

NOTICE OF PRIVACY PRACTICES

Clear Vision Counseling

Effective Date: January 1, 2026

This Notice of Privacy Practices describes how your protected health information (PHI) may be used and disclosed, and how you can access this information. Please review it carefully.

Our Commitment to Your Privacy

We are required by law to:

- Maintain the privacy and security of your protected health information (PHI)
- Provide you with this Notice of Privacy Practices
- Follow the terms of this notice currently in effect

PHI includes information that identifies you and relates to your mental health care, payment for services, or health condition.

How We Use and Disclose Your Health Information

1. Treatment

We may use and disclose your PHI to provide, coordinate, or manage your mental health treatment.

Examples include:

- Documenting sessions
- Coordinating care with other providers (with appropriate authorization)
- Consulting with other professionals as permitted by law

Use of AI-Assisted Documentation

Our practice uses Scope, a secure, HIPAA-compliant software platform, to assist with clinical documentation. This may include:

- Audio recording of sessions (with your consent)
- Transcription or drafting of progress notes using artificial intelligence (AI)

Important points:

- Scope is used only to assist with documentation
- AI does not provide therapy, diagnosis, or treatment
- Your therapist reviews, edits, and finalizes all notes
- Your therapist retains full responsibility for all clinical decisions

2. Payment

We may use or disclose PHI as needed to obtain payment for services, including billing insurance, verifying coverage, or collecting fees.

3. Health Care Operations

We may use or disclose PHI for practice operations, such as:

- Quality assessment
- Record management
- Legal, accounting, or administrative services

Use of Technology and Data Security

- All electronic health information is protected using reasonable administrative, technical, and physical safeguards.
- Scope is designed to comply with HIPAA privacy and security requirements.
- Session recordings, transcripts, and AI-generated documentation:

- Are treated as confidential PHI
- Are not sold or used for marketing
- Are not used to train public or third-party AI systems

Despite safeguards, no electronic system can guarantee absolute security.

Uses and Disclosures Requiring Authorization

We will not use or disclose your PHI for purposes other than treatment, payment, or health care operations unless:

- You provide written authorization, or
- The use or disclosure is required or permitted by law

You may revoke an authorization at any time in writing, except to the extent we have already relied on it.

Uses and Disclosures Without Authorization

We may disclose PHI without your authorization in limited circumstances, including:

- When required by law
- To prevent serious harm to you or others
- Suspected abuse or neglect
- Health oversight activities
- Judicial or administrative proceedings
- Law enforcement purposes
- Coroners or medical examiners, as permitted by law

Only the minimum necessary information will be disclosed when appropriate.

Your Rights Regarding Your Health Information

You have the right to:

- Access your health records (with limited exceptions)
- Request amendments to your records
- Request restrictions on certain uses or disclosures (not all requests can be granted)
- Request confidential communications
- Receive a paper copy of this Notice of Privacy Practices
- Receive an accounting of disclosures, when applicable

Requests must be made in writing. We will respond within the time frames required by law.

Changes to This Notice

We reserve the right to change this Notice of Privacy Practices at any time.

Any changes will apply to all PHI we maintain and will be made available upon request and, when required, posted in our office or on our website.

Complaints

If you believe your privacy rights have been violated, you may:

- File a complaint with this practice, or
- File a complaint with the U.S. Department of Health and Human Services

You will not be retaliated against for filing a complaint.

Contact Information

If you have questions about this Notice or your privacy rights, please contact:

Privacy Officer / Therapist: Sandra Underwood

Practice Name: Clear Vision Counseling

Phone: 479-435-7528

Email: sandra@cvcounseling.org

Acknowledgment of Receipt

I acknowledge that I have received or been offered a copy of this Notice of Privacy Practices.

Client Name: _____

Signature: _____ Date: _____