

Notice of Privacy Practices (HIPAA)

** indicates a required field*

Notice of Privacy Practices Update Effect 01/31/2026:

This notice describes how health information about you may be used and disclosed and how you can get access to this information. Please read this notice carefully and ask any questions you have if any portion of this document is unclear.

Your personal health information (PHI) is information about you which includes demographic information, information collected that may reasonably identify you, and payment for the provision of your received healthcare services. Cardinal Counseling & Yoga, LLC is required by law to maintain the privacy of your PHI and adheres to the strict privacy standards set at the level of state and federal law.

Cardinal Counseling & Yoga, LLC is required to by law to provide you with this notice and the privacy practices in regards to you PHI as well as abide by and maintain the terms of the notice that is currently in effect. You will be asked to sign the Notice of Privacy Practices acknowledging receipt of this notice.

Acknowledgement of Receipt of the Notice of Privacy Practices:

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) you have rights regarding the use and disclosure of your PHI.

I. Therapists Commitment Regarding Personal Health Information:

Your therapist understands that PHI about you and your healthcare is personal. PHI may include demographic information, information collected that may reasonably identify you, and payment for the provision of your received healthcare services. Cardinal Counseling & Yoga, LLC is committed to to protecting your PHI and is required to do so by law by maintaining strict privacy standards. You have the right to be informed and will receive notification from Cardinal Counseling & Yoga, LLC in the event of any breach in security of your PHI.

Once established as a client at Cardinal Counseling & Yoga, LLC the therapist will create a secure electronic health record of the care and services you receive within the practice. This electronic health record is is necessary to provide quality care, but also to comply with the legal requirements as this notice applies to all of the records of the care you receive at Cardinal Counseling & Yoga, LLC.

This notice outlines the ways in which your therapist may use and disclose your PHI. Under federal law, your therapist is required to:

1. Maintain the privacy of your PHI including Substance Use Disorder (SUD) information
2. Provide you with this notice outlining Cardinal Counseling & Yoga, LLC and your therapist's legal duties and privacy practices in regards to PHI
3. Comply with the terms of the notice that is currently in effect

Cardinal Counseling & Yoga, LLC reserves the right to to revise the privacy practices at any time, you will be notified in the event of a change in the privacy practices, and you will be provided with a revised copy of the notice. The new notice will be available at any time upon request and on the practice website for reference. Should revisions occur, the new notice of privacy practices will apply to all of your PHI maintained in the practice.

II. How PHI May be Used and Disclosed:

Cardinal Counseling & Yoga, LLC maintains mental health treatment records, diagnostic information, billing information, communications, assessment data, progress notes, psychotherapy notes, electronic communications, and Substance Use Disorder (SUD) related information that is specifically protected by 42 CFR Part 2. The following categories describe different ways that Cardinal Counseling & Yoga, LLC may use and/or disclose your PHI.

Emergency Contact:

Cardinal Counseling & Yoga, LLC requests that you identify an emergency contact of your choosing (i.e.. family member, relative, partner, close friend, etc.) for the purpose of assisting to secure your safety and wellbeing in the event of a true emergency situation (medical or mental health crisis). Cardinal Counseling & Yoga, LLC may use and/or disclose your PHI to your identified emergency contact.

Treatment:

Cardinal Counseling & Yoga, LLC may use and/or disclose your PHI to provide you with medical treatment and related services. We may use and/or disclose PHI to provide, coordinate, and manage your mental health. This includes consultation with other providers, clinical supervision, or treating healthcare professional. If permitted to do so, Cardinal Counseling & Yoga, LLC may also disclose your PHI to individuals of facilities that will be involved in your care after you end treatment with the practice or for other treatment-related reasons. Cardinal Counseling & Yoga, LLC may also use and/or disclose your PHI in an emergency situation.

