Clinical Notice of Privacy Practices- Lou Walleck, LPC, LMHC-QS

HOPE COUNSELING

A practice of Phil & Lou Co. LLC

HopeCounseling.Online (850) 660-8353

EFFECTIVE DATE

07.31.2026

CLINICAL NOTICE OF PRIVACY PRACTICES

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.

APPLICABILITY OF THIS NOTICE

Hope Counseling is a registered fictitious name of Phil & Lou Co. LLC.

This Notice applies to protected health information created, received, maintained, or transmitted in connection with licensed clinical counseling provided by Lindsay “Lou” Walleck and Hope Counseling’s clinical healthcare operations.

“Protected Health Information” or “PHI” generally means individually identifiable information concerning your health, condition, treatment, or payment for healthcare that is protected by applicable law.

OUR RESPONSIBILITIES

Hope Counseling is required to:

• Maintain the privacy and security of PHI;

• Provide this Notice describing our legal duties and privacy practices;

• Follow the Notice currently in effect;

• Notify affected people when a breach may have compromised the privacy or security of PHI, as required by law; and

• Refrain from using or disclosing PHI except as described in this Notice, as authorized in writing, or as otherwise permitted or required by law.

YOUR RIGHTS

1. ACCESS TO YOUR RECORD

You may request to inspect or obtain an electronic or paper copy of your clinical record and other PHI maintained about you.

We will respond within the period required by applicable law. Under HIPAA, that is ordinarily within 30 days unless a lawful extension or more protective state deadline applies.

We may:

• Provide a copy;

• Provide an agreed summary;

• Deny or limit access in circumstances permitted by law; or

• Provide a treatment report instead of particular psychotherapeutic records when Florida law permits that procedure.

Any fee will be reasonable, cost-based, and no greater than applicable law permits.

Psychotherapy notes maintained separately from the clinical record are generally excluded from the ordinary right of access.

2. REQUEST AN AMENDMENT

You may ask us to amend information that you believe is incorrect or incomplete.

We may deny the request when permitted by law—for example, if the information:

• Was not created by us;

• Is accurate and complete;

• Is not part of the designated record set; or

• Is information you do not have a legal right to inspect.

If denied, we will provide the required written explanation and information concerning your right to submit a statement of disagreement.

3. REQUEST CONFIDENTIAL COMMUNICATIONS

You may request that we contact you in a particular manner or at a particular address.

We will accommodate reasonable requests.

You are responsible for informing us when:

• A telephone number is shared;

• Another person has access to your email or portal;

• Mail should not be sent to a particular address; or

• A preferred method creates a safety or privacy concern.

4. REQUEST RESTRICTIONS

You may ask us not to use or disclose certain PHI for treatment, payment, or healthcare operations.

We are not required to agree to every request.

If we agree, we will follow the restriction unless:

• Emergency treatment requires the information;

• You agree to remove the restriction; or

• Another lawful exception applies.

If you pay for a healthcare item or service completely out of pocket, you may request that we not disclose information about that item or service to your health plan for payment or healthcare operations. We will honor the request unless disclosure is required by law.

5. ACCOUNTING OF DISCLOSURES

You may request a list of certain disclosures made during the period permitted by law.

The accounting ordinarily will not include disclosures:

• For treatment, payment, or healthcare operations;

• Made to you;

• Made with your authorization;

• For a facility directory;

• For national-security or intelligence purposes; or

• Otherwise excluded by law.

The first accounting in a 12-month period is ordinarily free. A reasonable cost-based fee may apply to an additional accounting after advance notice.

6. COPY OF THIS NOTICE

You may request a paper copy of this Notice at any time, even if you received it electronically.

7. PERSONAL REPRESENTATIVE

A person with legal authority to act for you may exercise your privacy rights.

We may require documentation establishing that authority before acting.

8. FILE A COMPLAINT

You may complain to Hope Counseling or the U.S. Department of Health and Human Services Office for Civil Rights if you believe your privacy rights were violated.

