NOTICE OF PRIVACY PRACTICES

Spring of Hope Counseling Services
35 Alden St.
Springfield, MA 01109
Phone: (413) 297-4798
Email: erycawint@springofhopecounselingservices.org

Privacy Contact: Eryca Swan Wint, LPC, LMHC
Effective Date: September 2, 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.

Spring of Hope Counseling Services is committed to protecting the privacy and security of your health information. This Notice of Privacy Practices describes our legal responsibilities regarding your protected health information ("PHI"), how we may use or disclose your information, and your rights regarding that information.

This Notice applies to services provided by Spring of Hope Counseling Services, including telehealth services provided to clients located in Massachusetts, Texas, and the District of Columbia.

YOUR RIGHTS

You have certain rights regarding your health information.

Obtain an Electronic or Paper Copy of Your Record

You may ask to inspect or receive an electronic or paper copy of your medical record and other health information we maintain about you.

We will generally provide a copy or summary of your health information within the timeframe required by law. We may charge a reasonable, cost-based fee when permitted by law.

Certain information, including psychotherapy notes as defined by HIPAA, may be subject to additional protections or limitations on access.

Ask Us to Correct Your Record

If you believe health information we maintain about you is incorrect or incomplete, you may ask us to amend it.

We may deny your request under certain circumstances, but if we do, we will provide an explanation in writing as required by law.

Request Confidential Communications

You may ask us to communicate with you in a particular way or at a particular location.

For example, you may ask that we contact you only at a particular telephone number or email address.

We will accommodate reasonable requests.

Ask Us to Limit What We Use or Share

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

We are generally not required to agree to your request.

However, if you pay for a health care service **in full out-of-pocket**, you may request that we not disclose information about that service to your health insurance plan for payment or health care operations. We will honor that request unless disclosure is required by law.

Receive an Accounting of Disclosures

You may request a list of certain disclosures of your health information made during the six years before your request.

The accounting will not include certain disclosures, including many disclosures made for treatment, payment, or health care operations and disclosures you specifically authorized.

We will provide one accounting during any 12-month period without charge. We may charge a reasonable, cost-based fee for additional requests within the same 12-month period.

Obtain a Copy of This Notice

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

Choose Someone to Act on Your Behalf

If you have given someone medical power of attorney, have a legal guardian, or another person is legally authorized to act as your personal representative, that person may exercise your privacy rights on your behalf as permitted by law.

We may verify the person's authority before taking action.

File a Complaint

If you believe your privacy rights have been violated, you may submit a complaint to:

Eryca Swan Wint, LPC, LMHC
Spring of Hope Counseling Services
35 Alden St.
Springfield, MA 01109
(413) 297-4798
erycawint@springofhopecounselingservices.org

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

File a HIPAA complaint with HHS Office for Civil Rights

You may also contact HHS at 1-877-696-6775 or by mail at 200 Independence Avenue, S.W., Washington, D.C. 20201.

Spring of Hope Counseling Services will not retaliate against you for filing a complaint or exercising your privacy rights.

These rights and complaint procedures are among the elements required in a HIPAA NPP.

YOUR CHOICES

For certain health information, you may tell us your preferences regarding what we share.

When appropriate and permitted by law, you may tell us whether you want us to:

- Share relevant information with family members, close friends, or others involved in your care or payment for your care.
- Share information in a disaster-relief situation.

If you are unable to communicate your preference, we may disclose information when permitted by law if we determine that doing so is in your best interest or when necessary to lessen a serious and imminent threat to health or safety.

Uses Requiring Your Written Authorization

We will generally obtain your written authorization before:

- Using your PHI for marketing purposes when authorization is required by law.
- Selling your PHI.

- Using or disclosing most psychotherapy notes, as that term is specifically defined under HIPAA.
- Making other uses or disclosures of your PHI when authorization is required by applicable law.

If you provide written authorization, you may revoke that authorization in writing at any time, except to the extent that we have already acted in reliance upon it.

HIPAA gives psychotherapy notes special protection. Importantly, "psychotherapy notes" has a narrow legal definition and does **not** simply mean your ordinary progress notes or the entire clinical record.

HOW WE TYPICALLY USE OR SHARE YOUR INFORMATION

Treatment

We may use and disclose your health information to provide, coordinate, or manage your treatment.

For example, with appropriate legal authority, we may communicate with another health care professional involved in your treatment to coordinate your care.

Payment

We may use and disclose health information as necessary to obtain payment for services.

