Privacy Notice

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED.

PLEASE REVIEW IT CAREFULLY.

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

We may use or disclose your protected health information (PHI), for treatment, payment, consultation and health care operations purposes with your consent. These definitions clarify these terms:

- "*PHI"* refers to information in your record that could identify you.
- *"Treatment, Payment and Health Care Operations"*
    - *Treatment* is when we provide, coordinate, or manage your care and other services related to your care.
    - An example of treatment would be when we consult with another provider, such as a psychologist or psychiatrist.
    - *Payment* is when we obtain reimbursement for your care.
    - *Care Operations* are activities that relate to the performance and operation of our therapy practice. Examples of our practice include quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
- "*Use*" applies only to activities within our office, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- "*Disclosure*" applies to activities outside of our office, such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

We may use or disclose PHI for purposes outside of treatment, payment, consultation and care operations.

- An "*authorization"* is permission beyond general consent that permits only specific disclosures. In these instances when we ask for information for purposes outside of treatment, we will obtain an authorization from you before releasing this information. We will also obtain authorization before releasing your psychotherapy notes.
- *"Psychotherapy notes"* are notes we have made about our conversations during private, group, or family counseling sessions, which we have kept separate from the rest of your record. These notes hold a greater degree of protection than PHI.

III. Uses and Disclosures with Neither Consent nor Authorization

We may use or disclose PHI without your consent or authorization in the following circumstances:

- **Child Abuse, Maltreatment or Neglect:** If we have reasonable cause to suspect that a child is, or is at risk of being, abused, maltreated, or neglected, we will take action to protect that child, including full cooperation with the authorities or entities responsible for the child's safety.
- **Threat to Health or Safety:** We may disclose your confidential information to protect you from self-harm, including your failure to follow safety-related directives, or to protect others if you make threats or harming statements toward any staff member, director, or representative of our practice. Threats, harassment, or attempts to harm the practice may result in termination of services and legal action.
- **Consultations:** We may disclose information about you in consultation with other mental health or psychiatric professionals.

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IV. Patient's Rights and Therapist's Duties

Patient's Rights:

- *Right to Request Restrictions* – You have the right to request restrictions on certain uses and disclosures of protected health information about you. We may agree to these restrictions at our discretion.
- *Right to Amend* – You have the right to request an amendment of PHI for as long as the PHI remains in our record. We may agree to these amendments at our discretion.
- *Right to a Paper Copy* – You have the right to obtain a paper copy of the notice from us upon request, even if you have agreed to receive the notice electronically.

Therapist's Duties:

- We will maintain the privacy of PHI and provide you with a notice of our duties and privacy practices with respect to PHI.
- We reserve the right to change the privacy policies and practices described in this notice.
- The current version of this agreement is available on our website at www.therapyhelpcenter.com.

V. Questions and Complaints

If you have questions about this notice or disagree with a decision we make about access to your records, or have other concerns about your privacy rights, you may contact our office at 081 930 0100 or electronically at "help@therapyhelpcenter.com."

VI. Effective Date and Changes to Privacy Policy

This notice was last revised on August 1, 2026.
We reserve the right to modify the terms of this notice at any time.

ACKNOWLEDGMENT

I, _____, acknowledge that I have been provided a copy of the **PRIVACY NOTICE** and that I have read, understood, and consent to the uses and disclosures of my protected health information described in it, prior to beginning counseling services with the Therapy Help Center Co., LTD.

SIGNATURE: _____

DATE: _____

Digital Signature (optional):

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