



Effective Date: January 1, 2026

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

### 1. Our Commitment to Your Privacy

Our practice is dedicated to maintaining the privacy of your Protected Health Information (PHI). In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you.

### 2. How We May Use and Disclose Your PHI

We may use and disclose your PHI for the following purposes:

- **Treatment:** We may use your PHI to provide, coordinate, or manage your care. For example, we may disclose PHI to another healthcare provider involved in your treatment.
- **Payment:** We may use and disclose your PHI to bill and collect payment for the services we provide (e.g., contacting your insurance company for reimbursement).
- **Healthcare Operations:** We may use your PHI to operate our practice, ensuring we provide high-quality care, and for administrative purposes.
- **Required by Law:** We will disclose PHI when required by federal, state, or local law.

### 3. Special Circumstances (Mandatory Reporting)

We may use or disclose your PHI without your authorization in the following "Duty to Warn" or safety situations:

- To avert a serious threat to health or safety (to yourself or others).
- In cases of suspected child, elder, or dependent adult abuse or neglect.
- In response to a court order or subpoena.
- For workers' compensation or similar programs.

### 4. Your Rights Regarding Your PHI

You have the following rights regarding the PHI we maintain about you:

- **Right to Inspect and Copy:** You have the right to inspect and obtain a copy of your clinical records.
- **Right to Amend:** If you feel the PHI we have is incorrect or incomplete, you may ask us to amend the information.
- **Right to an Accounting of Disclosures:** You may request a list of certain disclosures we have made of your PHI for purposes other than treatment, payment, or operations.
- **Right to Request Restrictions:** You have the right to request a limit on the PHI we use or disclose.
- **Right to Confidential Communications:** You may request that we communicate with you in a specific way (e.g., home phone only).



#### 5. Breach Notification

We are required by law to notify you in the event of a breach of your unsecured PHI.

#### 6. Complaints

If you believe your privacy rights have been violated, you may file a complaint with our Privacy Officer or with the Secretary of the Department of Health and Human Services. You will not be penalized for filing a complaint.

#### 7. Contact Information

To exercise any of the rights listed above, please contact:

Privacy Officer: Deon L. Sanders

Email: [info@seekwisecounseling.com](mailto:info@seekwisecounseling.com)

Phone: (770) 589-7938

Address: 550 Fairburn Rd. Suite A3B, Atlanta, GA 30331

