

DISCLOSURE STATEMENT & POLICIES
Regulation of Mental Health Professionals in Colorado:

1. Cadenza Counseling LLC's mailing address is 1267 N Pearl St Denver, CO 80203. Elizabeth Hackney, MA, LPCC is the owner, operator, and mental health professional associated with Cadenza Counseling LLC. Elizabeth earned a Master's in Clinical Mental Health Counseling (Concentration in Buddhist Psychology and Contemplative Psychotherapy) from Naropa University in 2022. Elizabeth is a Licensed Professional Counselor Candidate in the state of Colorado (license number: LPCC.0019415). Elizabeth Hackney, MA, LPCC is currently under the supervision of Joy Redstone, LCSW, CAC III (license number: 00992898) in efforts to obtain requirements for full LPC licensure. Elizabeth Hackney, MA, LPCC may disclose confidential information to Joy Redstone, LCSW, CAC III in supervision.

2. Everyone twelve (12) years and older must sign this disclosure statement. A parent or legal guardian with the authority to consent to mental health services for their minor child/ren, must sign this disclosure statement on behalf of their minor child under the age of twelve (12) years old. This disclosure statement contains the policies and procedures of Cadenza Counseling LLC and is HIPAA-compliant. No medical or psychotherapeutic information, or any other information related to your privacy, will be revealed without your permission unless mandated by Colorado law and Federal Regulations (42 C.F.R. Part 2 and Title 25, Article 4, Part 14 and Title 25, Article 1, Part 1, CRS and the Health Insurance Portability and Accountability Act (HIPAA), 45 C.F.R. Parts 142, 160, 162 and 164)

3. The Colorado Department of Regulatory Agencies ("DORA"), Division of Professions and Occupations ("DOPO") has the general responsibility of regulating the practice of Licensed Psychologists, Licensed Social Workers, Licensed Professional Counselors, Licensed Marriage and Family Therapists, Certified Licensed Addiction Counselors, and registered individuals who practice psychotherapy. The agency within DORA that specifically has responsibility is the Mental Health Section, 1560 Broadway, Suite #1350, Denver, CO 80202, (303) 894-2291 or (303) 894-7800; DORA_MentalHealthBoard@state.co.us. Clients are encouraged, but not required, to resolve any grievances through Cadenza Counseling LLC's internal process.

4. You, as a client, may revoke your consent to treatment or the release or disclosure of confidential information at any time in writing and given to your therapist.

5. Levels of Psychotherapy Regulation in Colorado include licensing (requires minimum education, experience, and examination qualifications), Certification (requires minimum training, experience, and for certain levels, examination qualifications), and Registered Psychotherapist (does not require minimum education, experience, or examination qualifications). All levels of qualification require passing a jurisprudence take-home examination. Licensed Professional Counselor must hold a master's degree in their profession and have two years of post-masters supervision. Registered Psychotherapist is a psychotherapist listed in Colorado's database and is authorized by law to practice psychotherapy in Colorado but is not licensed by the state and is not required to satisfy any standardized educational or testing requirements to obtain a registration from the state. Registered psychotherapists are required to take the jurisprudence exam.

CLIENT RIGHTS AND IMPORTANT INFORMATION:

As a client you are entitled to receive information from me about my methods of therapy, the techniques I use, the duration of your therapy, if I can determine it, and my fee structure. Please ask if you would like to receive this information.

Fees:

1. My fee structure and cancellation policy are in accordance with those of Key Concierge Therapy (Jenny Key, LLC).

Restrictions on Uses:

2. You are entitled to request restrictions on certain uses and disclosures of protected health information as provided by 45 CFR 164.522(a), however Elizabeth Hackney, MA, LPCC is not required to agree to a restriction request. Please review Cadenza Counseling LLC's Notice of Privacy Policies for more information.

Second Opinion and Termination:

3. You are entitled to seek a second opinion from another therapist or terminate therapy at any time.

Sexual Intimacy:

4. In a professional relationship (such as psychotherapy), sexual intimacy between a psychotherapist and a client is **NEVER** appropriate. If sexual intimacy occurs it should be reported to DORA at (303) 894-2291, Mental Health Section, 1560 Broadway, Suite 1350, Denver, Colorado 80202.

