

NOTICE OF PRIVACY PRACTICES

Evolution of Self Counseling and Consulting, LLC d/b/a Upstate Integrative Mind Counseling

Effective Date: 04/15/2026

This notice describes how your protected health information may be used and disclosed and how you can access that information. Please review it carefully.

Our Commitment to Your Privacy

We understand that your health information is personal. We are committed to protecting your protected health information (“PHI”) and maintaining the privacy of your records. We create and maintain records of the care and services you receive in order to provide quality care and comply with legal requirements.

We are required by law to:

- maintain the privacy of your PHI,
- provide you with this notice of our legal duties and privacy practices,
- follow the terms of the notice currently in effect, and
- notify you if a breach of unsecured PHI occurs when required by law.

We reserve the right to revise this notice at any time. Any revised notice will apply to all PHI we maintain and will be available upon request and on our website.

How We May Use and Disclose Your Information

For Treatment, Payment, and Health Care Operations

We may use and disclose your PHI without your written authorization for purposes of treatment, payment, and health care operations. For example, we may use your information to:

- provide therapy and related services,
- coordinate care or consult with other health care providers,
- bill and collect payment, and
- manage practice operations, including scheduling and appointment reminders.

Required by Law

We may use or disclose your PHI when required to do so by federal or state law.

Public Health and Safety

We may disclose PHI when necessary to report suspected abuse or neglect, prevent or reduce a serious threat to health or safety, or comply with other public health obligations.

Health Oversight Activities

We may disclose PHI to health oversight agencies for audits, investigations, licensure matters, and other lawful oversight activities.

Judicial or Administrative Proceedings

We may disclose PHI in response to a court order, subpoena, or other lawful legal process, as permitted or required by law.

Law Enforcement

We may disclose PHI for certain law enforcement purposes, including reporting crimes committed on the premises, as permitted by law.

Coroners, Medical Examiners, and Similar Duties

We may disclose PHI to coroners, medical examiners, or others authorized by law.

Workers' Compensation

We may disclose PHI as necessary to comply with workers' compensation laws.

Appointment Reminders and Practice Communications

We may use your PHI to contact you about appointments, scheduling, billing, or services that may be relevant to your care.

Uses and Disclosures Requiring Your Written Authorization

Psychotherapy Notes

If we maintain psychotherapy notes as defined by HIPAA, they will not be used or disclosed without your written authorization except in limited circumstances allowed by law, such as:

- for treatment by the originator,
- for training or supervision of mental health trainees or practitioners,
- for legal defense in proceedings brought by you,
- for lawful oversight by the U.S. Department of Health and Human Services, or
- when otherwise required or permitted by law.

Marketing

We will not use or disclose your PHI for marketing purposes without your written authorization.

Sale of PHI

We will never sell your PHI.

You may revoke an authorization at any time in writing, except to the extent we have already acted in reliance on it.

Situations Where You May Object or Agree

We may share relevant PHI with a family member, friend, or other person involved in your care or payment for your care if you agree, if you are given an opportunity to object and do not object, or if we determine it is in your best interest as permitted by law.

Your Rights Regarding Your PHI

You have the right to:

- request restrictions on certain uses and disclosures of your PHI,
- request restrictions on disclosure to a health plan when you have paid out of pocket in full for the relevant service, when applicable by law,
- request confidential communications, such as asking us to contact you at a different phone number or address,
- inspect and obtain a copy of your record, with limited exceptions,
- request an accounting of certain disclosures,
- request amendment or correction of your record if you believe information is incorrect or incomplete,
- receive a paper or electronic copy of this notice,
- designate another person to act on your behalf where legally authorized,
- revoke a prior authorization in writing, and
- file a complaint if you believe your privacy rights have been violated.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with our practice using the contact information below. You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. We will not retaliate against you for filing a complaint.

Contact Information

Evolution of Self Counseling and Consulting, LLC d/b/a Upstate Integrative Mind Counseling

3519 Pelham Road Suite 107
864-735-1062
www.upstateintegrativemind.com
www.evolutionofselfcounseling.org
admin@upstateintegrativemind.com

Changes to This Notice

We may change the terms of this Notice of Privacy Practices at any time. Any changes will apply to all PHI we maintain. The current notice will be available in our office and on our website.

A few notes before you use this:

- I would strongly consider updating the effective date.
- I would change all singular “I” language to “we” if this is meant to represent the DBA/practice rather than you individually.
- I streamlined it for readability, but this is not legal review. Since NPPs are compliance documents, it is worth having counsel or a HIPAA-compliance reviewer check the final version before publishing.