NOTICE OF PRIVACY PRACTICES — BRIEF VERSION

Aspire Counseling
Effective Date: September 15, 2026

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

Your Privacy Matters

Information about your mental health and treatment is personal and sensitive. I am committed to protecting the privacy and confidentiality of that information.

Aspire Counseling follows federal privacy requirements, including HIPAA, as well as applicable Massachusetts and Maine laws and professional standards. When applicable law provides greater protection for your mental health information than HIPAA, I follow the more protective requirement.

How I Use Your Information

I use your health information as necessary to provide psychotherapy, maintain your clinical record, collect and document payment, and operate my practice.

Aspire Counseling is a private-pay practice and does not ordinarily submit insurance claims on your behalf. At your request, I may provide a superbill or similar documentation for you to submit to an insurance company or other payer for possible reimbursement.

Sharing Information With Others

I require your written authorization before voluntarily disclosing information about you or your treatment to another person or organization. This includes other health care providers, family members, friends, and others involved in your life.

When you authorize a disclosure, I limit the information shared as appropriate to the purpose of the authorization.

There are limited circumstances in which information may be disclosed without your authorization because disclosure is permitted or required by law. These can include:

- legally required reports of suspected abuse or neglect;
- circumstances involving a serious threat to health or safety;
- certain judicial or legal proceedings;
- legally authorized public health or health oversight activities;
- certain law-enforcement, workers' compensation, or government functions; and
- certain disclosures following a person's death.

The requirements of applicable federal and state law determine whether information may or must be disclosed in these circumstances.

No Sale, Marketing, or Fundraising Use of Your Information

Aspire Counseling does not sell your personal or health information. I do not use or disclose your information for marketing or fundraising.

Your Written Authorization

When you authorize me to disclose information, the authorization identifies the information that may be disclosed, who may receive it, and the purpose of the disclosure.

You may revoke an authorization in writing at any time. Revocation stops future disclosures under that authorization but cannot undo disclosures already made in reliance on it.

Most uses and disclosures of psychotherapy notes require your specific written authorization.

Your Privacy Rights

You have the right, subject to applicable legal requirements and limitations, to:

- inspect or obtain an electronic or paper copy of health information to which you have a legal right of access;
- ask me to correct or amend information you believe is incorrect or incomplete;
- request reasonable confidential methods of communication;
- ask me to limit certain uses or disclosures of your information;
- request that information about a service you paid for in full out of pocket not be disclosed to your health plan for payment or health care operations, unless disclosure is required by law;
- receive an accounting of certain disclosures of your information;
- obtain a paper copy of this Notice; and
- have a legally authorized personal representative exercise applicable privacy rights on your behalf.

Certain information is excluded from the HIPAA right of access, including psychotherapy notes and certain other information excluded by law.

Electronic Information and Communications

Aspire Counseling maintains health information electronically and uses electronic systems in providing and administering services. Electronic communications relating to your treatment may become part of your clinical record.

I use reasonable administrative, physical, and technical safeguards to protect electronic health information. No method of electronic communication or information storage can be guaranteed to be completely free of risk.

You may request a reasonable alternative method of communication if you have privacy concerns about a particular method of contact.

My Responsibilities

I am required by law to protect the privacy and security of your protected health information and to follow the privacy practices described in the Notice currently in effect.

I will notify you as required by law if a breach occurs that may have compromised the privacy or security of your protected health information.

I will not retaliate against you for exercising your privacy rights or filing a privacy complaint.

Questions or Complaints

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

William Munze
Aspire Counseling
Privacy Contact
Email: info@aspirecounselinginc.com
Telephone: +1 617-858-1084

You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights.

You will not be retaliated against or denied treatment for making a privacy complaint.

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