Confidentiality:

5. Generally speaking, the information provided by and to a client during therapy sessions is legally confidential if the psychotherapist is a Licensed Psychologists, Licensed Social Workers, Licensed Professional Counselors, Licensed Marriage and Family Therapists, Certified and Licensed Addiction Counselors, or a Registered Psychotherapist. If the information is legally confidential, the psychotherapist cannot be forced to disclose information without the client's consent or in any court of competent jurisdiction in the State of Colorado without the consent of the person to whom the testimony sought relates.

6. There are exceptions to this general rule of legal confidentiality. These exceptions are listed in the Colorado statutes, C.R.S. §12-43-218. You should be aware that provisions concerning disclosure of confidential communications shall not apply to any delinquency or criminal proceedings, except as provided in C.R.S § 13-90-107. There are additional exceptions that I will identify to you as the situations arise during treatment or in our professional relationship. For example, I am required to report child abuse or neglect situations; I am required to report the abuse or exploitation of an at-risk elder or the imminent risk of abuse or exploitation; if I determine that you are a danger to yourself or others, including those identifiable by their association with a specific location or entity, I am required to disclose such information to the appropriate authorities or to warn the party, location, or entity you have threatened; if you become gravely disabled, I am required to report this to the appropriate authorities. I may also disclose confidential information in the course of supervision or consultation in accordance with my policies and procedures, in the investigation of a complaint or civil suit filed against me, or if I am ordered by a court of competent jurisdiction to disclose such information. You should also be aware that if you

should communicate any information involving a threat to yourself or to others, I may be required to take immediate action to protect you or others from harm. In addition, there may be other exceptions to confidentiality as provided by HIPAA regulations and other Federal and/or Colorado laws and regulations that may apply.

7. Additionally, although confidentiality extends to communications by text, email, telephone, and/or other electronic means, I cannot guarantee that those communications will be kept confidential and/or that a third-party may not access our communications. Even though I may utilize state of the art encryption methods, firewalls, and back-up systems to help secure our communication, there is a risk that our electronic or telephone communications may be compromised, unsecured, and/or accessed by a third-party. Please review and fill out Cadenza Counseling LLC's **Consent for Communication of Protected Health Information by Unsecure Transmissions.**

Extraordinary Events:

8. In the event that I become disabled, die, or am away on an extended leave of absence (hereinafter "extraordinary event,") the following Mental Health Professional Designee will have access to my client files. If I am unable to contact you prior to the extraordinary event occurring, the Mental Health Professional Designee will contact you. Please let me know if you are not comfortable with the below listed Mental Health Professional Designee and we will discuss possible alternatives at this time:

Joy Redstone, LCSW

The purpose of the Mental Health Professional Designee is to continue your care and treatment with the least amount of disruption as possible. You are not required to use the Mental Health Professional Designee for therapy services, but the Mental Health Professional Designee can offer you referrals and transfer your client record, if requested.

AS A CLIENT:

You as a Client agree and understand the following:

1. I understand that Elizabeth Hackney, MA, LPCC may contact me to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to me in accordance with Cadenza Counseling LLC's **Consent for Communication of Protected Health Information by Unsecure Transmissions.**

2. I understand that if I initiate communication via electronic means that I have not specifically consented to in Cadenza Counseling LLC's Communication of Protected Health Information by Unsecure Transmissions, I will need to amend the consent form so that my therapist may communicate with me via this method.

3. I understand that there may be times when my therapist may need to consult with a colleague or another professional, such as an attorney or supervisor, about issues raised by me in therapy. My confidentiality is still protected during consultation by my therapist and the professional consulted. Only the minimum amount of information necessary to consult will be disclosed. Signing this disclosure statement gives my therapist permission to consult as needed to provide professional services to me as a client. I understand that I will need to sign a separate Authorization for Release of Information for any discussion or disclosure of

my protected health information to another professional besides an attorney retained by my therapist.

4. I understand that, in general, Elizabeth Hackney, MA, LPCC does provide Teletherapy, such as therapy over telephone or video chat. I understand that communications via email and text should be limited to administrative purposes and not used as an avenue for therapy. I understand that should I want Teletherapy, I will discuss my request with my therapist. I understand that it is in my therapist's sole discretion whether to accommodate my request for Teletherapy.

