GGC PLLC Notice of Privacy Practices HIPAA & 42 CFR 8.31.26

Grounded Growth Counseling PLLC – Michigan

NOTICE OF PRIVACY PRACTICES

Effective Date: August 31, 2026

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU 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 information about you and your health care is personal. I am committed to protecting your health information. 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 records of your care generated by Grounded Growth Counseling PLLC. This Notice explains the ways in which I may use and disclose your protected health information ("PHI"), your rights regarding the health information I maintain about you, and my legal obligations regarding the use and disclosure of your health information.

I am required by law to:

- Maintain the privacy and security of PHI that identifies you.
- Give you this Notice describing my legal duties and privacy practices regarding your health information.
- Follow the terms of the Notice of Privacy Practices currently in effect.
- Notify affected individuals following a breach of unsecured protected health information.
- Provide you with information about your rights and my legal duties regarding records protected by 42 C.F.R. Part 2 when those protections apply.

I may change the terms of this Notice, and any changes may apply to all information I maintain about you. A revised Notice will be available upon request, through the practice, and through any location where the practice makes its Notice of Privacy Practices available.

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

The following categories describe ways in which I may use and disclose your health information. Not every possible use or disclosure is listed. However, permitted uses and disclosures will generally fall within one of the categories described below.

Treatment, Payment, and Health Care Operations

Federal privacy laws generally permit health care providers who have a direct treatment relationship with a client to use or disclose PHI without the client's written authorization for treatment, payment, and health care operations.

Treatment: I may use or disclose your health information to provide, coordinate, or manage your treatment. For example, I may consult with another licensed health care provider involved in your care or make a referral to another health care professional when appropriate.

Payment: I may use or disclose your health information to obtain payment for services provided to you. For example, I may submit information regarding services provided, diagnoses, dates of service, or other information required by your health insurance company to process a claim.

Health Care Operations: I may use or disclose your health information for activities necessary to operate the practice. Examples may include quality improvement, billing, credentialing, compliance activities, audits, business administration, and reviewing services provided.

Disclosures for treatment purposes are generally not subject to the HIPAA minimum necessary standard because health care providers may need sufficient information to provide appropriate care.

If Grounded Growth Counseling PLLC maintains records that are protected by 42 C.F.R. Part 2, those records receive additional federal confidentiality protections. Where permitted by Part 2, you may provide consent allowing certain future uses and disclosures of Part 2 records for treatment, payment, and health care operations. Part 2 records remain subject to additional protections and restrictions, including restrictions on their use in legal proceedings against you.

Lawsuits and Disputes

If you are involved in a lawsuit or legal proceeding, I may disclose health information in response to a valid court or administrative order or as otherwise permitted or required by law.

I may also receive subpoenas, discovery requests, or other lawful requests for health information. When required by law, appropriate steps will be taken before information is disclosed, which may include notifying you, obtaining your authorization, or determining whether an appropriate protective order or other legal requirement has been satisfied.

Records protected by 42 C.F.R. Part 2 generally may not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you unless you provide specific written consent or the use or disclosure is authorized by a court order that meets the requirements of Part 2.

III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION

1. Psychotherapy Notes

If I maintain **psychotherapy notes** as that term is defined under HIPAA at 45 C.F.R. § 164.501, most uses or disclosures of those notes require your written authorization.

Authorization is generally not required when the use or disclosure is:

- For my own use in treating you.
- For training or supervision of mental health practitioners when permitted by law.
- For use in defending myself in a legal proceeding initiated by you.
- For use by the U.S. Department of Health and Human Services to investigate compliance with HIPAA.
- Required by law and limited to the requirements of that law.
- Required for certain health oversight activities concerning the originator of the psychotherapy notes.
- Required by a coroner or medical examiner performing legally authorized duties.
- Necessary as permitted by law to prevent or lessen a serious and imminent threat to health or safety.

2. Substance Use Disorder Records

When applicable, Grounded Growth Counseling PLLC may create or maintain records related to substance use disorder diagnosis, assessment, referral, or treatment that are protected by 42 C.F.R. Part 2 or other applicable federal or Michigan law.

When records are protected by Part 2, certain uses or disclosures may require your written consent. Where permitted by law, a consent may authorize certain future uses and disclosures for treatment, payment, and health care operations.

Part 2 records are also subject to special protections concerning their use in civil, criminal, administrative, or legislative proceedings against you.

You may revoke an authorization or consent in writing when permitted by law, except to the extent that action has already been taken in reliance on it.

3. Marketing

I will not use or disclose your PHI for marketing purposes when your authorization is required by law unless you provide the required authorization.

4. Sale of PHI

I will not sell your PHI in the regular course of business.

