

Notice of Privacy Practices

At Main Step Therapy, LLC., we are committed to protecting the privacy and confidentiality of our clients' personal health information. This Notice of Privacy Practices outlines how we may use and disclose your protected health information (PHI) and your rights regarding your PHI.

Your Health Information Rights You have the following rights regarding your health information:

1. **Right to Inspect and Copy:** You have the right to inspect and copy your health information, with limited exceptions.
2. **Right to Amend:** If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information.
3. **Right to an Accounting of Disclosures:** You have the right to request a list of disclosures of your health information.
4. **Right to Request Restrictions:** You have the right to request a restriction on certain uses and disclosures of your information.
5. **Right to Request Confidential Communications:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location.
6. **Right to a Paper Copy of This Notice:** You have the right to a paper copy of this notice at any time.

How We May Use and Disclose Health Information The following categories describe different ways that we use and disclose health information. Not every use or disclosure in a category will be listed.

1. **For Treatment:** We may use and disclose your health information to provide, coordinate, or manage your health care and related services.
2. **For Payment:** We may use and disclose your health information so that we can bill for the treatment and services you receive and can collect payment from you, an insurance company, or another third party.
3. **For Health Care Operations:** We may use and disclose your health information for operations of our practice. These uses and disclosures are necessary to run the practice and ensure that our clients receive quality care.
4. **Appointment Reminders:** We may use and disclose health information to contact you as a reminder that you have an appointment for treatment or care.
5. **As Required by Law:** We will disclose health information about you when required to do so by federal, state, or local law.

Other Uses and Disclosures of Health Information We will not use or disclose your health information for any purpose not listed above without your written authorization. If you authorize us to use or disclose health information about you, you may revoke that authorization, in writing, at any time.

Changes to This Notice We reserve the right to change this notice. We will post a copy of the current notice in our office and on our website. The notice will contain the effective date on the first page.

Complaints If you believe your privacy rights have been violated, you can file a complaint with us or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

Contact Information For more information about this notice or to file a complaint, please contact: Main Step Therapy, LLC.
469.214.5898
info@mainsteptherapy.com