Privacy Practices Statement
Holistic Therapy Services LLC
Effective Date: _7/9/2025_____

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1. Purpose
This Privacy Practices Statement explains how I collect, use, store, and protect your personal and health information while providing therapy services. It also explains your rights regarding that information, in compliance with HIPAA and applicable state laws.

2. Information Collected
To provide therapy services, I collect information necessary for assessment, treatment, and care coordination. This may include:

- Personal identifiers (name, date of birth, contact information)
- Health and mental health history
- Clinical notes and treatment records
- Session summaries and progress notes
- Billing and payment information
- Communications related to your care

3. How Information is Used
I use your information solely for the purpose of:

- Providing therapy services
- Assessing your needs and planning your treatment
- Tracking progress and adjusting care as needed
- Communicating with you about your care
- Scheduling and billing
- Meeting legal and professional obligations

4. How Information is Shared
I will not share your information without your written consent, except when required by law. Required disclosures include:

- Suspected abuse or neglect of a child, elder, or dependent adult
- Imminent risk of harm to self or others
- Court orders, subpoenas, or other legal requirements
- Reporting required by licensing boards or regulatory agencies

I may share information with other licensed professionals directly involved in your care (with your consent).

5. Security of Information
I take reasonable measures to safeguard your records, including:

- Storing paper records in locked files
- Protecting electronic records with secure passwords and encryption
- Limiting access to records to authorized persons only
- Using secure communication methods when possible

Please note that electronic communication (email, text, video) carries inherent privacy risks. I encourage you to discuss any concerns before using these methods.

6. Client Rights
You have the right to:

- Request access to your therapy records
- Request amendments to your records
- Request restrictions on the use or disclosure of your information
- Receive a copy of your records in electronic or paper form
- Receive a paper copy of this Privacy Practices Statement at any time

To exercise these rights, contact me at:
[Your Name & Contact Information]

7. Retention of Records
I retain therapy records for the period required by state law and professional standards. After this period, records will be securely destroyed.

8. Changes to Privacy Practices
I may update this Privacy Practices Statement. Clients will be informed of significant changes, and the most current version will always be available upon request.

Client Acknowledgment
I acknowledge that I have received, read, and understand this Privacy Practices Statement for therapy services provided by Holistic Therapy Services LLC.

Client Signature: _____
Date: _____

Practitioner Signature: _____
Date: _____