NOTICE OF PRIVACY PRACTICES

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.

My Commitment to Your Privacy

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

This Notice describes how I may use and disclose your protected health information, the circumstances in which information may be disclosed without your authorization, your rights concerning your information, and my responsibilities for protecting it.

Federal law, including the Health Insurance Portability and Accountability Act (HIPAA), establishes requirements for protecting health information. Massachusetts and Maine laws and professional standards may provide additional protections for mental health information. When a law that applies to your information provides greater privacy protection than HIPAA, I will follow the more protective requirement.

Protected Health Information

Protected health information, or PHI, is individually identifiable information about your health, treatment, or payment for health care.

Your clinical record may include information such as your assessment and diagnosis, treatment plan, dates of service, progress notes, treatment-related communications, and billing or payment information.

How I Use and Disclose Your Information

Treatment

I use your health information to provide psychotherapy and manage your treatment. This includes activities such as assessment, diagnosis, treatment planning, documenting treatment and progress, and determining appropriate clinical interventions.

I will not communicate with another health care provider or other third party about you or your treatment without your written authorization, except when disclosure is permitted or required by law.

When you authorize me to communicate with another person or organization, I will limit the information disclosed as appropriate to the purpose of the authorization.

Payment

Aspire Counseling is a private-pay practice. You pay Aspire Counseling directly for services.

I use health and financial information as necessary to collect and document payment for services. At your request, I may provide you with a superbill or similar documentation that you can submit to an insurance company or other payer to seek reimbursement. Such documentation may include information such as your diagnosis, procedure or service codes, dates of treatment, charges, and payments.

Aspire Counseling does not ordinarily submit insurance claims on your behalf.

Health Care Operations

I may use your health information as necessary to operate my practice and provide appropriate care. This may include activities such as maintaining records, reviewing the quality and effectiveness of services, complying with legal and professional obligations, and managing the administrative and technical systems necessary to operate the practice.

Business Associates

I may use outside companies or service providers to perform functions necessary to operate my practice. Under HIPAA, some of these service providers are considered business associates because their work may involve access to PHI.

When required by law, I enter into agreements requiring business associates to appropriately safeguard your information.

Uses and Disclosures Requiring Your Written Authorization

Except when a use or disclosure is permitted or required by law as described in this Notice, I require your written authorization before disclosing your PHI to another person or organization.

An authorization identifies the information that may be disclosed, the person or organization that may receive it, and the purpose of the disclosure.

You may revoke an authorization in writing at any time. Revocation will stop future disclosures made 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.

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.

Family Members, Friends, and Others Involved in Your Care

I will not discuss your treatment with family members, friends, or others involved in your life without your written authorization, except when disclosure is permitted or required by law.

You may authorize me to share information with particular people and may specify what information I may share.

There may be limited circumstances, such as an emergency or serious threat to health or safety, in which the law permits disclosure without your authorization. In those circumstances, I will disclose information only as permitted or required by applicable law and consistent with professional judgment.

Uses and Disclosures Without Your Authorization

Federal and state laws permit or require disclosure of health information without your authorization in certain circumstances. Because mental health information may receive heightened confidentiality protection under applicable state law, these exceptions are limited by the laws that apply to your information.

Depending on the circumstances, disclosures may include the following.

When Required by Law

I will disclose information when federal or state law requires me to do so.

This may include legally required reports of suspected abuse or neglect and disclosures to governmental agencies responsible for enforcing applicable health care or privacy laws.

Serious Threats to Health or Safety

Information may be disclosed when permitted or required by law to prevent or reduce a serious threat of harm to you or another person.

Any such disclosure will be limited to persons or authorities who may reasonably be able to help prevent or reduce the threat and will be made in accordance with applicable law and professional obligations.

Judicial and Legal Proceedings

Mental health information may be subject to disclosure in certain judicial, administrative, or other legal proceedings.

