NOTICE OF PRIVACY PRACTICES

Effective Date: January 1, 2026

Last Updated: August 24, 2026

Practice/Provider: Carey Luker, LMHC, LPC

YOUR INFORMATION. YOUR RIGHTS. OUR RESPONSIBILITIES.

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

Your privacy is important. Mental health treatment involves highly personal information, and protecting that information is an important part of this practice.

This Notice of Privacy Practices ("Notice") describes how this practice may use and disclose your Protected Health Information ("PHI") and explains your rights concerning that information.

PHI generally includes individually identifiable information about your physical or mental health, treatment, health care services, or payment for health care. PHI may exist in written, electronic, verbal, or other forms.

This practice complies with applicable federal privacy requirements, including the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), as amended, and applicable state confidentiality and professional licensing laws.

When state or other applicable law provides greater privacy protection than HIPAA, this practice will follow the law that provides the greater protection when required.

YOUR RIGHTS

You have important rights concerning your health information.

1. Access Your Health Information

You may request to inspect or receive an electronic or paper copy of health information maintained about you in a designated record set.

In most circumstances, the requested information will be provided within the time required by applicable law. A reasonable, cost-based fee may be charged when permitted by law.

Certain information may be excluded from your right of access under applicable law, including psychotherapy notes as specifically defined by HIPAA.

If a request is denied, you will receive an explanation when required by law and will be informed whether you have a right to have the decision reviewed.

2. Request a Correction or Amendment

If you believe information in your record is incorrect or incomplete, you may request an amendment.

Your request may be denied under circumstances permitted by law. If it is denied, you will generally receive a written explanation and information about your right to submit a statement of disagreement.

3. Request Confidential Communications

You may ask that communications regarding your health information be made in a particular way or sent to a particular location.

For example, you may request that the practice:

- Call only a particular telephone number;
- Leave or not leave voicemail messages;
- Communicate through a particular email address; or
- Send correspondence to an alternative mailing address.

Reasonable requests will be honored as required by law.

Because email, text messaging, voicemail, and other electronic communications can present privacy risks, please discuss communication preferences with your therapist.

4. Request Restrictions

You may ask this practice not to use or disclose certain health information for treatment, payment, or health care operations.

The practice is generally not required to agree to all requested restrictions.

However, when you pay for a health care service completely out-of-pocket and request that information about that service not be disclosed to your health plan for payment or health care operations, the practice will comply with the request when required by law unless disclosure is otherwise required by law.

5. Receive an Accounting of Certain Disclosures

You may request a list, known as an "accounting of disclosures," identifying certain disclosures of your PHI made during the period allowed by law.

The accounting will not include every disclosure. For example, certain disclosures made for treatment, payment, or health care operations may not be included.

6. Receive a Copy of This Notice

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

A current copy will also be maintained on this practice's website.

7. Choose Someone to Act for You

If you have legally authorized another person to act on your behalf, such as a health care agent, legal guardian, or other legally recognized personal representative, that person may be permitted to exercise your privacy rights.

The practice may request documentation establishing that person's authority before releasing information or allowing the person to exercise your rights.

Special rules may apply to parents, guardians, and minors depending upon applicable state law and the circumstances under which treatment was obtained.

8. File a Privacy Complaint

PRIVACY CONTACT

This is a solo private practice and is not part of a group practice. As the sole practitioner, I am responsible for the privacy practices of my practice and for responding to questions, concerns, complaints, and requests regarding Protected Health Information (PHI).

There is no separate Privacy Officer or privacy department. Questions about this Notice, your privacy rights, or the use or disclosure of your health information should be directed to me:

Email: careylukerlmhclpc@gmail.com

Phone: 863-257-8017

You have the right to file a complaint if you believe your privacy rights have been violated.

You may file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights or contact me at the above-mentioned phone number or email address.

You will not be retaliated against, denied treatment, or otherwise penalized for filing a privacy complaint.

HOW YOUR INFORMATION MAY BE USED OR DISCLOSED

HIPAA and other laws permit or require certain uses and disclosures of PHI without obtaining a separate authorization from you.

Treatment

Your health information may be used or disclosed when necessary to provide, coordinate, or manage your treatment.

For example, when permitted by applicable law, information may be shared with another health care professional involved in your treatment or with another provider to whom you are being referred.

Because mental health records may receive additional protection under state law, this practice will follow applicable state confidentiality requirements when they provide greater protection.

Payment

Information may be used or disclosed as necessary to obtain payment for services.

For example, if you use health insurance, certain information may be provided to your insurance company, billing service, or other payer to determine eligibility, obtain authorization, submit claims, or receive payment.

