

Notice of Privacy Practices

Effective Date: 10/24/2026

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

During the course of providing services, Hope in Harmony, LLC creates and maintains records containing Protected Health Information ("PHI") about you. Protected Health Information includes information that identifies you and relates to your past, present, or future physical or mental health, the health care services you receive, or payment for those services.

Our Commitment to Your Privacy

Hope in Harmony, LLC is committed to protecting the privacy and confidentiality of your PHI. This Notice describes how your information may be used and disclosed, your rights regarding your health information, and our legal responsibilities under the Health Insurance Portability and Accountability Act (HIPAA) and applicable federal and Georgia law.

Our Legal Duties

Hope in Harmony, LLC is required by law to protect the privacy and security of your PHI, provide you with this Notice of Privacy Practices, follow the terms of the Notice currently in effect, and notify you if a breach of your unsecured PHI occurs.

We reserve the right to revise this Notice at any time. Any revisions will apply to all PHI maintained by Hope in Harmony, LLC and will be available upon request and, if applicable, on our website.

How We May Use and Disclose Your Health Information

Treatment

Your PHI may be used and disclosed for the purpose of providing, coordinating, or managing your mental health treatment and related health care services. This may include consultation with your other healthcare providers involved in your care when appropriate.

At times, consultation with another licensed mental health professional may be clinically beneficial to support the quality of your care. Unless otherwise permitted or required by law, information shared during these consultations is limited to the minimum necessary, and identifying information will be disclosed only with your authorization when required.

If coordination of care with another provider outside of Hope in Harmony, LLC is clinically indicated, we will request your written authorization before sharing information unless disclosure is otherwise permitted or required by applicable law.

Payment

We may use or disclose your PHI as necessary to obtain payment for services provided. This may include verifying insurance eligibility and benefits when applicable, billing insurance companies or other third-party payers, coordinating with applicable third-party billing or payment services, collecting copayments, deductibles, self-pay balances, or other amounts due, and processing payments through secure payment vendors such as IvyPay.

Health Care Operations

We may use or disclose your PHI to support the operation of our practice. This may include quality improvement activities, practice administration, compliance with legal and professional requirements, and services provided by business associates (such as billing, telehealth, secure messaging, cloud storage, or payment processing). Business associates are required by law and their agreements with Hope in Harmony, LLC to safeguard your PHI.

Telehealth

Because Hope in Harmony provides telehealth services, your PHI may be transmitted electronically using HIPAA-compliant technology. Reasonable safeguards are used to protect your privacy; however, no electronic communication system can guarantee absolute security.

Electronic Communication

Secure electronic communication may be used for appointment reminders, scheduling, billing, or limited clinical communication through approved platforms such as Spruce. Email and text messaging carry additional privacy risks, which are discussed in the Telehealth Consent Form.

Uses and Disclosures Without Your Written Authorization

Federal and state law permit Hope in Harmony, LLC to use or disclose your PHI without your written authorization in certain circumstances, including:

- **As required by law**, including mandatory reporting and compliance with applicable federal or state laws.
- **To prevent or lessen a serious threat** to your health or safety or the health or safety of another person, when permitted by law and consistent with professional ethical standards.
- **To report suspected abuse or neglect**, including child abuse, abuse of vulnerable adults, or elder abuse, when required by law.
- **For judicial or administrative proceedings**, including in response to a court order, subpoena, or other lawful legal process, as permitted or required by law.
- **For certain law enforcement purposes**, when required or permitted by HIPAA and other applicable laws.

Certain substance use disorder treatment records may be protected by additional federal confidentiality requirements under 42 CFR Part 2. When Hope in Harmony, LLC receives or maintains records subject to Part 2, those records will be used and disclosed only as permitted by applicable law. Such records generally may not be used or disclosed in legal proceedings against

the patient without the patient's specific written consent or a qualifying court order and accompanying legal process.

Uses Requiring Your Written Authorization

Except as described elsewhere in this Notice, we will obtain your written authorization before using or disclosing your Protected Health Information for purposes not otherwise permitted by law. This includes most disclosures not otherwise permitted by HIPAA, most uses and disclosures of psychotherapy notes, marketing communications, and the sale of PHI.

You may revoke your authorization at any time by providing written notice, except to the extent that action has already been taken in reliance on your authorization.

Your Rights Regarding Your PHI

You have the following rights regarding the PHI. To exercise any of these rights, please submit your request in writing to the Privacy Officer.

- **Right to Inspect and Receive a Copy:** You have the right to inspect and obtain a copy of your PHI maintained, subject to certain legal exceptions. A reasonable, cost-based fee may apply as permitted by law.
- **Right to Request an Amendment:** If you believe your PHI is inaccurate or incomplete, you may request that it be amended. We will review your request and respond in accordance with applicable law.
- **Right to Request Restrictions:** You may ask us to limit how your health information is used or shared. We will consider your request and honor it when required by law, including certain requests involving services you paid for yourself.
- **Right to Request Confidential Communications:** You may request that we communicate with you in a specific way or at a specific location, such as through a secure messaging platform, by telephone, or at an alternate mailing address. We will accommodate reasonable requests whenever possible.
- **Right to Receive an Accounting of Disclosures:** You may request an accounting of certain disclosures of your PHI that are not related to treatment, payment, healthcare operations, or other disclosures excluded by law.
- **Right to Receive a Copy of This Notice:** You have the right to receive a paper copy of this Notice at any time, even if you previously agreed to receive it electronically.
- **Right to File a Complaint:** If you believe your privacy rights have been violated, you may file a complaint with Hope in Harmony, LLC or with the U.S. Department of Health and Human Services, Office for Civil Rights. Contact information for the Privacy Officer is provided below. You will not be retaliated against for filing a complaint or exercising any of your rights under HIPAA.

Privacy Officer Contact Information

Alecia Kidd, DMFT, LMFT, LPC

Phone: 706-705-5815

Email: akidd@hopeinharmony.sprucecare.com