services. To file a complaint with me, please write or call with the details. There will be no retaliation, in any way, against you for making a complaint.

Graceful Guidance Therapeutic LLC is required by law to maintain the privacy of protected health information and to provide you with this notice of duties and practices, as well as changes to those practices. Graceful Guidance Therapeutic LLC reserves the right to change the privacy practices and to make new policies effective for all protected health information that is maintained. If such changes are made, I will post an updated "Privacy Notice to Patients" in the office.

This notice is effective 07/19/2024.

Signature of client (or person acting for client)

Date

Printed name Relationship to client:

- Self Parent Legal guardian
- Health care custodial parent of a minor (less than 14 years of age)
- Other person authorized to act on behalf of the client – specify