Insurance companies may require information such as your diagnosis, dates of service, type of service, treatment information, or other information necessary to process claims or determine coverage.

Health Care Operations

PHI may be used or disclosed for lawful health care operations, including activities necessary to operate the practice.

Examples may include:

- Quality assessment and improvement;
- Compliance activities;
- Professional consultation;
- Credentialing;
- Auditing;
- Legal or risk-management services;
- Business planning;
- Administrative functions; and
- Evaluating the quality and effectiveness of services.

Whenever reasonably possible, only the minimum information necessary for the intended purpose will be used or disclosed.

BUSINESS ASSOCIATES AND SERVICE PROVIDERS

The practice may use third-party companies or professionals to perform services involving PHI.

Examples may include:

- Electronic health record providers;
- Secure telehealth platforms;
- Billing or claims-processing services;
- Secure communication services;
- Cloud storage or technology providers;
- Accountants;

- Attorneys;
- Consultants; and
- Other vendors supporting health care operations.

When required by HIPAA, these organizations are considered Business Associates and are required by written agreement to appropriately safeguard PHI.

DISCLOSURES REQUIRED OR PERMITTED BY LAW

PHI may be used or disclosed without your written authorization when permitted or required by federal or state law. Depending upon the circumstances, this may include disclosures involving:

Abuse, Neglect, or Exploitation

Information may be disclosed when a therapist is legally required to report suspected child abuse, abuse or neglect of a vulnerable adult, or other circumstances subject to mandatory reporting requirements.

Serious Threats to Health or Safety

Information may be disclosed when permitted or required by applicable law to prevent or reduce a serious and imminent threat to the health or safety of you or another person.

The precise circumstances under which such a disclosure may occur vary by state law.

Judicial and Administrative Proceedings

Information may be disclosed in response to certain valid court orders, subpoenas, administrative proceedings, or other lawful legal processes when the requirements of HIPAA and applicable state law have been satisfied.

Mental health information is often subject to protections beyond those applicable to ordinary medical records. Receipt of a subpoena does not automatically mean that your complete therapy record will be released.

Health Oversight

Information may be disclosed to authorized health oversight agencies for activities permitted by law, such as professional licensing investigations, audits, inspections, or other governmental oversight activities.

Public Health Activities

PHI may be disclosed for legally authorized public health activities when applicable.

Workers' Compensation

Information may be disclosed as authorized or required by laws governing workers' compensation or similar programs.

Law Enforcement and Government Functions

Certain limited disclosures may be made for law enforcement, national security, correctional, military, or other governmental purposes when specifically authorized or required by law.

Coroners, Medical Examiners, and Funeral Directors

Information may be disclosed when permitted by law for purposes such as identifying a deceased individual or determining cause of death.

Compliance With Law

PHI will be disclosed when federal or state law requires the disclosure.

MENTAL HEALTH RECORDS AND PSYCHOTHERAPY NOTES

Mental health information can receive additional protection under federal and state law.

Psychotherapy notes have a specific meaning under HIPAA. They generally refer to notes recorded by a mental health professional documenting or analyzing the contents of a private counseling conversation that are maintained separately from the remainder of the medical record.

Psychotherapy notes do not generally include information such as diagnosis, medications, treatment plans, symptoms, prognosis, progress summaries, session times, or other information maintained as part of the clinical record.

When psychotherapy notes exist, most uses or disclosures of those notes require your specific written authorization except for limited circumstances permitted by law.

SUBSTANCE USE DISORDER INFORMATION

Certain substance use disorder ("SUD") treatment records may receive additional confidentiality protection under federal law, including **42 CFR Part 2**, when those requirements apply to the records or provider.

If this practice receives, creates, or maintains records protected by 42 CFR Part 2, those records will be handled in accordance with applicable federal requirements.

Records protected by Part 2 generally may not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you based on those records unless the disclosure is specifically permitted by applicable law, such as with your written consent or an appropriate court order and subpoena as required by federal law.

FAMILY MEMBERS AND OTHERS INVOLVED IN YOUR CARE

Mental health information is treated with particular care.

When legally permitted, you may authorize the practice to communicate with a spouse, partner, family member, friend, physician, school, attorney, or another person involved in your care.

The practice may request written authorization before discussing your treatment with another person, particularly when state mental-health confidentiality laws require authorization.

If another person is involved in scheduling appointments or payment, this does not automatically authorize that person to receive information about the content of your therapy.

TELEHEALTH AND ELECTRONIC COMMUNICATION

If you receive therapy through telehealth, your PHI may be transmitted or maintained electronically.