5. I understand that my therapist, does not accept personal Facebook, LinkedIn, Twitter, Instagram, and/or other friend/connection/follow requests via any Social Media. Any such request will be denied in order to maintain professional boundaries. I understand that Cadenza Counseling LLC has, or may have, a business social media account business social media page. I understand that there is no requirement that I "like" or "follow" this page. I understand that should I "like" or choose to "follow" Cadenza Counseling LLC's business social media page that others will see my name associated with "liking" or "following" that page. I understand that this applies to any comments that I post on Cadenza Counseling LLC's page/wall as well. I understand that any comments I post regarding therapeutic work between my therapist and I will be deleted as soon as possible. I agree that I will refrain from discussing, commenting, candor asking therapeutic questions via any social media platform. I agree that if I have a therapeutic comment and/or question that I will contact my therapist through the mode I consented to and NOT through social media.

6. I understand my therapist provides non-emergency therapeutic services **by scheduled appointment only**. If, for any reason, I am unable to contact my therapist by telephone number they provided me, (719) 413-8323, and I am having a true emergency, I will call 911, check myself into the. Nearest hospital emergency room, or call Colorado's Crisis Hotline (844) 493-8255. Elizabeth Hackney, MA, LPCC does not provide after-hours service without an appointment. **If I must seek after hours' treatment from any counseling agency or center, I understand that I will be solely responsible for any fees due.** I understand that if I leave a voicemail for my therapist on the phone number provided, my therapist will return my call by the end of the next business day, excluding holidays and weekends.

7. If my therapist believes my therapeutic issues are above their level of competence, or outside of their scope of practice, they are legally required to refer, terminate, or consult.

8. I understand that this form is compliant with HIPAA regulations and no medical or therapeutic information or other information related to my privacy, will be released without permission unless mandated by Colorado law as described in this form and the Notice of Privacy Policies and Practices. By signing this form, I agree and acknowledge I have received a copy of the Notice or declined a copy at this time. I understand that I may request a copy of the Notice at any time.

9. I understand that if I have any questions about my therapist's methods, techniques, duration of therapy, fee structure, or would like additional information, I may ask at any time during the therapy process. By signing this disclosure statement, I also give permission for the inclusion of my partners, spouses, significant others, parents, legal guardians, or other family members in therapy when deemed necessary by myself or my therapist. I agree that these parties will have to sign a separate Consent for Third-Party Participation Agreement or may have to sign a separate disclosure statement in order to participate in therapy.

10. I understand that should I choose to discontinue therapy for more than sixty (60) days by not communicating with Cadenza Counseling LLC or my therapist, my treatment will be considered "terminated." Ability to resume therapy after sixty (60) days will depend on my therapist's availability and will be within her sole discretion. This disclosure statement will remain in effect should I resume therapy if one (1) year has not elapsed since my last session.

11. There is no guarantee that psychotherapy will yield positive or intended results. Although every effort will be made to provide a positive and healing experience, every therapeutic experience is unique and varies from person to person. Results achieved in a therapeutic relationship with one person are not a guarantee of similar results with all clients.

12. I also affirm, by signing this form, I am at least twelve (12) years old and consent to treatment and therapy services with Cadenza Counseling LLC or that I am the legal guardian and/or custodial parent with the legal right to consent to treatment for any minor child/ren who is under the age of twelve (12), for whom I am requesting therapy services with Cadenza Counseling LLC.

13. I understand that if I am consenting to treatment and therapy services for my minor child/ren that my therapist will request that I produce the Court Order Custody Agreement and/or Parenting Plan that grants me the authority to consent to mental health services for my minor child. Further, I understand and agree to keep my therapist informed of any proceedings or supplemental court orders that affect my parenting rights, custody arrangements, and decision-making authority. I understand that failing to provide the Court Order Custody Agreement and/or Parenting Plan will prohibit my therapist from providing therapy to my minor child/ren. I understand that it is beyond the scope of my therapist's practice to provide custody recommendations. Any request for custody recommendations will be denied.

