Root and Ridge Counseling, LLC
1904 Shields Road, Suite B
Dalton, GA 30720
Phone: (706) 250-0804
Email: bucky@rootandridge.org

Effective Date: 7/18/26

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.

Root and Ridge Counseling, LLC is committed to protecting the privacy of your health information. This Notice describes how we may use and disclose your Protected Health Information (PHI), your rights regarding that information, and our legal duties under the Health Insurance Portability and Accountability Act (HIPAA).

Our Legal Duties

We are required by law to:

- Maintain the privacy and security of your Protected Health Information (PHI).
- Provide you with this Notice of Privacy Practices.
- Follow the terms of this Notice currently in effect.
- Notify you if a breach occurs that may compromise the privacy or security of your information.

We reserve the right to change this Notice and make the revised Notice effective for all information we maintain. Updated notices will be available upon request and, if applicable, on our website.

How We May Use and Disclose Your Information

For Treatment

We may use and disclose your PHI for purposes of providing, coordinating, or managing your mental health care.

Example: With your authorization when required, we may consult with another healthcare provider involved in your care.

For Payment

We may use and disclose your information to obtain payment for services provided.

Example: We may submit claims or provide information to your insurance company for reimbursement.

For Healthcare Operations

We may use and disclose your information for practice operations, quality improvement, licensing, accreditation, and other administrative functions.

Example: We may use information during audits or compliance reviews.

Uses and Disclosures Requiring Your Written Authorization

Most disclosures of psychotherapy information beyond treatment, payment, and healthcare operations require your written authorization.

We will obtain your written authorization before:

- Releasing information to family members or others not otherwise permitted by law.
- Releasing records to attorneys, employers, schools, or other third parties.
- Using or disclosing psychotherapy notes except as permitted by law.

You may revoke your authorization at any time in writing, except to the extent we have already acted upon it.

Psychotherapy notes receive special protection under HIPAA and generally may not be disclosed without your authorization except in limited circumstances permitted by law.

Uses and Disclosures Permitted or Required by Law

We may disclose your information without your authorization when required or permitted by law, including:

Serious Threat to Health or Safety

To prevent or lessen a serious and imminent threat to your health and safety or the health and safety of another person.

Abuse, Neglect, or Domestic Violence

When reporting suspected child abuse, elder abuse, abuse of a vulnerable adult, or domestic violence as required by Georgia or Tennessee law.

Health Oversight Activities

To governmental agencies conducting audits, investigations, inspections, licensure reviews, or disciplinary actions.

Judicial and Administrative Proceedings

In response to a court order, subpoena, or other lawful process, as permitted or required by law.

Law Enforcement

As required by law or legal process.

Workers' Compensation

As authorized by workers' compensation laws.

Public Health Activities

For public health reporting required by law.

Coroners, Medical Examiners, and Funeral Directors As

necessary for official duties.

Special Considerations for Minors

For clients under age 18, parents or legal guardians generally have access to treatment information as provided by state law. However, counseling records may be subject to additional confidentiality protections depending on the circumstances and applicable Georgia or Tennessee law.

When clinically appropriate and legally permissible, we strive to maintain a therapeutic level of privacy for adolescent clients while involving parents or guardians in treatment.

Your Rights Regarding Your Health Information You have

the right to:

Inspect and Obtain Copies

Request access to or copies of your health records, subject to legal exceptions.

Request Amendments

Request corrections to information you believe is inaccurate or incomplete.

Request Restrictions

Request restrictions on certain uses or disclosures of your information. We are not required to agree to every request.

Request Confidential Communications

Request that we communicate with you by alternative means or at alternative locations.

Receive an Accounting of Disclosures

Request a list of certain disclosures made outside of treatment, payment, and healthcare operations.

Receive a Paper Copy of This Notice

You may request a paper copy at any time, even if you previously agreed to receive it electronically.

Choose Someone to Act for You

If someone has legal authority to act on your behalf, that person may exercise your rights where permitted by law.

File a Complaint

If you believe your privacy rights have been violated, you may file a complaint without fear of retaliation.

Complaints

If you have questions about this Notice or believe your privacy rights have been violated, contact: **Privacy Officer**

Bucky Broadrick, PharmD,LPC
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You may also file a complaint with:

U.S. Department of Health and Human Services Office for Civil Rights
https://www.hhs.gov/ocr/privacy/hipaa/complaints/

You will not be penalized or retaliated against for filing a complaint.

I acknowledge that I have received a copy of the Root and Ridge Counseling, LLC Notice of Privacy Practices.