

Notice of Privacy Practices as of February 16, 2026
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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.** The term “patient” and “client” are used interchangeably.

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) requires all health care records and other individually identifiable health information “Protected Health Information” (PHI) used or disclosed to us in any form, whether electronically, on paper, or orally, be kept confidential. This federal law gives you, the patient, significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information. As required by HIPAA, I have prepared this explanation of how I am required to maintain the privacy of your health information and how I may use and disclose your health information.

The law requires that I obtain your signature acknowledging that I have provided you with this notice. If you have any questions, it is your right and obligation to ask so we can have a further discussion prior to signing this document.

LIMITS ON CONFIDENTIALITY

The law protects the privacy of all communication between a patient and a therapist. In most situations, I can only release information about your treatment to others if you sign a written authorization form that meets certain legal requirements imposed by HIPAA. There are some situations where I am permitted or required to disclose information without either your consent or authorization. If such a situation arises, I will limit my disclosure to what is necessary.

Without specific written authorization, I am permitted to use and disclose your health care records for the purposes of treatment, payment, and health care operations.

Treatment means providing, coordinating, or managing health care and related services by one or more health care providers. Examples of treatment would include psychotherapy, medication management, etc. I may use and disclose your health information internally in the course of your treatment and services. If I wish to provide information outside of my practice for your treatment by another health care provider, I will have you sign an authorization for release of information. Furthermore, an authorization is required for most uses and disclosures of psychotherapy notes (also called process notes).

Payment means such activities as obtaining reimbursement for services, billing, and collection activities. I may use and disclose your health information to obtain payment for services, billing or collection activities, and utilization review. I do not accept insurance at this time so an example would include billing a third-party payer other than an insurance company. All payments are due at the time services are rendered unless we have an agreement in writing that would require billing services.

Health Care Operations include the business aspects of running a practice. I may use and disclose your health information as part of my internal operations to improve activities, auditing functions, cost-management analysis, and customer service. For example, this could mean a periodic review of documentation protocols.

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Other situations where I may use and disclosure your confidential information without your authorization:

- If you are involved in a court proceeding and a request is made for information concerning your diagnosis and treatment, such information is protected by the psychotherapist-patient privilege law. I cannot provide any information without your (or your legal representative's) written authorization, or a court order, or if I receive a subpoena of which you have been properly notified and you have failed to inform me that you oppose the subpoena. If you are involved in or contemplating litigation, you should consult with an attorney to determine whether a court would be likely to order me to disclose information.
- If a government agency is requesting the information for health oversight activities, within its appropriate legal authority, usually in ways that contribute to the public good, such as public health and safety and for health research, I may be required to provide it for them.
- If a patient files a complaint or lawsuit against me, I may disclose relevant information regarding that patient in order to defend myself.
- If a patient files a worker's compensation claim, and I am providing necessary treatment related to that claim, I must, upon appropriate request, submit treatment reports to the appropriate parties, including the patient's employer, the insurance carrier or an authorized qualified rehabilitation provider.
- I may disclose the minimum necessary health information to my business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. My business associates sign agreements to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.
- I may also use your confidential information to remind you of an appointment by phone, text, or email or provide you with information about treatment options or other health-related services.
- I may release information to a medical examiner, coroner, or funeral director to identify a deceased individual or to identify the cause of death.

There are some situations in which I am legally obligated to take actions, which I believe are necessary to attempt to protect others from harm, and I may have to reveal some information about a patient's treatment:

- If I know, or have reason to suspect, that a child under 18 has been abused, abandoned, or neglected by a parent, legal custodian, caregiver, or any other person responsible for the child's welfare, the law requires that I file a report with the Florida Abuse Hotline. Once such a report is filed, I may be required to provide additional information.
- If I know or have reasonable cause to suspect that a vulnerable adult has been abused, neglected, or exploited, the law requires that I file a report with the Florida Abuse Hotline. Once such a report is filed, I may be required to provide additional information.
- If I believe that there is a clear and immediate probability of physical harm to the patient, to other individuals, or to society, I may be required to disclose information to take protective action, including communicating the information to the potential victim, and/or appropriate family member, and/or the police or to seek hospitalization of the patient.

Federal law protects records that identify a person as having applied for or received services related to substance use disorder under, including alcohol or drug use treatment (“SUD”) a special federal law (42 C.F.R. Part 2) that provides extra privacy safeguards. These special protections apply only if the records were created by a federally assisted (including accepting Medicare or Medicaid) substance use disorder treatment program, or I receive protected SUD treatment records from such a program. SUD records cannot

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be used or disclosed without your written permission (“authorization”) unless federal and state law allows it. Not all mentions of alcohol or drug use in your record are covered by this special law.

If your records are protected under the special SUD law:

- I will not share them without your written permission except in limited situations allowed by law.
- Your written permission may allow future sharing for treatment, payment, and healthcare operations as described below.
- Anyone who receives these protected records is generally not allowed to share them again without proper authorization.

