NOTICE OF PRIVACY PRACTICES

Threshold Therapy and Coaching, PLLC

Effective Date: September 7, 2026

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

Threshold Therapy and Coaching, PLLC is committed to protecting the privacy and confidentiality of your personal and health information. This notice explains your privacy rights, our responsibilities, and how we may use or disclose your protected health information.

Your Rights

You have the right to:

- Obtain an electronic or paper copy of your health record.
- Ask us to correct information you believe is inaccurate or incomplete.
- Request that we communicate with you in a particular way or at a different address.
- Ask us to limit how we use or disclose your information.
- Request a list of certain disclosures we have made.
- Obtain a paper copy of this notice.
- Choose someone legally authorized to act on your behalf.
- File a complaint if you believe your privacy rights have been violated.

Accessing Your Health Record

You may ask to inspect or receive an electronic or paper copy of your health record and other health information maintained by the practice.

We will generally provide the requested information within 30 days. We may charge a reasonable, cost-based fee when permitted by law. In limited circumstances, we may deny part or all of your request. If this occurs, we will explain the reason in writing and tell you whether the decision may be reviewed.

You may also access certain information through the secure SimplePractice Client Portal.

Correcting Your Record

You may ask us in writing to correct health information you believe is inaccurate or incomplete. We may deny your request in some circumstances, but we will explain the reason in writing, generally within 60 days.

Confidential Communications

You may ask us to contact you in a specific way, such as by phone, text, email, or through the Client Portal. You may also request that mail be sent to a different address. We will accommodate reasonable requests.

Please understand that ordinary email and text messaging may carry privacy risks. We will follow the communication preferences you provide to the extent reasonably possible.

Requests for Restrictions

You may ask us not to use or disclose certain information for treatment, payment, or healthcare operations. We are not always required to agree, but we will honor an agreed-upon restriction except when information is needed to provide emergency treatment or when disclosure is required by law.

If you pay in full out of pocket, you may ask us not to disclose information about that service to your health plan for payment or healthcare operations. We will honor this request unless disclosure is required by law.

Accounting of Disclosures

You may request a list of certain disclosures of your health information made during the six years before your request. The list will not include every disclosure, such as most disclosures made for treatment, payment, healthcare operations, or disclosures you authorized.

One accounting will be provided without charge during any 12-month period. We may charge a reasonable, cost-based fee for additional requests.

Someone Acting on Your Behalf

If you have given someone medical power of attorney, or if someone is your legal guardian or otherwise legally authorized to act for you, that person may exercise your privacy rights. We will verify the person's authority before taking action.

How We May Use or Disclose Your Information

Treatment

We may use your health information to provide, coordinate, and manage your care. With your authorization or when otherwise permitted by law, we may communicate with other healthcare professionals involved in your treatment.

Utah law provides heightened protection for confidential communications between a mental health therapist and a client. We will obtain your written authorization before disclosing confidential therapy information unless disclosure is permitted or required by state or federal law.

Payment

We may use or disclose information needed to bill and collect payment for services. This may include submitting information to an insurance company, billing service, payment processor, or another person responsible for payment.

Information submitted to an insurer may include diagnoses, dates of service, procedure codes, treatment information, and other information required to process or review a claim.

Healthcare Operations

We may use or disclose information when necessary to operate the practice. Examples include:

- Scheduling and appointment reminders.
- Reviewing and improving the quality of services.
- Administrative and business functions.
- Professional consultation and supervision.
- Credentialing and insurance activities.
- Legal, accounting, and compliance services.
- Secure electronic health-record and technology services.

Vendors that handle protected health information on our behalf are required to safeguard it as required by applicable law and contractual agreements.

People Involved in Your Care

With your permission, we may share relevant information with a family member, friend, or another person involved in your care or payment for your care.

If you cannot communicate your wishes, we may use professional judgment to make a limited disclosure when we believe it is in your best interest or necessary to reduce a serious and imminent threat.

Public Health and Safety

We may disclose information when permitted or required by law for purposes such as:

- Reporting suspected abuse, neglect, or exploitation.
- Preventing or reducing a serious and imminent threat to health or safety.
- Reporting certain public-health concerns.
- Responding to authorized health-oversight activities.

Legal and Government Requirements

We may use or disclose information as required or permitted by law, including:

- Responding to a valid court or administrative order.
- Responding to a subpoena or other lawful request when applicable legal requirements have been met.
- Complying with workers' compensation laws.
- Responding to authorized health-oversight activities.
- Cooperating with law enforcement when legally required.
- Complying with professional licensing investigations.
- Communicating with a coroner, medical examiner, or funeral director when legally appropriate.
- Cooperating with the U.S. Department of Health and Human Services regarding our compliance with federal privacy law.

Only the minimum information legally necessary will be disclosed when the minimum-necessary standard applies.

Uses Requiring Written Authorization

We will obtain your written authorization before:

- Most uses or disclosures of separately maintained psychotherapy notes.
- Using your information for marketing when authorization is required.
- Selling your protected health information.
- Making other disclosures not described in this notice unless otherwise permitted or required by law.

Threshold Therapy and Coaching, PLLC does not sell client information.

If you authorize a disclosure, you may revoke that authorization in writing at any time. Revocation will not affect information already used or disclosed in reliance on your authorization.

Substance Use Disorder Records

If we maintain or receive substance use disorder treatment records protected by 42 CFR Part 2, those records receive additional federal protections.

Part 2 records generally may not be used or disclosed in civil, criminal, administrative, or legislative investigations or proceedings against you unless you provide written consent or the disclosure is authorized by an appropriate court order and subpoena.

Any fundraising communication using protected Part 2 information would require advance notice and an opportunity for you to choose whether to receive it. Threshold Therapy and Coaching, PLLC does not use client treatment information for fundraising.

Our Responsibilities

We are required by law to:

- Protect the privacy and security of your protected health information.
- Follow the privacy practices described in the notice currently in effect.
- Provide you with a copy of this notice.
- Notify you promptly if a breach occurs that may have compromised the privacy or security of your information.
- Refrain from using or disclosing your information in ways not described in this notice unless you authorize us in writing or the law otherwise permits or requires the disclosure.
- Refrain from retaliating against you for exercising your privacy rights or filing a complaint.

Changes to This Notice

We may change the terms of this notice. Any revised notice may apply to all health information we maintain, including information created or received before the revision.

The current notice will be available upon request, through the SimplePractice Client Portal, in the office, and on our website. The effective date at the top will indicate when the notice was most recently updated.

Questions or Complaints

If you have questions, wish to exercise your rights, or believe your privacy rights have been violated, contact:

PRACTICE PRIVACY OFFICER

Karin Miller, LCSW
Threshold Therapy and Coaching, PLLC
75 East Center Street, Suite 102
Panguitch, Utah 84759
435-990-5534
karin@thresholdtherapyandcoaching.com

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office for Civil Rights
200 Independence Avenue SW
Washington, DC 20201
1-877-696-6775
hhs.gov/hipaa/filing-a-complaint

You will not be penalized or retaliated against for filing a complaint.