

NOTICE OF PRIVACY PRACTICES

Effective Date: 3/18/2026

This Notice describes how your health information may be used and disclosed and how you can access this information. Please review it carefully.

Your Rights

You have the right to:

- Get a copy of your records
You may request to see or receive a copy of your health and billing records.
- Request corrections
You may ask to correct information you believe is incorrect or incomplete.
- Request confidential communications
You may ask to be contacted in a specific way (e.g., only by email or phone).
- Ask us to limit what we use or share
You may request restrictions on how your information is used or disclosed.
- Get a list of disclosures
You may request a list of certain disclosures of your information.
- Get a copy of this notice
You may request a paper or electronic copy at any time.
- Choose someone to act for you
If you have given someone legal authority, that person may exercise your rights.
- File a complaint
You may file a complaint if you believe your privacy rights have been violated.

Your Choices

In certain situations, you can tell us your preferences about how we share your information, such as:

- Sharing with family or others involved in your care
- Leaving messages (voicemail, email reminders)

We will follow your preferences when possible.

How We May Use and Disclose Your Information

For Treatment: We may use your information to provide, coordinate, or manage your care.

For Payment: We may use your information to process payments. As a private-pay practice, this is typically limited to billing and payment processing.

For Healthcare Operations: We may use your information to operate the practice and improve services.

Other Uses and Disclosures

We may share your information without your written authorization in limited situations:

- Emergencies (to prevent serious harm)
 - Abuse or neglect reporting (as required by law)
 - Legal requirements (court orders, subpoenas)
 - Public health and safety requirements
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Uses Requiring Your Authorization

We will not use or disclose your information without your written permission for:

- Disclosures outside of treatment, payment, or operations
- Sharing psychotherapy information when authorization is required

You may revoke your authorization at any time in writing.

Our Responsibilities

We are required by law to:

- Maintain the privacy and security of your information
 - Provide you with this Notice
 - Follow the terms of this Notice
 - Notify you if a breach occurs
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Telehealth & Electronic Communication

If you participate in telehealth, your information may be transmitted electronically using secure platforms. While safeguards are in place, there are inherent risks with electronic communication.

Payment & Collections

Your information may be used as necessary for billing and payment. In the event of an unpaid balance, only the minimum necessary information may be shared with collection services as permitted by law and your signed financial agreement.

Changes to This Notice

We may update this Notice at any time. Updated versions will be available upon request and on our website.

Contact Information

A Growing Mind pllc
Haley Hatfield LCSW
Email: haley@growingmind.org

Complaints

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

- This practice (using the contact information above), or
- The U.S. Department of Health and Human Services, Office for Civil Rights

You will not be penalized for filing a complaint.