Payment:

Cardinal Counseling & Yoga, LLC may use and/or disclose your PHI to accurately bill and receive payment for treatment and related services you receive at the practice. For billing and payment purposes, Cardinal Counseling & Yoga, LLC may disclose your health information to your payment source (including an insurance or managed care company, Medicaid, or another third party payer). This PHI may include, but is not limited to diagnosis, dates of attendance, progress notes, and treatment plans.

Healthcare Operations:

Cardinal Counseling & Yoga, LLC may use and/or disclose your PHI for necessary operations of the practice and to oversight agencies for activities authorized by law (i.e. audits, investigations, inspections, licensure, and disciplinary actions).

Law Enforcement, Lawsuits, and Disputes:

There are some instances where Cardinal Counseling & Yoga, LLC may be required to use and disclose your PHI without your consent. For example, in the event that you and/or your child or children report information about physical or sexual abuse, your therapist is obligated by Connecticut State Law, Florida State Law, and Illinois State Law to report this to the Department of Children and Families.

Similarly, if you provide information that informs your therapist that you are in danger of harming yourself or others, or if a crime is committed against your therapist, the therapist is obligated to report this information to the appropriate authorities. In some cases, information required by law such as a subpoena, court order, or administrative order may be disclosed (this is only if efforts have been made to tell you about the request or to obtain an order protecting the information requests).

Cardinal Counseling & Yoga, LLC may disclose your PHI for law enforcement purposes if permitted or required to do so by law (i.e. report gunshot wounds, emergencies/suspicious deaths, comply with court order/warrant, or to answer requests concerning crimes).

Cardinal Counseling & Yoga, LLC will share your PHI if federal and state laws require it for the practice to comply with the federal privacy law.

Averting Serious Threat:

Cardinal Counseling & Yoga, LLC may use and/or disclose your PHI when necessary to prevent a serious threat to your health and safety or the health and safety of the public/another individual. Any disclosure of your PHI would be intended to specifically prevent the threat.

Military and National Security:

Cardinal Counseling & Yoga, LLC may use and/or disclose your PHI, if required by law, to authorized federal officials for the conduct of lawful intelligence and national security activities authorized by law.

Public Health Authorities:

Cardinal Counseling & Yoga, LLC may use and/or disclose your PHI to public health authority that is authorized by law to collect such information if it should relate to the

purpose of preventing/controlling disease, injury, or disability with the vital statistics or in notifying a public health authority with information relating to a person exposed with a disease/condition of being at risk of contracting/spreading a disease/condition.

Business Associates:

Cardinal Counseling & Yoga, LLC may use some services provided by business associates (such as billing, accounting, clinical or legal consultants, etc.). In order for these services to perform their duties, PHI disclosure may be warranted. In this circumstance, Cardinal Counseling & Yoga, LLC will obtain a Business Associate Agreement (BAA) ensuring HIPAA and privacy compliance.

III. Uses and Disclosures Requiring Client Authorization:

Cardinal Counseling & Yoga, LLC will require you to sign a written Release of Information Form (consent form) to use or disclose your PHI for certain operations. As permitted by state or federal law (outside of the exceptions indicated in this notice) Cardinal Counseling & Yoga, LLC will not disclose your PHI without this written authorization. These written and signed authorizations specify the particular disclosures that you choose to allow and can be revoked, in writing, at any time. Should you decide to revoke the authorization, Cardinal Counseling & Yoga, LLC will no longer use and/or disclose your PHI for the purposes identified on the authorization except where the practice had already relied on the authorization.

Psychotherapy Notes:

Your therapist at Cardinal Counseling & Yoga, LLC will keep psychotherapy notes (as defined by statute 45 CFR 164.501) and progress notes. Any use or disclosure of such notes requires your authorization (through a written and signed release of information) unless the use or disclosure is:

1. For your therapist's use in treating you

2. For your therapist's use in training and/or supervising mental health practitioners to help them improve their skills in group, joint family, or individual counseling/therapy
 3. For your therapist's use in defending themselves in legal proceedings instituted by you
 4. For use by the Secretary of Health and Human Services to investigate your therapist's compliance with HIPAA
 5. Required by law and the use or disclosure is limited to the requirements of such law
 6. Required by law for certain health oversight activities pertaining to the originator of the notes
 7. Required by coroner who is performing duties required by law
 8. Required to help avert a serious threat to the health and safety of others
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Marketing Purposes:

Cardinal Counseling & Yoga, LLC will not use or disclose your PHI for marketing purposes unless there is a written and signed authorization from you.