For example, when you use health insurance, we may provide your health plan with information necessary to process a claim. This information may include your diagnosis, dates of service, type of service provided, and other information required by the insurer.

Health Care Operations

We may use and disclose health information to operate our practice and provide services.

This may include activities such as quality assessment, administrative activities, credentialing, compliance, auditing, business planning, and practice management.

These are standard HIPAA-permitted treatment, payment and health-care-operations purposes.

OTHER USES AND DISCLOSURES PERMITTED OR REQUIRED BY LAW

Under certain circumstances, we may use or disclose your health information without your written authorization when permitted or required by law.

These circumstances may include:

Public Health and Safety

We may disclose health information for certain legally authorized public-health and safety purposes, including:

- Preventing or controlling disease.
- Reporting suspected abuse, neglect, or domestic violence when required or permitted by law.
- Preventing or reducing a serious threat to someone's health or safety.
- Other public-health activities authorized by law.

Complying With the Law

We may disclose information when federal, state, or local law requires us to do so.

Health Oversight

We may disclose information to authorized health oversight agencies for activities permitted by law, including audits, investigations, inspections, and professional licensing activities.

Workers' Compensation

We may disclose health information as authorized by and necessary to comply with workers' compensation laws and similar programs.

Law Enforcement and Government Requests

We may disclose information for certain law-enforcement purposes, government functions, or other circumstances when specifically permitted or required by law.

Judicial and Administrative Proceedings

We may disclose health information in response to certain court or administrative orders, subpoenas, discovery requests, or other lawful processes, subject to applicable federal and state confidentiality protections.

Medical Examiners and Funeral Directors

When applicable, we may disclose health information to coroners, medical examiners, or funeral directors as permitted by law.

Research

Health information may be used or disclosed for research only when the requirements of applicable privacy laws have been satisfied.

MENTAL HEALTH AND PSYCHOTHERAPY INFORMATION

Because Spring of Hope Counseling Services provides mental health services, your records may contain particularly sensitive information.

We will comply with HIPAA and applicable state and District of Columbia confidentiality laws governing mental health records. When a state or local law provides greater privacy protection than HIPAA, we will follow the more protective applicable law.

Psychotherapy notes, as specifically defined under HIPAA, receive additional protection. Most uses or disclosures of psychotherapy notes require your written authorization, subject to limited exceptions permitted by law.

SUBSTANCE USE DISORDER RECORDS

Spring of Hope Counseling Services **does not operate as a substance use disorder treatment program subject to 42 CFR Part 2.**

However, to the extent that Spring of Hope Counseling Services receives or maintains records that are protected by 42 CFR Part 2, those records will be handled in accordance with applicable federal law.

Part 2-protected records generally may not be used or disclosed in civil, criminal, administrative, or legislative investigations or proceedings against the patient without the patient's written consent or a qualifying court order and subpoena, as required by applicable law.

The February 2026 HHS model specifically incorporates Part 2-related language into HIPAA provider NPPs.

ELECTRONIC COMMUNICATIONS, TELEHEALTH, AND CLIENT PORTAL

Spring of Hope Counseling Services may use electronic systems to provide telehealth services, maintain health records, communicate securely with clients, schedule appointments, process payments, and provide access to documents and health information.

We use reasonable administrative, technical, and physical safeguards designed to protect your PHI as required by applicable law.

Clients may have access to certain health information and practice services through a secure Client Portal.

You may request reasonable alternative methods of confidential communication by contacting the practice.

OUR RESPONSIBILITIES

Spring of Hope Counseling Services is required by law to:

- Maintain the privacy and security of your protected health information.
- Follow the duties and privacy practices described in the Notice currently in effect.
- Provide you with this Notice explaining our legal duties and privacy practices.
- Notify you following a breach of unsecured PHI when notification is required by law.
- Honor your rights regarding your health information as required by applicable law.
- Refrain from using or disclosing your information in ways not described in this Notice unless you provide written authorization or the use or disclosure is otherwise permitted or required by law.

If you authorize us in writing to use or disclose information, you generally may revoke that authorization in writing at any time. Your revocation will not affect actions already taken based on your previous authorization.

These responsibilities track the current HHS model notice.

CHANGES TO THIS NOTICE

Spring of Hope Counseling Services reserves the right to change the terms of this Notice and its privacy practices.

Changes may apply to all health information we maintain, including information created or received before the change.

When we make a material change, the revised Notice will be available upon request and will be posted on our website as required by applicable law.

QUESTIONS OR CONCERNS

For questions about this Notice, your privacy rights, or Spring of Hope Counseling Services' privacy practices, contact:

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