14. By signing this form, I affirm that I am fully informed of the therapy services I am requesting and that Elizabeth Hackney, MA, LPCC is providing, and grant my consent to receive such therapy services.

15. Cadenza Counseling LLC is committed to always seek awareness, knowledge, and preparation that will guide us in providing a genuine and empathic experience for our clients. We work to see our clients as surviving in a complex world, and strive to advocate for them to the best of our ability, regardless of their age, ability, color, creed, gender, gender expression or identity, immigration status, incarceration status, income, national origin, military status, political affiliation, pregnancy status, public assistance status, sex, sexual orientation, race, relational identity, or religion.

My signature below affirms that the preceding information has been provided by my primary therapist, or if I am unable to read or have no written language, an oral explanation accompanied the written copy. I understand my rights as a client/patient.

Client Name/Signature, DATE

Client/Parent/Legal Guardian Signature, Relationship to Client, DATE

Client/Parent/Legal Guardian Signature, Relationship to Client, DATE

NOTICE OF PRIVACY POLICIES AND PRACTICES

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

Elizabeth Hackney, MA LPCC and Cadenza Counseling LLC believes it is a covered entity under the Health Insurance Portability and Accountability Act (HIPAA) and thus provides its clients with this Notice of Privacy Policies & Practices and complies with the procedures and protocols listed herein. If Cadenza Counseling LLC is determined not to be a covered entity under HIPAA, it will still follow this Notice of Privacy Policies & Practices regarding use and disclosure of PHI; however, the client may not be entitled to the rights set forth in the "Your Rights as a Client" section.

Given the nature of Cadenza Counseling LLC's work, it is imperative that it maintains the confidence of client information that it receives in the course of its work. Elizabeth Hackney, LPCC is a mental health provider. Cadenza Counseling LLC's practice works solely to provide the best counseling treatment options to its clients. Cadenza Counseling LLC is prohibited from releasing any client information to anyone outside immediate staff, employees, interns, and/or volunteers except in limited circumstances in accordance with this Notice of Privacy Policies and Practices. Discussions or disclosures of protected health information ("PHI") within the practice are limited to the minimum necessary that is needed for the recipient of the information to perform their job. Please review this Notice of Policies and Practices ("Notice of Privacy Policies"). It is my policy to:

1. fully comply with the requirements of the HIPAA General Administrative Requirements, the Privacy and Security Rules;
2. provide every client who receives services with a copy of this Notice of Privacy Policies;
3. ask the client to acknowledge receipt when given a copy of this Notice of Privacy Policies;
4. ensure the confidentiality of all client records transmitted by facsimile;
5. obtain from each client an informed Authorization for Release of Protected Health Information form when required.

Elizabeth Hackney, LPCC is required to follow all state and federal statutes and regulations including Federal Regulation 42 C.F.R. Part 2 and Title 25, Article 4, Part 14 and Title 25, Article 1, Part 1, CRS and the Health Insurance Portability and Accountability Act (HIPAA), 45 C.F.R. Parts 142, 160, 162 and 164, governing testing for and reporting of TB, HIV AIDS, Hepatitis, and other infectious diseases, and maintaining the confidentiality of PHI.

PHI refers to any information that I create or receive, and relates to an individual's past, present, or future physical or mental health or conditions and related care services or the

past, present, or future payment for the provision of health care to an individual; and identifies the individual or there is a reasonable basis to believe the information can be used to identify the individual. PHI includes any such information described above that I transmit or maintain in any form, this includes Psychotherapy Notes. HIPAA and federal law regulate the use and disclosure of PHI when transmitted electronically.

YOUR RIGHTS AS A CLIENT:

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your mental health record

- You can ask to see or get an electronic or paper copy of your mental health record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee to fulfill your request.
- If we deny your request, in whole or in part, we will let you know why in writing and whether you have the option of having the decision reviewed by an independent third-party.

Ask us to correct your mental health record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but will explain in writing within 60 days.

Request Confidential Communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- Please review the Consent for Communication of Protected Health Information By Non-Secure Transmissions
- You are required to “opt-in” to receive communications electronically as set-forth in the Consent for Communication of Protected Health Information by Non-Secure Transmissions. If you choose not to “opt-in” to receive electronic communications, we will not communicate with you via electronic means.