The existence of a subpoena or other request does not necessarily mean that confidential mental health information may automatically be disclosed. I will disclose information in connection with legal proceedings only when authorized by you or when disclosure is otherwise permitted or required under applicable federal and state law.

Public Health, Health Oversight, and Government Functions

When applicable legal requirements are met, information may be disclosed for certain legally authorized public health activities, health oversight activities, workers' compensation matters, law-enforcement purposes, or other government functions.

Abuse or Neglect

I will make reports concerning suspected abuse or neglect when required by applicable law, including applicable mandated-reporting requirements.

Medical Examiners, Coroners, and Similar Purposes

When permitted by law, information may be disclosed to a medical examiner, coroner, funeral director, or other legally authorized person following a person's death.

Your Rights Regarding Your Health Information

You have important rights concerning your health information. Some rights are subject to specific legal requirements and limitations.

Obtain an Electronic or Paper Copy of Your Record

You may ask to inspect or obtain an electronic or paper copy of health information maintained about you that is subject to your legal right of access.

I will respond to your request within the time required by law. In most circumstances, this is within 30 days.

When appropriate, I may discuss with you whether a treatment summary would meet your needs. You remain entitled to exercise your applicable legal right to obtain the accessible record rather than a summary.

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

If a permissible fee applies to a request, it will be limited to the amount allowed by law.

Ask Me to Correct or Amend Your Record

If you believe health information in your record is incorrect or incomplete, you may ask me in writing to amend it.

I may deny an amendment request in circumstances permitted by law. If I deny your request, I will explain the denial in writing and inform you of any applicable rights concerning the disagreement.

Request Confidential Communications

You may ask me to communicate with you in a particular way or at a particular location to protect your privacy—for example, by using a particular telephone number or email address.

I will accommodate reasonable requests as required by law.

Ask Me to Limit Uses or Disclosures

You may ask me not to use or disclose certain information for treatment, payment, or health care operations.

I am not always required to agree to such a request. If I agree, however, I will comply with the restriction except as otherwise permitted or required by law, including when information is needed for emergency treatment.

If you pay in full out of pocket for a particular service, you may ask me not to disclose information about that service to your health plan for payment or health care operations. I will honor that request unless disclosure is required by law.

Receive an Accounting of Certain Disclosures

You may ask for an accounting of certain disclosures of your PHI made during the six years preceding your request.

The accounting will include disclosures required by law to be included and will exclude categories that the law does not require to be included, such as certain disclosures for treatment, payment, or health care operations and disclosures that you specifically authorized.

You may receive one accounting in a 12-month period without charge. A reasonable, cost-based fee may be charged for additional accountings during the same period if permitted by law.

Obtain a Copy of This Notice

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

The current Notice is also available on the Aspire Counseling website.

Have Someone Act for You

If another person has legal authority to act as your personal representative, that person may exercise applicable rights concerning your health information on your behalf.

I will verify that person's legal authority before permitting the person to exercise those rights.

Different rules may apply when a client is a minor or when state law permits a minor to consent independently to particular health care services.

Electronic Communications and Electronic Records

Aspire Counseling maintains health information electronically and uses electronic systems in providing and administering services.

Electronic communications with me may become part of your clinical record when they relate to your treatment.

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

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

My Responsibilities

I am required by law to maintain the privacy and security of your protected health information.

I must follow the duties and privacy practices described in the Notice that is 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 use or disclose your information other than as described in this Notice unless you authorize me to do so in writing or the use or disclosure is otherwise permitted or required by law.

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

Changes to This Notice

I may change the terms of this Notice and my privacy practices as permitted by law. Changes may apply to PHI that I already maintain as well as information received after the change.

When this Notice is materially revised, the current version will be made available on the Aspire Counseling website and upon request.

Questions or Complaints

If you have questions about this Notice, want to exercise one of your privacy rights, or believe your privacy rights have been violated, you may 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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