

Notice of Privacy Practices
Whole You Counseling LLC
Effective Date: May 4, 2026

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

I. Our Commitment to Your Privacy

At **Whole You Counseling LLC**, we understand that your health information is deeply personal. We are committed to protecting your privacy and maintaining the confidentiality of your Protected Health Information (PHI).

We create and maintain records of the care and services you receive in order to provide quality treatment and comply with legal and ethical standards. This Notice applies to all records created or maintained by this practice.

We are required by law to:

- Keep your PHI private
- Provide you with this Notice of our legal duties and privacy practices
- Follow the terms of this Notice
- Notify you of any changes to this Notice

Updated versions will be available upon request, in the office, and on our website.

II. How We May Use and Disclose Your Information

Treatment, Payment, and Healthcare Operations

We may use and disclose your PHI without your written authorization for purposes of treatment, payment, and healthcare operations.

Treatment:

We may share information with other healthcare providers (with your consent when appropriate) to support your care. This may include consultation or referrals.

Payment:

Whole You Counseling LLC operates as a self-pay practice. Your information may be used to process payments, including maintaining a card on file and applying charges for services, late cancellations, or missed appointments.

Healthcare Operations:

We may use your information for scheduling, recordkeeping, supervision, consultation, and improving the quality of care.

Because effective treatment often requires full context, disclosures for treatment purposes are not limited to the “minimum necessary” standard.

Legal and Required Disclosures**Lawsuits and Legal Proceedings:**

If you are involved in legal proceedings, we may disclose information in response to a court order or lawful request. We will make reasonable efforts to notify you or obtain your consent when appropriate.

Required by Law:

We may disclose your PHI when required by federal or state law.

Abuse and Neglect Reporting:

We are mandated reporters and must report suspected abuse, neglect, or exploitation of children, elders, or vulnerable individuals.

Serious Threat to Safety:

We may disclose information if necessary to prevent or reduce a serious and imminent threat to your safety or the safety of others.

III. Uses and Disclosures Requiring Your Authorization

We will obtain your written authorization before:

1. Psychotherapy Notes

Psychotherapy notes are maintained separately and require your authorization for most disclosures, except in limited circumstances such as:

- Use in your treatment
- Supervision or training
- Legal defense
- Compliance investigations
- Situations required by law

2. Marketing and Sale of Information

Whole You Counseling LLC does not use your PHI for marketing purposes and does not sell your information.

IV. Uses and Disclosures That Do Not Require Authorization

We may use or disclose your PHI without authorization for:

- Public health and safety activities
- Health oversight (audits, investigations)
- Judicial and administrative proceedings
- Law enforcement purposes (when legally required)
- Coroners or medical examiners
- Research (with safeguards in place)
- Workers' compensation compliance
- Appointment reminders and communication about services

V. Disclosures Where You Have the Opportunity to Object

We may share limited information with individuals involved in your care (such as family members or support persons) unless you object.

VI. Your Rights Regarding Your Information

You have the right to:

Request Restrictions

Ask us to limit how your PHI is used or disclosed. We may not always be able to agree.

Request Confidential Communication

Ask us to contact you in a specific way or at a specific location.

Access Your Records

Request a copy of your records (excluding psychotherapy notes). We will respond within 30 days and may charge a reasonable fee.

Request an Accounting of Disclosures

Receive a list of disclosures made over the past six years (excluding routine uses).

Request Corrections

Request corrections to your records. If denied, you will receive a written explanation.

Receive a Copy of This Notice

You may request a paper or electronic copy at any time.

VII. Electronic Communication and Telehealth

Whole You Counseling LLC may use electronic communication (email, text, client portals) and telehealth platforms for services and scheduling.

While efforts are made to use secure, HIPAA-compliant systems, electronic communication carries some risk. By engaging in these methods, you acknowledge and accept those risks.

VIII. Our Responsibilities

We are required to:

- Maintain the privacy and security of your PHI
- Provide this Notice
- Follow the terms outlined
- Notify you of any breaches involving your information

IX. Changes to This Notice

We reserve the right to update this Notice at any time. Changes will apply to all information maintained and will be posted on our website.

X. Complaints

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

Whole You Counseling LLC

14B Greenville St, Suite B3, Newnan, GA 30263

kimshearthealing@gmail.com

470-980-6816

You may also file a complaint with the U.S. Department of Health and Human Services.

XI. Contact Information

If you have questions about this Notice:

Kim Goston

Whole You Counseling LLC

kimshearthealing@gmail.com

470-980-6816

Acknowledgment of Receipt

By signing, you acknowledge that you have received and reviewed this Notice of Privacy Practices.