

# \*Notice of Privacy Practices - HIPAA AND Informed Consent

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**Healthy Mind Counseling and Wellness, Inc. – Lisa Corcoran, LCSW/LICSW**

## **NOTICE OF PRIVACY PRACTICES and Informed Consent**

(Effective Date: June 24, 2026)

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### **MY PLEDGE REGARDING HEALTH INFORMATION**

I understand that your health information is personal and I am committed to protecting your Protected Health Information (PHI). I create records of the care and services you receive in order to provide treatment, obtain payment, and support health care operations.

This Notice explains how your PHI may be used and disclosed, your rights regarding your PHI, and my legal duties to protect it. I am required by law to:

- Maintain the privacy of your PHI
- Provide you with this Notice of Privacy Practices
- Follow the terms of this Notice currently in effect
- I am also required by law to provide you with adequate notice of your rights and my legal duties if I create or maintain records protected by 42 C.F.R. Part 2

I will notify you as required by law in the event of a breach involving your unsecured Protected Health Information.

I may update this Notice at any time, and changes will apply to all PHI I maintain. The current Notice is available in my office and on my website: <https://lisa-corcoran.clientsecure.me/>

Services are provided only to clients physically located in Connecticut, Massachusetts, or Florida at the time of service, where I hold an active clinical license. You are responsible for ensuring you are physically located in an approved state during all telehealth sessions and for notifying me immediately if your location changes.

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### **HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU**

#### **1. Treatment, Payment, and Health Care Operations (TPO)**

I may use or disclose PHI without your written authorization for:

**Treatment:** Providing, coordinating, or managing your care, including consultation with other providers.

**Payment:** Obtaining payment for services, including insurance billing and claims processing.

**Health Care Operations:** Practice administration, quality improvement, scheduling, and care coordination.

Certain Substance Use Disorder (SUD) records may be subject to additional protections under 42 C.F.R. Part 2.

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#### **2. Uses and Disclosures Not Requiring Authorization**

PHI may also be used or disclosed as permitted or required by law, including:

- Public health activities
- Health oversight activities
- Abuse or neglect reporting
- Judicial and administrative proceedings
- Law enforcement purposes
- Coroners and medical examiners
- Organ and tissue donation

- Research approved by oversight bodies
  - Government functions
  - Workers' compensation
  - Business associates under HIPAA-compliant agreements
  - Other disclosures required by law
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### 3. Uses and Disclosures Requiring Authorization

**Substance Use Disorder (SUD) Counseling Notes:** I may maintain "SUD counseling notes," which are notes recorded by a substance use disorder provider documenting the contents of a counseling session.

Any use or disclosure of SUD counseling notes requires your separate written authorization, which cannot be combined with authorization for other types of records, except as permitted under 42 C.F.R. Part 2.

You may revoke your authorization at any time, except to the extent I have already acted in reliance on it.

**Psychotherapy Notes:** Psychotherapy notes require written authorization except for:

- Clinical supervision or consultation
- Legal defense in proceedings initiated by you
- HHS compliance investigations
- When required by law
- To prevent or lessen serious and imminent harm

**Marketing and Sale of PHI:** I will not use or disclose PHI for marketing or sale without written authorization.

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### YOUR RIGHTS REGARDING PHI

You have the right to:

- Request restrictions on certain uses or disclosures
  - **Right to Restrict Insurance Disclosures (Required): You have the right to restrict disclosure of PHI to your health plan for services paid in full out-of-pocket, and I am required by law to honor this request.**
  - Request confidential communications
  - Inspect and obtain copies of records (excluding psychotherapy notes and restricted SUD records)
  - Request amendments to records
  - Receive an accounting of disclosures
  - Receive an accounting of disclosures related to Substance Use Disorder (SUD) records protected under 42 C.F.R. Part 2
  - Obtain a copy of this Notice at any time
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### Use of AI-Assisted Clinical Documentation Tools

I may use HIPAA-compliant AI-assisted tools within SimplePractice, including Note Taker and Care Aide, as part of clinical documentation, treatment planning, and health care operations.

These tools may be used with clinician-entered clinical information and, when consent is provided, with audio recordings of sessions. This may include session summaries, intake data, and treatment planning content.

These tools may assist with:

- Summarizing clinical information and intake materials
- Supporting treatment planning and care coordination
- Organizing and structuring clinical documentation
- Assisting with review of clinical history and progress

All AI-generated content is reviewed, edited, and approved by the clinician and does not replace clinical judgment or decision-making.

De-identified information may be used in accordance with HIPAA regulations to support improvement of clinical tools and system functionality, unless the client opts out where applicable.

AI tools are used solely to support the clinician's documentation and workflow and do not communicate directly with clients, diagnose conditions, or provide treatment.

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## COMPLAINTS

If you believe your privacy rights have been violated, you may contact:

Lisa Corcoran, LCSW/LICSW Healthy Mind Counseling and Wellness, Inc. Contact information available upon request

You may also file a complaint with:

U.S. Department of Health and Human Services, Office for Civil Rights [www.hhs.gov/ocr/privacy/hipaa/complaints](https://www.hhs.gov/ocr/privacy/hipaa/complaints) 1-877-696-6775

You will not be retaliated against for filing a complaint.

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## THERAPEUTIC CONSENT & CONFIDENTIALITY

Confidentiality is maintained except in cases of:

- Risk of serious harm to self or others
- Suspected abuse or neglect
- Court order or legal requirement
- Other situations required by law

Insurance companies may require limited disclosure for payment or authorization purposes.

I may consult with other professionals to support your care while maintaining confidentiality when possible.

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## RECORDS RETENTION

Records are maintained securely for at least 7 years after termination of services or longer if required by law.

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## ACKNOWLEDGMENT OF PRIVACY PRACTICES

By signing, I acknowledge that I have received and reviewed this Notice of Privacy Practices and understand how my Protected Health Information (PHI) may be used and disclosed.

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## MEDICAL DISCLAIMER

I, Lisa Corcoran, LCSW/LICSW, am a licensed clinical social worker and not a physician or medical provider. Information provided in therapy is not medical advice or medical diagnosis.

Clients are encouraged to consult a medical provider regarding medical concerns, medications, or physical health conditions.

In a medical emergency, call 911 or go to the nearest emergency department.