Sale of Personal Health Information:

Cardinal Counseling & Yoga, LLC will not sell your PHI in the course of their business unless there is a written and signed authorization from you.

IV. Certain Uses and Disclosures That Do Not Require Your Authorization:

Subject to certain limitations in the law, your therapist can use and disclose your PHI without your authorization for the following reasons:

1. When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law
 2. For public health activities, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing serious threat to anyone's health or safety
 3. For health oversight activities including audits and investigations
 4. For judicial and administrative proceedings including responding to court or administrative order
 5. For law enforcement purposes including reporting crimes occurring to the practice and/or therapist
 6. To coroners or medical examiners when such individuals are performing duties authorized by law
 7. For research purposes, including studying and comparing the mental health of patients who received one form of therapy versus those who received another form of therapy for the same condition
 8. Specialized government functions including ensuring the proper execution of military mission, protecting the President of the United States, conducting intelligence operations, or helping ensure the safety of those working within our housed in correctional institutions
 9. For Workers' Compensation purposes, although therapist's preference is to obtain a written and signed authorization
 10. Use of electronic health systems; Cardinal Counseling & Yoga, LLC uses a variety of electronic systems including and not limited to email, telehealth platforms, SMS reminders, electronic health records (EHR), patient portals, and digital documentation tools (AI). Electronic communication may carry inherent risks including possible unauthorized access. While Cardinal Counseling & Yoga, LLC uses HIPAA-compliant electronic platforms and safeguards, absolute security can not be guaranteed. Cardinal Counseling & Yoga, LLC may use and/or disclose your PHI to contact you to remind you of your appointments. They may also use and/or disclose your PHI to tell you about treatment alternatives, other healthcare services, or benefits that the practice offers. You may opt-out of email, SMS, or other electronic communications at any time.
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V. Special Rules Regarding Disclosure of Behavioral Health, Substance Use, Reproductive Health, and HIV-Related Information:

Special restrictions may apply for disclosure concerning PHI relating to care for psychiatric conditions, substance use, or HIV-related testing and treatment. Cardinal Counseling & Yoga, LLC may not disclose this specific protected information in response to a subpoena, warrant, or other legal process unless a written and signed Release of Information (ROI) is obtained or a court orders the practice to disclose the information.

Behavioral Health Information:

Cardinal Counseling & Yoga, LLC will use and/or disclose your PHI for treatment, payment, and healthcare operations as permitted/required by law. Otherwise, Cardinal Counseling & Yoga, LLC will only use and/or disclose your PHI pursuant to a written and signed authorization, court order, or as required by law.

Substance Use Treatment Information:

PHI identifying you as someone receiving treatment for a Substance Use Disorder (SUD) is specifically protected. If you are treated in a specialized substance use program the confidentiality of such related patient records is protected by federal law and regulations (42 CFR Part 2). Therefore, Cardinal Counseling & Yoga, LLC follows the following regulations:

1. Cardinal Counseling & Yoga, LLC may not disclose Part 2 SUD information without your written and signed authorization unless one of the limited part 2 exceptions apply
2. Once disclosed with your consent, Part 2 information is subject to HIPAA re-disclosure allowances except for use in civil, criminal, or administrative investigations or proceedings against you without a court order
3. All disclosures must include the federally required prohibition on unauthorized re-disclosure

4. Cardinal Counseling & Yoga, LLC complies with heightened breach of notification rules covering Part 2 information

Violation of these federal laws and regulations is a crime and suspected violations may be reported to appropriate authorities in accordance with federal regulation.

