

Annalise's Counseling and Consulting, LLC
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NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. YOU MAY HAVE ADDITIONAL RIGHTS UNDER STATE AND LOCAL LAW. PLEASE SEEK LEGAL COUNSEL FROM AN ATTORNEY LICENSED IN YOUR STATE IF YOU HAVE QUESTIONS REGARDING YOUR RIGHTS TO HEALTH CARE INFORMATION.

EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on April 29, 2026.

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

Under the Health Insurance Portability and Accountability Act of 1996 (hereafter, "HIPAA"), you have certain rights regarding the use and disclosure of your protected health information (hereafter, "PHI").

I. MY PLEDGE REGARDING HEALTH INFORMATION:

I understand that health information about you and your health care is personal. I am committed to protecting health information about you. I create a record of the care and services you receive from me. I need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by this mental health care practice. This notice will tell you about the ways in which I may use and disclose health information about you. I also describe your rights to the health information I keep about you, and describe certain obligations I have regarding the use and disclosure of your health information.

I am required by law to:

- Make sure that PHI that identifies you is kept private.
- Give you this notice of my legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect.
- I can change the terms of this Notice, and such changes will apply to all the information I have about you. The new Notice will be available upon request, in my office, and on my website.

II. HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:

The following categories describe different ways that I use and disclose health information. For each category of uses or disclosures I will explain what I mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways I am permitted to use and disclose information will fall within one of the categories.

For Treatment Payment, or Health Care Operations: Federal privacy rules (regulations) allow health care providers who have direct treatment relationship with the patient/client to use or disclose the patient/client's personal health information without the patient's written authorization, to carry out the health care provider's

own treatment, payment or health care operations. I may also disclose your PHI for the treatment activities of any health care provider. This too can be done without your written authorization. For example, if a clinician were to consult with another licensed health care provider about your condition, we would be permitted to use and disclose your PHI, which is otherwise confidential, in order to assist the clinician in diagnosis and treatment of your health condition. I may also use your PHI for operations purposes, including sending you appointment reminders, billing invoices and other documentation.

Disclosures for treatment purposes are not limited to the minimum necessary standard. Because therapists and other health care providers need access to the full record and/or full and complete information in order to provide quality care. The word "treatment" includes, among other things, the coordination and management of health care providers with a third party, consultations between health care providers and referrals of a patient for health care from one health care provider to another.

Lawsuits and Disputes: If you are involved in a lawsuit, I may disclose health information in response to a court or administrative order. I may also disclose health information about you or your minor child(ren) in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:

1. **Psychotherapy Notes.** I do keep "psychotherapy notes" as that term is defined in 45 CFR § 164.501, and any use or disclosure of such notes requires your Authorization unless the use or disclosure is:
 - a. For my use in treating you.
 - b. For my use in training or supervising mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy.
 - c. For my use in defending myself in legal proceedings instituted by you.
 - d. For use by the Secretary of the Department of Health and Human Services (HHS) to investigate my compliance with HIPAA.
 - e. Required by law and the use or disclosure is limited to the requirements of such law.
 - f. Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes.
 - g. Required by a coroner who is performing duties authorized by law.
 - h. Required to help avert a serious threat to the health and safety of others.
2. **Marketing Purposes.** I will not use or disclose your PHI for marketing purposes without your prior written consent. For example, if I request a review from you and plan to share the review publically online or elsewhere to advertise my services or my practice, I will provide you with a release form and HIPAA authorization. The HIPAA authorization is required in the instance that your review contains PHI (i.e., your name, the date of the service you received, the kind of treatment you are seeking or other personal health details). Because you may not realize which information you provide is considered "PHI," I will send you a HIPAA authorization and request your signature regardless of the content of your review. Once you complete the HIPAA authorization, I will have the legal right to use your review for advertising and marketing purposes, even if it contains PHI. You may withdraw this consent at any time by submitting a written request to me via the email address I keep on file or via certified mail to my address. Once I have received your written withdrawal of consent, I will remove your review from my website and from any other places where I have posted it. I cannot guarantee that others who may

have copied your review from my website or from other locations will also remove the review. This is a risk that I want you to be aware of, should you give me permission to post your review.

3. **Sale of PHI.** I will not sell your PHI.

IV. USES AND DISCLOSURES THAT DO NOT REQUIRE YOUR AUTHORIZATION.

Subject to certain limitations in the law, I can use and disclose your PHI without your Authorization for the following reasons. I have to meet certain legal conditions before I can share your information for these purposes:

1. Appointment reminders and health related benefits or services. I may use and disclose your PHI to contact you to remind you that you have an appointment with me. I may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that I offer.
2. 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.
3. For public health activities, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone's health or safety.
4. For health oversight activities, including audits and investigations.
5. For judicial and administrative proceedings, including responding to a court or administrative order or subpoena, although my preference is to obtain an Authorization from you before doing so if I am so allowed by the court or administrative officials.
6. For law enforcement purposes, including reporting crimes occurring on my premises.
7. To coroners or medical examiners, when such individuals are performing duties authorized by law.
8. 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.
9. Specialized government functions, including, ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counterintelligence operations; or, helping to ensure the safety of those working within or housed in correctional institutions.
10. For workers' compensation purposes. Although my preference is to obtain an Authorization from you, I may provide your PHI in order to comply with workers' compensation laws.
11. For organ and tissue donation requests.

V. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT.

Disclosures to family, friends, or others: You have the right and choice to tell me that I may provide your PHI to a family member, friend, or other person whom you indicate is involved in your care or the payment for your health care, or to share you information in a disaster relief situation. The opportunity to consent may be obtained retroactively in emergency situations to mitigate a serious and immediate threat to health or safety or if you are unconscious.

VI. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI:

1. The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask me not to use or disclose certain PHI for treatment, payment, or health care operations purposes. I am not required to agree to your request, and I may say "no" if I believe it would affect your health care.
2. The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full. You have the right to request restrictions on the disclosure of your PHI to health plans for payment or health care operations

purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full.

3. The Right to Choose How I Send PHI to You. You have the right to ask me to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and I will agree to all reasonable requests.
4. The Right to See and Get Copies of Your PHI. Other than in limited circumstances, you have the right to get an electronic or paper copy of your medical record and other information that I have about you. Ask us how to do this. I will provide you with a copy of your record, or if you agree, a summary of it, within 30 days of receiving your written request. I may charge a reasonable cost based fee for doing so.
5. The Right to Get a List of the Disclosures I Have Made. You have the right to request a list of instances in which I have disclosed your PHI for purposes other than treatment, payment, or health care operations, and other disclosures (such as any you ask me to make). Ask me how to do this. I will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list I will give you will include disclosures made in the last six years unless you request a shorter time. I will provide the list to you at no charge, but if you make more than one request in the same year, I will charge you a reasonable cost based fee for each additional request.
6. The Right to Correct or Update Your PHI. If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that I correct the existing information or add the missing information. I may say “no” to your request, but I will tell you why in writing within 60 days of receiving your request.
7. 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. And, even if you have agreed to receive this Notice via email, you also have the right to request a paper copy of it.
8. The Right to Choose Someone to Act For You. If you have given someone medical power of attorney or if someone is your legal guardian, that person can make choices about your health information.
9. The Right to Revoke an Authorization.
10. The Right to Opt out of Communications and Fundraising from our Organization.
11. The Right to File a Complaint. You can file a complaint if you feel I have violated your rights by contacting me using the information on page one or by filing a complaint with the HHS Office for Civil Rights located at 200 Independence Avenue, S.W., Washington D.C. 20201, calling HHS at (877) 696-6775, or by visiting www.hhs.gov/ocr/privacy/hipaa/complaints. I will not retaliate against you for filing a complaint.

VII. CHANGES TO THIS NOTICE

I can change the terms of this Notice, and such changes will apply to all the information I have about you. The new Notice will be available upon request, in my office and on my website.

Details of How My Organization (Annalise's Counseling and Consulting, LLC) Obtains SMS Opt-In

My SMS platform provider, Spruce Health, specializes in powering medical communications across many channels, including SMS text messaging, which is used by many healthcare practices to communicate with patients and others outside of the practice.

Please note that I, from time to time, make use of agreements that are not available on any public website, such as agreements on paper forms or agreements that are accessible only via private online forms. So while I am faithfully and consistently gathering SMS opt-ins via specific contractual language, as described below, this language is not necessarily present on any publicly available website.

Paper SMS Consent Form

I use the following paper form in my standard agreement paperwork in order to collect opt-in consent for SMS texting. When an end user visits Annalise's Counseling and Consulting, LLC, they are presented with the following paper form, or a substantially similar form, to fill out and complete to obtain SMS opt-in consent.

Annalise's Counseling and Consulting, LLC SMS Consent Form

Consent to Receive SMS Text Messages

I consent to receive SMS text message communications from Annalise's Counseling and Consulting, LLC, using Spruce Health as its SMS text messaging service provider, at the mobile phone number I provide. These communications may include appointment reminders, appointment changes or cancellations, account or care-related notifications, or administrative messages related to the services provided to me. I understand that providing consent to receive text messages is not a condition of receiving care or services.

Text Message Details

I understand that message frequency may vary and that standard message and data rates may apply based on my mobile carrier and plan. SMS messages are used for scheduling, administrative activities, and care-related communications. SMS opt-in and consent data will not be shared with any third parties.

Opt-Out and Help

I understand that I may revoke my consent at any time by texting "STOP" to (540) 835-5241. After opting out, I will receive a confirmation message confirming that I have been unsubscribed. For assistance, I may text "HELP" or contact Annalise's Counseling and Consulting, LLC at (540) 835-5241.