Ask Us to Limit What We Use or Share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.

Additional Restrictions

- You have the right to request additional restrictions on the use or disclosure of your mental health information. However, we do not have to agree to that request, and there are certain limits to any restriction. Ask us if you would like to make a request for any restriction(s).

Get a list of those with whom we have shared information

- You can ask for a list of the times we shared your health information for six years prior to the date you ask, who we shared it with, and why
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any of you asked us to make). We will provide one accounting a year for free but will charge a reasonable cost-based fee if you ask for another one within 12 months.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.
- You may also file a complaint with the Colorado Department of Regulatory Agencies, Division of Professions and Occupations, Mental Health Section; 1560 Broadway, Suite 1350, Denver, Colorado, 80202, 303-894-2291; DORA_Mentalhealthboard@state.co.us. Please note that the Department of Regulatory Agencies may direct you to file your complaint with the U.S. Department of Health and Human Services Office for Civil Rights listed above and may not be able to take any action on your behalf.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

A use of PHI occurs within a covered entity (i.e., discussions among staff regarding treatment). A disclosure of PHI occurs when Cadenza Counseling LLC reveal PHI to an outside party (i.e., Cadenza Counseling LLC provides another treatment provider with PHI, or shares PHI with a third party pursuant to a client's valid written authorization).

Cadenza Counseling LLC may use and disclose PHI, without an individual's written authorization, for the following purposes:

1. Treatment: disclosing and using your PHI by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation with clinical supervisors or other treatment team members and for coverage arrangements during your therapist's absence, and for sending appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.
2. Payment: disclosing and using your PHI so that Cadenza Counseling LLC can receive payment for the treatment services provided to you, such as: making a

determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization of review activities.

3. Health Care Operations: disclosing and using your PHI to support Cadenza Counseling LLC's business operations which may include but not be limited to: quality assessment activities, licensing, audits, and other business activities.

Uses and disclosures for payment and health care operations purposes are subject to the minimum necessary requirement. This means that Cadenza Counseling LLC may only use or disclose the minimum amount of PHI necessary for the purpose of the use or disclosure (i.e., for billing purposes Cadenza Counseling LLC would not need to disclose a client's entire medical record in order to receive reimbursement. Cadenza Counseling LLC would likely only need to include a service code and/or diagnosis etc.). Uses and disclosures for treatment purposes are not subject to the minimum necessary requirement.

Cadenza Counseling LLC is required to promptly notify you of any breach that may have occurred and/or that may have compromised the privacy or security of your PHI.

Confidentiality of client records and substance abuse client records maintained are protected by federal law and regulations. It is Cadenza Counseling LLC's policy that a client must complete an Authorization for Release of Protected Health Information it provides prior to disclosing health information to another individual and/or entity for any purpose, except for treatment, payment, or health care operations in accordance with this Notice of Privacy Policies.

Absent the above referenced form, other than for treatment, payment, or health care operations purposes, Cadenza Counseling LLC is prohibited from disclosing or using any PHI outside of or within the organization, including disclosing that the client is in treatment without written authorization, unless one of the following exceptions arises:

1. Responding to lawsuit and legal actions (Disclosure by a court order, in response to a complaint filed against Cadenza Counseling LLC, etc. This does not include a request by you or another party for your records).
2. Disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit or program evaluation.
3. Help with public health and safety issues (Client commits or threatens to commit a crime either at Cadenza Counseling LLC's office or against any person who works for Cadenza Counseling LLC; A minor or elderly client reports having been abused or there is reasonable suspicion that abuse has or will take place; Client is planning to harm another person, including but not limited to the harm of a child or at-risk elder; Client is imminently dangerous to self or others).
4. Address workers' compensation, law enforcement, and other government requests.
5. Respond to organ and tissue donation requests.

6. Business Associates: Cadenza Counseling LLC may enter into contracts with business associates to provide billing, legal, auditing, and practice management services that are outside entities. In those situations, protected health information will be provided to those contractors as is needed to perform their contracted tasks. Business associates are required to enter into an agreement maintaining the privacy of the protected health information released to them.
7. In compliance with other state and/or federal laws and regulations.