Hope Counseling will not retaliate against you for filing a good-faith complaint.

YOUR CHOICES

Unless another legal rule controls, you may direct whether we:

• Share information with family members, close friends, pastors, or others involved in your care;

• Share information with a person helping pay for your care;

• Share information for disaster relief; or

• Communicate with another person you identify.

When you cannot express a preference, we may share limited information if we reasonably believe disclosure is in your best interest and the law permits it.

We may also disclose information when reasonably necessary and legally permitted to reduce a serious and imminent threat.

WRITTEN AUTHORIZATION IS GENERALLY REQUIRED FOR:

• Marketing uses that require authorization;

• Sale of PHI;

• Most uses or disclosures of separately maintained psychotherapy notes;

• Publication of identifiable client information;

• Public presentations using identifiable client information; and

• Other uses not described in this Notice or otherwise permitted by law.

You may revoke an authorization in writing. Revocation is prospective and does not undo a use or disclosure already made in reasonable reliance upon a valid authorization.

TREATMENT, PAYMENT, AND HEALTHCARE OPERATIONS

Subject to HIPAA and any more protective state law, we may use or disclose PHI for:

1. TREATMENT

We may use your information to provide, coordinate, and manage treatment.

When legally permitted, information may be shared with professionals involved in your care.

When Texas, Florida, or another applicable law requires written authorization for a particular mental-health disclosure, we will obtain it.

2. PAYMENT

We may use or disclose PHI to:

• Verify benefits;

• Obtain authorization;

• Submit and correct claims;

• Communicate with health plans;

• Obtain payment;

• Determine client responsibility; and

• Manage billing and collection.

3. HEALTHCARE OPERATIONS

We may use or disclose PHI to operate the clinical practice, including:

• Quality review;

• Professional consultation;

• Compliance;

• Credentialing;

• Licensing;

• Training;

• Risk management;

• Auditing;

• Business planning;

• Complaint review;

• Security;

• Legal services; and

• Other lawful operations.

BUSINESS ASSOCIATES AND TECHNOLOGY VENDORS

Hope Counseling uses service providers that may create, receive, maintain, or transmit PHI on our behalf, including:

• SimplePractice;

• Telehealth platforms;

• Payment processors;

• Billing services;

• Clearinghouses;

• Secure-storage providers;

• Cybersecurity services;

• Attorneys;

• Accountants; and

• Approved documentation technology.

When required, these vendors are governed by a Business Associate Agreement or another legally appropriate confidentiality and security agreement.

Use of audio recording, transcription, or AI-assisted documentation is governed by the separate Required Consent to Audio Recording, Transcription, and AI-Assisted Documentation.

OTHER USES AND DISCLOSURES PERMITTED OR REQUIRED BY LAW

We may use or disclose PHI when the applicable legal requirements are met for purposes such as:

• Reporting abuse, neglect, abandonment, domestic violence, or exploitation;

• Preventing or reducing a serious threat to health or safety;

• Public-health activities;

• Health oversight and licensing-board activities;

• Workers' compensation;

• Law-enforcement purposes;

• Judicial or administrative proceedings;

• Compliance with a court or administrative order;

• Response to a legally sufficient subpoena or other legal process;

• Coroners, medical examiners, or funeral directors;

• Organ or tissue donation;

• Military, national-security, or other special governmental functions;

• Research approved or authorized as required by law; and

• Other disclosures required by federal or state law.

Before responding to a subpoena or legal demand, we may consider:

• Confidentiality;

• Psychotherapist-patient privilege;

• Notice requirements;

• Objections;

• Protective orders;

• Minimum-necessary principles; and

• Advice of legal counsel.

A subpoena does not necessarily waive every applicable privilege.

STATE MENTAL-HEALTH CONFIDENTIALITY

Florida and Texas provide additional protection for mental-health communications and records.

