

RSC Notice of Privacy Practices

Riverstone Counseling

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Effective Date of This Notice: September 22, 2025

NOTICE OF PRIVACY PRACTICES

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

I. My Pledge Regarding Health Information

I understand that health information about you and your health care is personal. I am committed to protecting that information. I create a record of the care and services you receive from me to provide quality care and comply with certain legal requirements.

This notice describes how I may use and disclose your health information, your rights, and my legal duties to protect it. I am required by law to:

- Keep your protected health information (PHI) private.
- Give you this notice describing my legal duties and privacy practices.
- Follow the terms of the notice that is currently in effect.

I may change this notice at any time, and such changes will apply to all information I maintain. You will be provided a copy of the updated notice through your secure client portal or upon request at your next session.

II. How I May Use and Disclose Health Information About You

The following categories describe different ways I may use and disclose health information. Examples are provided, but not every use or disclosure is listed.

For Treatment, Payment, or Health-Care Operations:

I may use or disclose your PHI to provide, coordinate, or manage your treatment and related services. For example, I may consult with another licensed provider to assist with diagnosis or treatment. Disclosures for treatment purposes are not limited to the "minimum necessary" rule, as providers require complete information to ensure quality care.

Lawsuits and Disputes:

If you are involved in a lawsuit or legal proceeding, I may disclose health information in response to a court or administrative order, subpoena, or lawful request, but only after reasonable efforts have been made to notify you or to secure a protective order.

Other Uses and Disclosures:

Any uses or disclosures not described in this notice will be made only with your written authorization. You may revoke such authorization in writing at any time, except to the extent that action has already been taken in reliance on it.

III. Certain Uses and Disclosures Requiring Your Authorization

- **Psychotherapy Notes:** I maintain "psychotherapy notes" as defined in 45 CFR §164.501. Any use or disclosure of such notes requires your written authorization except in limited circumstances (for example, for my own treatment use, training or supervision, to defend myself in legal proceedings, or when required by

law). Psychotherapy notes are kept separate from your general clinical record and are generally excluded from your standard right of access.

- **Marketing:** I will not use or disclose your PHI for marketing purposes.
 - **Sale of PHI:** I will not sell your PHI in the regular course of business.
 - **Fundraising:** Riverstone Counseling does not use or disclose your information for fundraising purposes.
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IV. Certain Uses and Disclosures That Do Not Require Your Authorization

I may use or disclose your PHI without your authorization for the following purposes, consistent with state and federal law:

- **When required by law.**
- **Public health activities:** including reporting suspected abuse or neglect of a child, elder, or vulnerable adult, or preventing/reducing a serious threat to anyone's health or safety.
 - In Utah, suspected child abuse or neglect must be reported to the Division of Child and Family Services (DCFS).
 - Suspected vulnerable-adult abuse, neglect, or exploitation must be reported to Adult Protective Services (APS).
- **Health oversight activities:** including audits, inspections, or investigations.
- **Judicial or administrative proceedings:** in compliance with a lawful order or subpoena.
- **Law enforcement purposes:** including reporting crimes on my premises.
- **Coroners and medical examiners:** for their lawful duties.
- **Research:** when approved or permitted by law.
- **Specialized government functions:** such as military, national security, or correctional safety purposes.
- **Workers' compensation:** to comply with applicable laws.
- **Appointment reminders and health-related services:** I may contact you to remind you of appointments or inform you about services or treatment alternatives.

Utah Duty to Warn/Protect: If you communicate a specific and immediate threat of serious bodily injury or death to an identifiable person, I may take reasonable steps to protect potential victims, including notifying law enforcement or the intended victim, as required by Utah Code § 78B-3-502.

V. Certain Uses and Disclosures That Require You to Have the Opportunity to Object

I may share limited information with a family member, friend, or other person involved in your care or payment unless you object. In emergencies, I may share information as appropriate and obtain your consent later.

VI. Your Rights Regarding Your Health Information

You have the following rights under federal and Utah law:

- **Request limits on uses or disclosures.** You may ask me to restrict how I use or disclose your PHI for treatment, payment, or operations. I am not required to agree if doing so would affect your care.
- **Restrict disclosures to health plans** for services you pay for in full out-of-pocket.
- **Request confidential communications** (e.g., alternate mailing address or phone). I will accommodate reasonable requests.
- **Inspect and obtain copies of your PHI** (except psychotherapy notes). I will respond within 30 days, with one 30-day extension if necessary, and may charge a reasonable, cost-based fee. You may request electronic copies or direct me to send a copy to a third party.
- **Receive an accounting of disclosures** for purposes other than treatment, payment, or operations.
- **Request correction or amendment** of your PHI if you believe it is incomplete or incorrect. I may deny your request, but will provide a written explanation within 60 days.

- **Receive a paper or electronic copy** of this notice at any time, even if you agreed to receive it electronically.
 - **Be notified of a breach** of your unsecured protected health information.
 - **Personal Representatives:** I will recognize an authorized representative (such as a parent, guardian, or health-care power of attorney) unless doing so is not permitted by law or would endanger you.
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VII. Complaints

If you believe your privacy rights have been violated, you may file a complaint with any of the following:

Privacy Contact:

Morgan Stanley, LCMHC

Riverstone Counseling

Phone: (385) 501-4134 Email: morgan@riverstoneutah.com

U.S. Department of Health & Human Services, Office for Civil Rights:

200 Independence Avenue SW, Room 509F, HHH Building

Washington, DC 20201

Website: <https://www.hhs.gov/ocr/privacy/hipaa/complaints/>

Phone: (800) 368-1019 TDD: (800) 537-7697

Utah Division of Occupational and Professional Licensing (DOPL):

Heber M. Wells Building, 160 E 300 S, 2nd Floor

P.O. Box 146741, Salt Lake City, UT 84114-6741

Phone: (801) 530-6628 Toll-Free (866) 275-3675

Website: <https://dopl.utah.gov>

You will not be retaliated against for filing a complaint.

Acknowledgment of Receipt of Privacy Notice

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

By signing below, I acknowledge that I have received a copy of this Notice of Privacy Practices.

My signature is **not required to receive treatment**, and signing does **not waive any of my rights** under HIPAA or Utah law.