The above exceptions are subject to several requirements under the Privacy Rule, including the minimum necessary requirement and applicable federal and state laws and regulations. See 45 C.F.R. § 164.512. Before using or disclosing PHI for one of the above exceptions, Cadenza Counseling LLC's staff must consult its Privacy Officer (Elizabeth Hackney, MA, LPCC) to ensure compliance with the Privacy Rule. Violation of these federal and state guidelines is a crime carrying both criminal and monetary penalties. Suspected violations may be reported to appropriate authorities, as listed above in the "Client's Rights" section, in accordance with federal and state regulations. Know that Cadenza Counseling LLC will never market or sell your personal information without your permission.

SPECIAL AUTHORIZATIONS

Certain categories of information have extra protections by law, and thus require special written authorizations for disclosures.

Psychotherapy Notes: Cadenza Counseling LLC may keep and maintain "Psychotherapy Notes," which may include but are not limited to notes Cadenza Counseling LLC makes about your conversation during a private, group, joint, or family counseling session, which is kept separately from the rest of your record. These notes are given a greater degree of protection than PHI. These are not considered part of your "Client Record." Cadenza Counseling LLC will obtain a special authorization before releasing your Psychotherapy Notes.

HIV Information: Special legal protections apply to HIV/AIDS related information. Cadenza Counseling LLC will obtain a special written authorization from you before releasing information related to HIV/AIDS.

Alcohol and Drug Use Information: Special legal protections apply to information related to alcohol and drug use and treatment. Cadenza Counseling LLC will obtain a special written authorization from you before releasing information related to alcohol and/or drug use/treatment.

You may revoke all such authorizations to release information (PHI, Psychotherapy Notes, HIV information, and/or Alcohol and Drug Use Information) at any time, provided each revocation is in writing, signed by you, and signed by a witness. You may not revoke an authorization to the extent that (1) Cadenza Counseling LLC has relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, the law provides the insurer the right to contest the claim under the policy.

As a covered entity under the Privacy and Security Rules, Cadenza Counseling LLC is required to reasonably safeguard PHI from impermissible uses and disclosures. Safeguards may include, but are not limited to the following:

1. Not leaving test results unattended where third parties without a need to know can view them.
2. Any PHI received as an employee, intern, or volunteer about a client or potential client, may not be used or disclosed for non-work purposes or with unauthorized individuals. Cadenza Counseling LLC may only use and disclose such PHI as described above.
3. When speaking with a client about his or her PHI where third parties could possibly overhear, the conversation will be moved to a private area.
4. Seeking legal counsel in uncertain situations and/or incidences.
5. Obtaining a Business Associates Agreement with those third-parties that have access to and/or store client information. Some of the functions of the practice may be provided by contracts with business associates. For example, some of the billing, legal, auditing, and practice management services may be provided by contracting with outside entities to perform those services.
6. Implementing FAX security measures
7. Obtaining your consent prior to sending any PHI by unsecure electronic transmissions
8. Providing information on my electronic record-keeping.

Your Choices:

For certain health information, you can tell Cadenza Counseling LLC (verbal authorization) your choices about what it shares.

If you have a clear preference for how Cadenza Counseling LLC shares your information in the situations described below, talk to Elizabeth Hackney, MA, LPCC. Tell them what you want them to do, and they will follow your instructions. You may revoke that authorization at anytime for future disclosure.

In these cases, you have both the right and choice to tell Cadenza Counseling LLC to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

If you are not able to tell Elizabeth Hackney, MA, LPCC your preference, for example if you are unconscious, they may go ahead and share your information if they believe it is in your best interest and for your care/treatment. Elizabeth Hackney, MA, LPCC may also share

your information when needed to lessen a serious and imminent threat to public health or safety.

In these cases, we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

Changes to the Terms of this Notice

Cadenza Counseling LLC can change the terms of this notice, and the changes will apply to all information Cadenza Counseling LLC has about you. The new notice will be available upon request by email or paper copy.

This notice is effective January 1st, 2023.

Client Name/Signature; DATE

Client/Parent/Legal Guardian Signature (State Relationship to Client); DATE

Client/Parent/Legal Guardian Signature (State Relationship to Client); DATE

For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html