

# Notice of Privacy Practices

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Effective Date: May 16, 2025

This notice applies to: Creative Care & Consulting, LLC

Physical in Mississippi/ Virtually Texas, Louisiana, New Hampshire

Contact: [jalise@creativecarems.com](mailto:jalise@creativecarems.com)

This Notice describes how health information about you may be used and disclosed, and how you can access this information. Please review it carefully. You may have additional rights under your state's law. Contact me if you have questions.

## Our Commitment to Your Privacy

Your health information is personal, and I am committed to protecting it. As a solo practitioner offering services both in-person and via telehealth, I create records of your care to provide quality treatment and to comply with legal requirements. This notice applies to all records maintained in my practice.

I am required by law to:

- Maintain the privacy of your protected health information (PHI).
- Provide you with this Notice of Privacy Practices.
- Abide by the terms of this Notice currently in effect.

## How I May Use and Disclose Your Health Information

I may use your PHI for treatment, payment, and health care operations, such as scheduling sessions, billing insurance, or coordinating care.

## Other Uses Require Your Authorization

Certain uses—such as for marketing, sale of data, or sharing psychotherapy notes—require your explicit written consent.

## Telehealth and Secure Messaging

When services are provided via telehealth, I use HIPAA-compliant platforms including SimplePractice. Please note that group telehealth sessions are limited in participant capacity. I also offer secure messaging through the SimplePractice portal. Messaging is not intended for emergencies or urgent needs.

## **Your Rights Regarding Your Health Information**

You have the right to:

- Request restrictions on certain uses or disclosures.
- Request confidential communication methods.
- Access and request copies of your health records.
- Request corrections to your records.
- Receive an accounting of disclosures.
- Revoke authorization at any time.

## **Complaints**

If you believe your privacy rights have been violated, you may file a complaint with me or with the Department of Health and Human Services. I will not retaliate against you for filing a complaint.

## **Changes to This Notice**

I reserve the right to change this notice. A current copy will always be available in my office and on my website.

Client Acknowledgement of Receipt:

Client Name: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_