NOTICE OF PRIVACY PRACTICES (HIPAA Notice)

Your Information. Your Rights. Our Responsibilities.

Practice: Connecticut Integrative Counseling, LLC
Address: 14 Station Street, Suite 206, Simsbury, CT 06070

Privacy Contact: Suzi Sena, EdS, LPC
Phone: (860) 920-7070
Email: suzi@ctintegrativecounseling.com
Client portal: https://ctintegrativecounseling.secure-client-area.com/portal/

Effective Date: July 27, 2026

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

This Notice applies to protected health information (PHI) created or maintained by Connecticut Integrative Counseling, LLC in connection with psychotherapy, counseling, care coordination, billing, and related practice activities. PHI includes information that identifies you and relates to your physical or mental health, treatment, or payment for care.

1. Your Rights

You have the right to:

- Ask to inspect or obtain an electronic or paper copy of your clinical and billing record. I will generally respond within the time required by law and may charge a reasonable, cost-based fee. (Provided in 2 weeks and no fee)
- Ask to correct or amend information that you believe is inaccurate or incomplete. I may deny the request in some circumstances, but I will explain the decision in writing. (If I deny this request, the request and denial explanation will still become part of the medical record)
- Ask to contact you in a specific way or at a different address. I will accommodate reasonable requests.
- Ask to limit certain uses or disclosures. I am not always required to agree, except that if you pay for a service in full out of pocket, you may ask for me to not to disclose information about that service to a health plan for payment or health care operations unless disclosure is required by law. Most of my clients pay out of pocket for therapy, so there is no disclosure except as required by law for that reason. If someone is using out-of-network benefits or flex spending/ health savings accounts, then these disclosures may be made to a health plan.
- Receive an accounting of certain disclosures made during the six years before your request. Some disclosures, including many made for treatment, payment, health care operations, or at your direction, are not included.
- Receive a paper copy of this Notice at any time, even if you agreed to receive it electronically.
- Choose a personal representative who is legally authorized to act for you. I will verify that authority before taking action.
- File a complaint if you believe your privacy rights have been violated. I will not retaliate against you for filing a complaint.

2. Your Choices

For certain information, you may tell me what you want me to share. When you have a clear preference, please tell me and I will follow your instructions when the law allows.

- You may authorize me to share relevant information with family members, close friends, or others involved in your care or payment for your care.
- If you are unable to communicate your preference, I may disclose limited information when I believe it is needed to reduce a serious and imminent threat to health or safety.
- I will not use your information for marketing or sell your information.
- Connecticut Integrative Counseling does not conduct fundraising using client information.

3. How We May Use and Disclose Your Information

Federal law generally permits a covered health care provider to use and disclose PHI for treatment, payment, and health care operations without a separate authorization. Connecticut law provides additional confidentiality protections for mental health communications and records. When Connecticut law is more protective, I follow Connecticut law.

Treatment. I may use your information to provide, coordinate, or manage your care and, when legally permitted, communicate with other health professionals involved in your treatment. Unless there is an immediate safety concern or if I

am required by law, you (the client) will provide specific written individual consent to every health practitioner I collaborate with.

Payment. I may use and disclose information to obtain payment, determine benefits, submit out-of-network claims or superbills at your request, process payments, and address billing questions. Because this is a private-pay and out-of-network practice, disclosures to an insurer generally occur only when you request or authorize them or when otherwise permitted by law.

Health Care Operations. I may use information to operate the practice, improve services, conduct quality review, manage records, obtain legal or accounting services, maintain technology, and work with business associates who are contractually required to safeguard PHI.

Appointment and Service Communications. I may contact you about appointments, scheduling, treatment-related matters, billing, or other services. Please tell me the communication methods that are safe and appropriate for you.

4. Uses and Disclosures That May Occur Without Your Authorization

I may use or disclose only the information reasonably necessary when a disclosure is permitted or required by law. Examples may include:

- To report suspected child abuse or neglect, including when a child is at imminent risk of serious harm, as required by Connecticut law.
- To report suspected abuse, neglect, exploitation, abandonment, or need for protective services involving an elderly person, and other abuse reports required by Connecticut law.
- To prevent or reduce a serious or imminent threat to the health or safety of you or another person, including disclosures permitted under Connecticut law when there is a clear and present danger or risk of imminent injury.
- For health oversight activities authorized by law, including a Connecticut Department of Public Health investigation concerning a licensed practitioner.
- For workers' compensation matters, law enforcement requests, public health activities, medical examiner or funeral director functions, and other government activities, but only to the extent permitted or required by applicable law.
- In response to a valid court or administrative order, subpoena, or other legal process, subject to the heightened protections that apply to mental health records under Connecticut law.
- To defend the practice or clinician in a legal or administrative matter, collect fees, or consult with legal counsel or a professional liability carrier, when permitted by law.
- To notify you if a breach of unsecured PHI may have compromised the privacy or security of your information.