CLIENT RIGHT’S

Right to Treatment – You have the right to ethical treatment without discrimination regarding race, ethnicity, gender identity, sexual orientation, religion, disability status, age, or any other protected category.

Right to Confidentiality – You have the right to have your health care information protected. If you pay for a service or health care item out-of-pocket in full, you can ask me not to share that information for the purpose of payment or my operations with your health insurer. I will agree to such unless a law requires us to share that information. NOTE: I do not accept insurance and therefore, all payments for services are out-of-pocket and due at the time services are rendered. I will not communicate with your insurance company for any reason unless required to do so by law. If you request reimbursement from your insurance company, all communication will be between you and your insurance company. I will provide you with information you request for that purpose.

Right to Request Restrictions – You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, I am not required to agree to a restriction you request.

Right to Receive Confidential Communications by Alternative Means and at Alternative Locations – You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. I will say “yes” to all reasonable requests.

Right to Inspect and Copy – You have the right to inspect or obtain a copy (or both) of PHI. Records must be requested in writing and release of information must be completed. Furthermore, there is a copying fee charge of \$1.00 per page. Please make your request well in advance and allow 30 days to receive the copies. If I refuse your request for access to your records, you have a right of review, which I will discuss with you upon request.

HIPAA provides special protections to certain medical records known “Psychotherapy Notes” also called “Process Notes”. Therapists are not required to record Psychotherapy Notes. “Psychotherapy Notes” are defined under HIPAA as notes recorded by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, couple, or family counseling session and that are separate from the rest of the following: (a) medication prescription and monitoring, (b) counseling session start and stop times, (c) the modalities and frequencies of treatment furnished, (d) the results of clinical tests, and (e) any summary of: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date. Emails, texts, and other communication are part of your medical record.

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If you are requesting Psychotherapy Notes (also called Process Notes). I will inform you if I have or have not recorded any such notes. In order for a medical provider to release “Psychotherapy Notes” to a third party, the client who is the subject of the Psychotherapy Notes must sign an authorization to specifically allow for the release of Psychotherapy Notes. Such authorization must be separate from an authorization to release other medical records.

Right to Amend – If you believe the information in your records is incorrect and/or missing important information, you can ask us to make certain changes, also known as amending, to your health information. You have to make this request in writing. You must tell me the reasons you want to make these changes, and I will decide if I will do so, and if I refuse to do so, I will tell you why within 60 days.

Right to a Copy of This Notice – If you received the paperwork electronically, you have a copy in your email. If you complete this paperwork in the office at your first session a copy will be provided to you. You may request a copy at any time. This Notice of Privacy Practices is also listed on my website under the Contact Tab and New Client Forms.

Right to an Accounting – You generally have the right to receive a list (accounting) of disclosures of PHI regarding you outside of treatment, payment, and health care operations. On your request, I will discuss with you the details of the accounting process.

Right to Choose Someone to Act for You – If someone is your legal guardian, that person can exercise your rights and make choices about your health information; I will make sure the person has this authority and can act for you before I take any action.

Right to Choose – You have the right to decide not to receive services with me. If you wish, I will provide you with names of other qualified professionals.

Right to Terminate – You have the right to terminate therapeutic services with me at any time without any legal or financial obligations other than those already accrued. I ask that you discuss your decision with me in session before terminating or at least contact me by text or email letting me know you are terminating services.

Right to Release Information with Written Consent – With your written consent, any part of your record can be released to any person or agency you designate. Together, we will discuss whether or not I think releasing the information in question to that person or agency might be harmful to you.

COMPLAINTS

If you have questions about your Protected Health Information (PHI) or are concerned that I have violated your privacy rights, or you disagree with a decision I made about access to your records, you may contact me at the addresses listed at the bottom of this page. You may also file a formal complaint with the Florida Department of Health on the MQA Online Complaint Portal www.online-complaint.mqa.flhealthsource.gov/practitioner or with the Secretary of the U.S. Department of Health and Human Services by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201 or calling 1.877.696.6775. I will not retaliate against you for filing a complaint.

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THERAPIST DUTIES

I am required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI. I reserve the right to change the privacy policies and practices described in this notice. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect. If I revise my policies and procedures, I will provide you with a revised notice in office during our session or by email during our virtual session.

At this time, Dr. Crystal Hollenbeck dba H3 Counseling, LLC does not use automated, AI-driven or generative technologies to process, analyze, or generate patient notes, clinical documentation, or communication. All Protected Health Information (PHI) is managed by Dr. Crystal Hollenbeck to ensure accuracy and confidentiality. If she decides to use AI tools in the future, she will inform you in writing.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Your signature below indicates that you have received a copy of the Notice of Privacy Practices from Dr. Crystal Hollenbeck dba H3 Counseling, LLC with an effective date of February 16, 2026.

Printed Name of Client: _____

Address of Client: _____

City: _____ State: _____ Zip Code: _____

Phone Number of Client: _____

Adult Client Signature: _____ Date: _____