Text Message Origin

I understand that SMS text messages from Annalise's Counseling and Consulting, LLC may originate from the following organizational phone numbers:

- (540) 835-5241

Additional Information

More information about Annalise's Counseling and Consulting, LLC's SMS communications and privacy practices is available at:

- SMS Terms of Service:
[/terms-and-privacy-policy/8c66a21ccb8dd54d9ff30f14bf040fceedad280501c780ddeb7685003937b375 #sms-terms-of-service](#)
- SMS Privacy Policy:
[/terms-and-privacy-policy/8c66a21ccb8dd54d9ff30f14bf040fceedad280501c780ddeb7685003937b375 #sms-privacy-policy](#)

Consent Acknowledgment

Please indicate your choice below:

- Yes, I consent to receive SMS text messages from Annalise's Counseling and Consulting, LLC
- No, I do not consent to receive SMS text messages from Annalise's Counseling and Consulting, LLC

Mobile Phone Number for Text Messages

Please provide the mobile phone number where you would like to receive SMS text message communications from Annalise's Counseling and Consulting, LLC.

Mobile Phone Number: _____

By providing this mobile phone number, I confirm that I am the authorized user of this number and that I consent to receive SMS text messages at this number as described above.

Signature: _____

Printed Name: _____

Date: _____

Verbal Consent

SMS opt-in consent may also be obtained verbally during an appointment with an end user. In the case of verbal opt-in, Annalise's Counseling and Consulting, LLC uses a script substantially similar to the following:

Annalise's Counseling and Consulting, LLC Staff: "For your convenience, Annalise's Counseling and Consulting, LLC, using Spruce Health as its SMS text messaging service provider, can send you text message updates related to your care, such as appointment reminders, scheduling updates, and other administrative or care-related messages. Message frequency may vary, and standard message and data rates may apply based on your mobile plan.

You can opt out at any time by replying STOP, or get help by replying HELP. Additional details are available in our [SMS Terms of Service](#) and [SMS Privacy Policy](#), which we will provide to you.

Would you like to receive these text messages? Please say yes or no."

[End User]: "Yes."

Annalise's Counseling and Consulting, LLC Staff: "Thank you. What is the mobile phone number you would like us to use for text messages?"

[End User]: "[Provides mobile number]"

Annalise's Counseling and Consulting, LLC Staff: "Great. We will send you a text message to confirm your enrollment shortly."

Annalise's Counseling and Consulting, LLC SMS Privacy Policy & Terms of Service

My SMS platform provider, Spruce Health, supplied me with model verbiage to use in conjunction with my standard agreement paperwork in order to collect opt-in consent for SMS texting which can be reviewed below in the "SMS Text Messaging Terms of Service" and "SMS Text Messaging Privacy Policy."

When I submitted my registration, I indicated that I had incorporated that language, or substantially similar language, into my standard agreements; therefore, the SMS platform provider has submitted this attestation, on my behalf:

Our standard terms of service and privacy policy describe our SMS text messaging program. Users receive SMS messages only after providing separate, affirmative consent to opt in, as described in "Details of How My Organization (Annalise's Counseling and Consulting, LLC) Obtains SMS Opt-In."

Please note that I, from time to time, make use of agreements that are not available on any public website, such as agreements on paper forms or agreements that are accessible only via private online forms. So while I am faithfully and consistently gathering SMS opt-ins via specific contractual language, as described below, this language is not necessarily present on any publicly available website.

SMS Text Messaging Terms of Service

"Annalise's Counseling and Consulting, LLC" SMS Text Messaging Terms of Service

These SMS Text Messaging Terms of Service (these "SMS Terms") are incorporated into all agreements between you and "Annalise's Counseling and Consulting, LLC" ("our organization", "us", "we"), including any agreements that are preexisting and any agreements that might be enacted contemporaneously with these SMS Terms.

"Annalise's Counseling and Consulting, LLC" might use SMS text messaging, from time to time, for certain types of communication with you, including potentially for administrative issues, such as billing, or for health-related issues, such as care reminders.

By opting in, you agree to receive SMS text messages from "Annalise's Counseling and Consulting, LLC" related to services that we are providing to you. Message and data rates may apply, and message frequency varies. You may text us STOP at any time to opt out of receiving SMS text messages from us. You may text us HELP at any time to receive help. Carriers are not liable for any delayed or undelivered messages.

Our SMS Text Messaging Privacy Policy can be reviewed here:

[/terms-and-privacy-policy/8c66a21ccb8dd54d9ff30f14bf040fcecddad280501c780ddeb7685003937b375 #sms-privacy-policy](#)

You understand that SMS text messages from "Annalise's Counseling and Consulting, LLC" may originate from our organizational phone numbers, including:

- (540) 835-5241

SMS Text Messaging Privacy Policy

We respect your privacy and are committed to protecting your personal information. Any information collected as part of our SMS or text messaging program, including mobile phone numbers, messaging consent, and opt-in data, is used solely for the purpose of providing the messaging services you have opted-in to receive. No mobile opt-in data or text messaging consent information will be shared, sold, rented, or disclosed to any third parties, except as required to deliver the messaging service or to comply with applicable laws.