5. Connecticut Mental Health Confidentiality Protections

Connecticut law generally treats communications and records between a licensed professional counselor and a person receiving diagnosis or treatment as confidential and privileged. Except for limited statutory exceptions, such communications are not disclosed without the written consent of the client or the client's authorized representative. A written consent may be withdrawn in writing, although withdrawal does not affect disclosures already made in reliance on the consent.

Connecticut law may permit or require disclosure without consent in limited circumstances, including certain court-ordered evaluations, proceedings in which a person's mental health condition is placed at issue and a court orders disclosure, mandated abuse or neglect reports, health and safety emergencies, professional oversight, and other situations specifically authorized by law. I will seek to disclose only what is legally required or reasonably necessary.

Couples and relationship therapy. Records may include information provided by more than one participant. Privacy, access, authorization, and privilege questions can be more complex when multiple people participate in treatment. The practice will apply the law, the treatment agreement, and the circumstances of the request before releasing any record.

6. Psychotherapy Notes

Psychotherapy notes, as defined by HIPAA, are notes recorded by a mental health professional that document or analyze the contents of a counseling conversation and are kept separate from the medical record. They receive additional protection. Psychotherapy notes do not include information such as medication records, session times, treatment modalities and frequency, test results, diagnoses, functional status, treatment plans, symptoms, prognosis, or progress summaries.

7. Substance Use Disorder Records

To the extent that Connecticut Integrative Counseling receives, creates, or maintains substance use disorder patient records that are protected by 42 C.F.R. Part 2, those records receive additional federal protections. Part 2 records generally may not

be used or disclosed in civil, criminal, administrative, or legislative investigations or proceedings against you without your written consent or a qualifying court order and subpoena. Additional Part 2 restrictions may apply depending on the source and nature of the record.

8. Reproductive and Gender-Affirming Health Information

Connecticut law provides additional protection in certain civil, probate, legislative, and administrative proceedings for information relating to reproductive health care and gender-affirming health care that is permitted under Connecticut law. Such information generally will not be disclosed in those proceedings without the patient's explicit written consent, except as specifically permitted by law. You have the right to withhold that written consent. When the practice receives legal process seeking protected information, we will follow applicable Connecticut notice and response requirements.

9. Electronic Communications, Telehealth, and Business Associates

I use administrative, physical, and technical safeguards designed to protect PHI. I may use secure electronic health record, payment, scheduling, telehealth, cloud storage, telephone, fax, and other vendors that support the practice. When required, these vendors enter into business associate agreements and agree to protect PHI. No method of electronic communication can be guaranteed to be completely secure. You may request reasonable alternative methods of communication.

10. Our Responsibilities

- I am required by law to maintain the privacy and security of your PHI.
- I must follow the duties and privacy practices described in the Notice currently in effect.
- I will notify you as required by law if a breach may have compromised the privacy or security of your information.
- I will not use or disclose your information other than as described in this Notice unless you authorize us in writing or the law permits or requires the use or disclosure.
- You may revoke a written authorization at any time in writing, except to the extent we have already acted in reliance on it or another legal exception applies.

11. Questions and Complaints

Practice privacy questions or complaints: Contact Suzi Sena, EdS, LPC, Privacy Contact, at (860) 920-7070, suzi@ctintegrativecounseling.com, or write to Connecticut Integrative Counseling, LLC, 14 Station Street, Suite 206, Simsbury, CT 06070. If you are a client, please contact me through the client portal - https://ctintegrativecounseling.secure-client-area.com/portal/)

U.S. Department of Health and Human Services, Office for Civil Rights: You may submit a complaint to the Office for Civil Rights, 200 Independence Avenue, S.W., Washington, D.C. 20201; call 1-877-696-6775; or use the HHS online complaint process.

Connecticut Department of Public Health: You may file a complaint concerning a licensed health care practitioner with the Practitioner Investigations Unit, MS#12HSR, P.O. Box 340308, Hartford, CT 06134-0308; phone 860-509-7552; fax 860-707-1916; email DPH.PLISComplaints@ct.gov.

Connecticut Integrative Counseling will not retaliate against you for filing a complaint.

12. Changes to This Notice

I may change the terms of this Notice, and the revised Notice may apply to all PHI I maintain, including information created or received before the revision. The current Notice will be available upon request, posted in the office when required, and available on the practice website at ctintegrativecounseling.com.