IV. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION

Subject to applicable state and federal law, I may use or disclose PHI without your written authorization in circumstances including:

1. **When required by law:** When disclosure is required by federal, state, or local law and the disclosure complies with the applicable legal requirements.
2. **Public health and safety activities:** For legally authorized public health activities or when necessary and permitted by law to prevent or reduce a serious threat to health or safety.
3. **Abuse or neglect reporting:** When I am required or permitted by law to report suspected abuse, neglect, exploitation, or other circumstances subject to mandatory reporting requirements.
4. **Health oversight activities:** For legally authorized audits, investigations, inspections, licensing activities, or other governmental oversight.
5. **Judicial and administrative proceedings:** In response to certain court or administrative orders or other legal processes when the requirements of applicable law have been satisfied.
6. **Law enforcement purposes:** For certain law enforcement purposes when permitted or required by law.
7. **Coroners and medical examiners:** To coroners or medical examiners performing duties authorized by law.
8. **Research:** For certain research activities when the requirements of applicable privacy laws have been satisfied.
9. **Specialized government functions:** For certain legally authorized government functions, including military, national security, protective services, or correctional institution activities.
10. **Workers' compensation:** To comply with workers' compensation laws and other similar legally established programs.
11. **Appointment reminders and health-related services:** I may use your health information to contact you regarding appointments or to provide information about treatment alternatives, health-related services, or benefits that may be relevant to your care.

V. CERTAIN USES AND DISCLOSURES REQUIRE AN OPPORTUNITY TO AGREE OR OBJECT

1. Family, Friends, or Others Involved in Your Care

I may disclose relevant portions of your PHI to a family member, friend, or other person you identify as being involved in your care or payment for your health care, when permitted by law.

Whenever reasonably possible, I will provide you with an opportunity to agree or object to such disclosures.

In emergency situations or when you are unable to communicate your wishes, disclosures may be made when permitted by law and when professional judgment indicates the disclosure is in your best interest.

2. Fundraising

Grounded Growth Counseling PLLC does not routinely use client PHI for fundraising activities.

If records protected by 42 C.F.R. Part 2 are ever proposed to be used or disclosed for fundraising in circumstances permitted by law, any required consent, authorization, or opportunity to opt out will be provided.

VI. YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

1. Right to Request Restrictions

You have the right to ask me not to use or disclose certain PHI for treatment, payment, or health care operations.

I am generally not required to agree to your request unless otherwise required by law.

2. Right to Restrict Disclosure to a Health Plan for Services Paid in Full

If you pay out-of-pocket in full for a specific health care item or service, you may request that I not disclose information about that specific service to your health plan for payment or health care operations purposes.

When the requirements of HIPAA are met, I am required to honor this restriction.

3. Right to Request Confidential Communications

You have the right to request that I communicate with you in a particular way or at a particular location.

For example, you may request that I contact you only at a certain telephone number, email address, or mailing address.

I will accommodate reasonable requests.

4. Right to Inspect and Obtain Copies of Your PHI

You generally have the right to inspect or obtain an electronic or paper copy of the medical and billing records maintained about you.

Certain information may be excluded from this right of access under applicable law, including psychotherapy notes as defined by HIPAA and certain other records protected from access by law.

I will generally respond to a request for access within the time period required by applicable law.

A reasonable, cost-based fee may be charged when permitted by law.

5. Right to an Accounting of Disclosures

You have the right to request an accounting of certain disclosures of your PHI.

The accounting generally does not include disclosures made for treatment, payment, or health care operations or disclosures you specifically authorized, except when otherwise required by law.

I will respond to requests for an accounting within the time required by applicable law.

The accounting generally covers disclosures made during the six years preceding your request unless you request a shorter period.

The first accounting within a 12-month period will be provided without charge. A reasonable cost-based fee may apply to additional requests when permitted by law.

Additional accounting rights may apply to records protected under 42 C.F.R. Part 2.

6. Right to Request an Amendment

If you believe information in your record is incorrect or incomplete, you have the right to request an amendment.

I may deny the request under certain circumstances permitted by law. If the request is denied, you will receive information regarding the denial and any additional rights you may have.

7. Right to a Copy of This Notice

You have the right to obtain a paper or electronic copy of this Notice of Privacy Practices.

Even if you agreed to receive this Notice electronically, you may request a paper copy.

VII. QUESTIONS AND COMPLAINTS

If you have questions about this Notice of Privacy Practices, have concerns about how your protected health information has been handled, or believe your privacy rights have been violated, you may contact:

Privacy Officer
Grounded Growth Counseling PLLC
2265 Livernois Rd, Suite 260A
Troy, MI 48083
Phone: 248-677-1594

You may also file a complaint with the **U.S. Department of Health and Human Services, Office for Civil Rights**.

Grounded Growth Counseling PLLC will **not retaliate against you for filing a complaint, raising a privacy concern, or exercising any of your rights under HIPAA or other applicable privacy laws.**

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

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, you acknowledge that you have received or been provided access to Grounded Growth Counseling PLLC's Notice of Privacy Practices.

By signing below, I acknowledge that I have received or been provided access to this Notice of Privacy Practices.

If acknowledgment is not obtained:
□ Client declined to sign
□ Client was unable to sign
□ Other: _____

Notice provided on: _____
Staff/Provider initials: _____