We will comply with a state law that is more protective than HIPAA.

In general:

• Mental-health communications and records will not be disclosed without written authorization unless a legal exception applies;

• Couple or family records may require authorization from more than one participant;

• A client's presence with or later disclosure to another person may affect confidentiality or privilege;

• Reporting obligations concerning abuse or exploitation remain applicable; and

• Serious-threat exceptions may permit or require disclosure to law enforcement, an identifiable potential victim, emergency personnel, or another person able to reduce the danger.

PSYCHOTHERAPY NOTES

“Psychotherapy notes” are a limited category of a mental-health professional’s private notes that are maintained separately from the ordinary clinical record and meet the legal definition.

Progress notes, diagnosis, treatment plans, symptoms, medication information, test results, session times, and summaries ordinarily are part of the clinical record rather than psychotherapy notes.

Most uses or disclosures of psychotherapy notes require a specific written authorization, subject to limited legal exceptions.

SUBSTANCE-USE-DISORDER RECORDS

To the extent Hope Counseling receives or maintains substance-use-disorder patient records protected by 42 CFR Part 2, those records receive additional federal protection.

Part 2 records will not be used or disclosed in a civil, criminal, administrative, or legislative investigation or proceeding against you without:

• Your written consent; or

• A court order accompanied by the legal process required by federal law.

Part 2 information used for fundraising will be handled only after the notice and choice required by applicable law.

FAMILY, FRIENDS, AND PEOPLE INVOLVED IN PAYMENT

With your agreement, or when legally permitted because you do not object, we may share information relevant to a family member, friend, or other person involved in your care or payment.

Payment by another person does not automatically authorize disclosure of:

- Diagnosis;
- Treatment content;
- Progress;
- Clinical records; or
- Other confidential information.

MINORS AND PERSONAL REPRESENTATIVES

The privacy rights of a minor may be exercised by a parent, guardian, or another legally authorized person, subject to:

- Federal and state law;
- Custody orders;

• Parenting plans;

• Divorce decrees;

• The minor’s legal authority to consent independently;

• Safety concerns; and

• Other applicable exceptions.

Hope Counseling may require legal documentation before releasing a minor’s records.

ELECTRONIC COMMUNICATION

Email, text messages, voicemail, portal messages, and electronic payment systems may present privacy risks.

You may request a reasonable alternative communication method. No method can be guaranteed to be completely private or secure.

RECORD RETENTION

Clinical records will be retained for the period required by applicable federal and state law, payer requirements, professional standards, litigation holds, and other legal obligations.

Hope Counseling’s ordinary minimum is:

• At least seven years after termination of adult services; and

• For a minor, at least five years after the client reaches the age of majority or seven years after services end, whichever is longer.

CHANGES TO THIS NOTICE

Hope Counseling may change this Notice.

A revised Notice may apply to PHI already maintained and to information created or received later.

The current Notice will be available:

• Through the client portal;

• At the practice;

• Upon request; and

• On the practice website when required.

PRIVACY CONTACT

Privacy Official: Lindsay “Lou” Walleck

Hope Counseling

Phil & Lou Co. LLC d/b/a Hope Counseling

Office:

116 Mc Davis Blvd.

Santa Rosa Beach, Florida 32459

Mailing Address:

174 WaterColor Way, Suite 103-238

Santa Rosa Beach, Florida 32459

Telephone: (850) 660-8353

Email: office@hopecounseling.online

FEDERAL PRIVACY COMPLAINTS

U.S. Department of Health and Human Services

Office for Civil Rights

200 Independence Avenue, S.W.

Washington, D.C. 20201

Telephone:

1-877-696-6775

ACKNOWLEDGMENT OF RECEIPT

My signature confirms that I received or was given electronic access to Hope Counseling’s Clinical Notice of Privacy Practices.

My signature does not waive any privacy right and does not authorize a use or disclosure that otherwise requires separate authorization.