

Notice of Privacy Practices

This notice is effective as of 07/15/2025 and describes how your health information may be used and shared, and how you can access this information. Please review it carefully.

Your Protected Health Information (PHI)

When you receive counseling services, certain information is collected and recorded about you. This is called Protected Health Information (PHI). It includes things like your name, date of birth, session notes, diagnosis, treatment plan, and billing details.

How I May Use and Share Your Information

I am allowed to use and share your PHI in the following ways:

- 1. For Treatment: To provide you with counseling services, coordinate your care, or consult with other healthcare providers (with your permission).*
- 2. For Payment: To bill and receive payment from you, your insurance company, or other sources for the services you receive.*
- 3. For Healthcare Operations: To improve the quality of services I provide, manage my practice, train staff (if applicable), and ensure legal compliance.*

Other Situations Where I May Be Required to Share Your PHI:

- When required by law (e.g., reporting abuse, danger to self or others, responding to a court order or subpoena).*
- For public health and safety (e.g., to prevent or control disease).*
- With government agencies for health oversight activities.*
- For law enforcement under limited circumstances.*

Note: I will never sell your information or use it for marketing without your written consent.

Your Rights

You have the right to:

- Get a copy of your records: Ask to see or get a copy of your counseling record. I may charge a reasonable fee for copies.*
- Ask for changes: You can request changes if you think your record is incomplete or incorrect.*
- Request a list of who I've shared your information with: You can ask for a record of who I've shared your PHI with, going back six years.*
- Request limits on what I share: You can ask me not to use or share certain information. I'll consider your request, but I may not be able to agree in every case.*
- Choose how I contact you: You can ask me to contact you by a specific method (e.g., phone, email, mail) or at a specific location.*

To exercise any of these rights, please submit a written request to me directly.

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My Duties

As your counselor, I am legally required to:

- *Keep your PHI private and secure.*
- *Provide you with this notice about how I use and protect your PHI.*
- *Follow the terms of this notice.*
- *Let you know if a breach of your PHI occurs that may have compromised your privacy or security.*

Complaints

If you believe your privacy rights have been violated, you have the right to file a complaint.

You can file a complaint with:

- *Me directly by submitting your concerns in writing.*
- *The U.S. Department of Health and Human Services (HHS) at:*
- *Office for Civil Rights*
- *U.S. Department of Health & Human Services*
- *200 Independence Avenue, S.W.*
- *Washington, D.C. 20201*
- *Phone: (877) 696-6775*
- *Website: www.hhs.gov/ocr/privacy/hipaa/complaints/*

You will not be retaliated against for filing a complaint.

Changes to This Notice

I may update this Notice of Privacy Practices from time to time. If I make a change, the new terms will apply to all the information I have, including information I collected before the change. You can always request the most current version by contacting me.

If you have any questions or want more information, please contact me directly:

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