Reproductive Healthcare:

Based upon new regulations in 2026, when receiving requests for PHI that relate to reproductive healthcare it is required that providers receive an attestation confirming that the information requested is not used for a prohibited activity and signed by the requesting party/individual prior to the reproductive health information being disclosed pursuant to HIPAA exceptions.

If the disclosure is permitted, the covered entity must obtain a signed attestation from the requester confirming that the request does not have a prohibited purpose. A valid attestation must contain certain required elements (Cardinal Counseling & Yoga, LLC utilizes the Attestation Form created by HHS to comply with this requirement, which serves as a reminder to the requester that improperly obtaining PHI is a serious legal offense).

HIV- Related Information:

HIV-Related information may be disclosed as permitted or required by law.

VI. Certain Uses and Disclosures That You Have The Opportunity To Object to:

Your provider may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your healthcare, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

VII. You Have The Following Rights With Respect To Your PHI:

1. The right to request limits on used and disclosures of your PHI:
 - You have the right to request your therapist not use or disclose certain PHI for treatment, payment, or healthcare operation purposes; this request must be presented in writing. Your therapist is not required to agree to your request and they will decline if they believe it would impede ethical requirements or negatively affect your healthcare.

2. The right to issue a complaint:
 - If you believe your privacy rights have been violated by Cardinal Counseling & Yoga, LLC you may file a complaint with the practice and/or Secretary of Health and Human Services. **HHS Office of Civil Rights at (800) 368-1019 or by emailing at OCRMail@hhs.gov**
 - Privacy Officer:** Cardinal Counseling & Yoga, LLC C/O Renee Cummings, LCSW PO Box 136142 Clermont, FL 34713 Phone: 863-243-6606 or email: reneecummingslcsw@hushmail.com
 - This will not result in penalty or retaliation from the practice and reasonable effort will be made to resolve the complaint with you.

3. The right to choose how your therapist sends PHI to you:
 - You have the right to ask your therapist to contact you in a specific way (i.e. home or office phone) or to send mail to a different address and the therapist will agree to all reasonable requests.

4. The right to see and get copies of your PHI:
 - Other than "Psychotherapy Notes" you have the right to get an electronic or paper copy of your medical record and other information that the practice has about you. Your therapist will provide you with a copy of your record (or a summary of it if you agree to receive a summary) within 15 days of receiving your written request. You may be charged a reasonable, cost based fee for doing so.

5. The right to get a list of disclosures that your therapist has made:
 - You have the right to request a list of instances in which your therapist has disclosed your PHI for purposes other than treatment, payment, or healthcare operations, or for which you provided them with an authorization. They will respond to your request for an accounting of disclosure within 60 days of receiving your request. The list provided to you will be disclosures made in the last six years unless your request has a shorter time. They will provide the list to you are not charge, but if you make more than one request in the same year, you will be charged a reasonable cost based fee for each additional request.

6. The right to correct, update, or amend your PHI:
 - If you believe there is a mistake in your PHI, or that a piece of information is missing from your PHI, you have the right to request that your therapist corrects the existing information or adds the missing information. They may decline your request, but will inform you why in writing within 30 days of receiving your request.
7. The right to breach notifications:
 - The practice is required by law to notify you following a breach of your PHI. These notifications include individual notice, HHS notice, and media notice when required.
8. The right to get a paper or electronic copy of this notice:
 - You have the right to get a paper copy of this notice and you have the right to get a copy of this notice by email. Even if you agreed to receive copy of this notice by email you also have a right to request a paper copy of it.

VIII. Acknowledgement of Receipt of Privacy Notice

Under the Health Insurance and Portability and Accountability Act of 1996 (HIPAA) you have certain rights regarding the use and disclosure of your protected health information. By signing below, you acknowledge that you have received a copy of HIPAA Notice of Privacy Practices.

*** By signing, I am agreeing that I have read the preceding paragraphs, understood and agree to its provisions. By signing, I acknowledge that I have had an opportunity to ask any questions that I may have; my signature indicates that my questions have been answered to my satisfaction.**

I consent to sharing information provided here.