Reasonable administrative, physical, and technical safeguards are used to protect electronic PHI in accordance with applicable law.

Although safeguards are used, electronic communications and technology can involve privacy and security risks. You are encouraged to participate in telehealth sessions from a private location and to protect passwords and devices used to communicate with the practice.

Your therapist will follow applicable privacy and professional standards regardless of whether services are provided in person or through telehealth.

EMAIL, TEXT MESSAGES, AND VOICEMAIL

Email, text messaging, and voicemail may not always be completely secure.

If the practice permits these methods of communication, they should generally be used for administrative matters such as scheduling unless another arrangement has been made.

Please avoid sending highly sensitive clinical information through ordinary email or text messages unless you understand and accept the privacy risks associated with that communication method.

You may request reasonable alternative communication methods.

MARKETING, SALE OF PHI, AND FUNDRAISING

This practice does not sell your PHI.

Your PHI will not be used for marketing purposes requiring HIPAA authorization without obtaining the authorization required by law.

If the practice's policies regarding marketing, sale of PHI, or fundraising change, this Notice will be revised as required by law.

USES AND DISCLOSURES REQUIRING YOUR AUTHORIZATION

Uses or disclosures of PHI not otherwise permitted or required by law or described in this Notice generally require your written authorization.

This includes many disclosures to third parties such as attorneys, employers, schools, family members, or other individuals when no other legal basis for disclosure exists.

An authorization must meet applicable legal requirements.

If you provide written authorization, you generally have the right to revoke it in writing at any time. Revocation will not affect information already disclosed in reliance on a valid authorization before the revocation was received.

MINORS

Privacy rights involving minors can be complex and differ by state.

A parent or legal guardian may often act as a minor's personal representative and have certain rights involving treatment information. However, there are circumstances in which a minor may independently consent to treatment or may have additional confidentiality rights.

The practice will follow applicable federal law and the law of the state in which services are provided when determining consent, access to records, and disclosure of a minor's mental health information.

Parents and guardians are encouraged to discuss confidentiality expectations with the therapist before treatment begins.

STATE MENTAL HEALTH CONFIDENTIALITY

This practice provides professional counseling services to clients located in states in which the therapist is legally authorized to practice, including **Pennsylvania, Florida, and South Carolina**, as applicable.

Mental health records and therapist-client communications may receive confidentiality or privilege protections under the law of the state where services are provided.

Where applicable state law provides greater privacy protection than HIPAA, the practice will comply with the more protective requirement.

Because exceptions to confidentiality differ by state, disclosures involving mental health records, threats of harm, abuse or neglect, minors, legal proceedings, and other legally

sensitive circumstances will be evaluated according to the law applicable to the particular client and service.

OUR RESPONSIBILITIES

We are required by applicable law to:

- Maintain the privacy and security of your PHI;
- Provide you with notice of our legal duties and privacy practices;
- Follow the privacy practices described in the Notice currently in effect;
- Use reasonable safeguards to protect your information;
- Limit uses and disclosures of PHI as required by applicable law; and
- Notify affected individuals following a breach of unsecured PHI when notification is required by law.

We will not use or disclose your PHI in a manner not described in this Notice unless you authorize the use or disclosure in writing or the use or disclosure is otherwise permitted or required by law.

SECURITY OF ELECTRONIC PHI

This practice uses reasonable administrative, physical, and technical safeguards designed to protect electronic Protected Health Information ("ePHI").

These safeguards may include measures involving access controls, passwords, secure systems, device security, data protection, vendor agreements, risk management, and other security practices appropriate to the nature and size of the practice.

No electronic system can be guaranteed to be completely immune from unauthorized access or security incidents. If a breach occurs that requires notification under applicable law, affected individuals will be notified as required.

CHANGES TO THIS NOTICE

The practice reserves the right to change the terms of this Notice and its privacy practices as permitted by law.

Changes may apply to PHI already maintained by the practice as well as information received in the future.

When a material change is made, the Notice will be revised and the new Notice will be made available as required by law.

The most current version of this Notice will be available on the practice website and upon request.

FILING A HIPAA COMPLAINT

If you believe your HIPAA privacy rights have been violated, you may also file a complaint with:

U.S. Department of Health and Human Services
Office for Civil Rights (OCR)
200 Independence Avenue, S.W.
Washington, D.C. 20201
Phone: 1-877-696-6775

Information about filing a HIPAA complaint is available through the U.S. Department of Health and Human Services Office for Civil Rights.

You will not be retaliated against for exercising your privacy rights or filing a complaint.