

Notice of Privacy Practices

Idaho Counseling & Neurofeedback

Notice of Privacy Practices (NPP)

3348 E Goldstone Dr., Meridian, Idaho 83642
Phone: 208-571-2210

Quick Summary: Your Privacy Rights at a Glance

We protect your health information. This Notice explains how we may use your protected health information (PHI), your rights regarding your information, and how to file a complaint if you have concerns.

Key points:

- We use your PHI for treatment, payment, and health care operations without your authorization
- You have the right to access, amend, and get copies of your records
- You can request limits on how we use or share your information
- We will notify you if a breach of your information occurs
- You can file a complaint without retaliation

Read the full Notice below for complete details.

Effective Date: February 25, 2026

1. Our Privacy Commitment

We are committed to protecting your protected health information (**PHI**) and to using it only as allowed by law^[1]. We create and maintain a record of the care and services you receive from our licensed clinicians (LCPC/LCSW credentials on file with Idaho DOPL), including in-person and telehealth services. This Notice applies to all PHI created or kept by Idaho Counseling & Neurofeedback, regardless of format (paper or electronic).

Our Legal Duties

We are required by law to:

- Maintain the privacy and security of your PHI
- Provide you with this Notice of our legal duties and privacy practices
- Notify you following a breach of unsecured PHI
- Follow the terms of the Notice that is currently in effect

Changes to This Notice

We may change this Notice at any time. Updated versions will apply to all PHI we maintain and will be available in our office, on our website, or upon request^[1].

2. How We May Use and Disclose Your PHI

Below are examples of how we are permitted to use and share your PHI without your written authorization, as allowed by HIPAA and applicable Idaho law^{[1][2]}.

Treatment, Payment, and Health Care Operations (TPO)

We may use and disclose your PHI for:

Treatment: Providing, coordinating, or managing your care, including consultation between our clinicians or with other providers, referrals, and care coordination. For treatment purposes, we may use and disclose your full record—the "minimum necessary" rule does not apply to treatment^{[1][3]}.

Examples of treatment uses:

- Coordinating care among multiple providers at our clinic
- Consulting with specialists about your condition
- Referring you to another healthcare provider
- Discussing your case in clinical supervision or team meetings

Payment: Billing, determining coverage or benefits, obtaining reimbursement from you, your health plan, or other payors, and verifying insurance eligibility.

Examples of payment uses:

- Submitting claims to your insurance company
- Verifying your insurance coverage before services
- Collecting payment for services rendered
- Responding to insurance company requests for documentation

Health Care Operations: Quality improvement, training, licensing, auditing, business planning, and other activities that help us run our practice and improve services.

Examples of operations uses:

- Training staff and students in clinical practices
- Conducting quality improvement reviews
- Licensing and accreditation activities
- Business planning and administrative functions

Uses and Disclosures Required or Permitted by Law

We may use or disclose PHI without your authorization when required or permitted by federal or Idaho law, including[1][2]:

Public Health and Safety

- Reporting suspected abuse, neglect, or exploitation of a child, elder, or vulnerable adult (Idaho Code § 39-1401 et seq.)
- Preventing or reducing a serious threat to anyone's health or safety
- Reporting certain communicable diseases to public health authorities

Health Oversight Activities

- Audits, inspections, or investigations by oversight agencies such as Idaho DOPL
- Licensing and certification activities
- Government monitoring of the health care system

Judicial and Administrative Proceedings

- Responding to a court or administrative order
- In some cases, responding to a lawful subpoena or discovery request (we will attempt to notify you or obtain a protective order first)

Law Enforcement Purposes

- Reporting certain crimes or incidents occurring on our premises as allowed by law
- Providing limited information in response to law enforcement inquiries
- Complying with court-ordered warrants

Coroners and Medical Examiners

- Identifying a deceased person or determining cause of death

Workers' Compensation

- Complying with workers' compensation laws and similar programs

Research

- Under strict oversight and, when required, with your authorization or after de-identification

Persons Involved in Your Care

Unless you object, we may share limited PHI with a family member, friend, or other person you identify as involved in your care or payment for your care[1]. In emergencies, we may share information when it is in your best interest; you may later object or limit this.

Appointment Reminders and Health-Related Communications

We may use and disclose your PHI to contact you with:

- Appointment reminders (by phone, text, email, or mail)
- Information about treatment alternatives
- Other health-related benefits or services that may interest you

Telehealth and Electronic Communications

When providing services by telehealth (e.g., via SimplePractice), we may use and disclose PHI as described above for treatment, payment, and operations[1][4]. We use HIPAA-compliant, encrypted platforms and take reasonable steps to protect your privacy, but electronic communication carries some inherent risks (e.g., technical failures, unintended recipients).

If a breach of unsecured PHI occurs, we will notify you as required by HIPAA and Idaho Code § 54-5708[1][2][4].

3. Uses and Disclosures Requiring Your Written Authorization

Certain uses and disclosures of PHI will be made only with your written authorization, including[1][5]:

Psychotherapy Notes

We keep psychotherapy notes as defined by HIPAA (45 CFR § 164.501). Most uses and disclosures of psychotherapy notes require your written authorization, except when:

- We use them for your treatment
- We use them for training or supervising mental health practitioners
- We use them to defend ourselves in legal proceedings you initiate
- The Secretary of Health and Human Services needs them to investigate HIPAA compliance
- Required by law (limited to legal requirements)
- Required for certain health oversight activities
- Required by a coroner performing authorized duties
- Needed to avert a serious threat to health or safety

Marketing Communications

We will not use or disclose your PHI for marketing purposes without your written authorization[1].

Sale of PHI

We will not sell your PHI in the regular course of business[1].

Other Uses Requiring Authorization

Uses and disclosures not described in this Notice will be made only with your written authorization. If you authorize us to use or disclose your PHI, you may revoke your authorization in writing at any time, except to the extent we have already relied on it[1].

4. Your Rights Regarding Your PHI

You have the following rights with respect to your PHI. Most requests must be made in writing to the Privacy Officer identified at the end of this Notice[1].

Right to Request Restrictions

You may ask us to limit how we use or disclose your PHI for treatment, payment, or health care operations, or to family and friends involved in your care[1].

Important: We are not required to agree to most restrictions you request. However, we must honor your request not to disclose PHI to a health plan for payment or operations purposes if:

- The disclosure is for payment or health care operations (not treatment), and
- You have paid in full out of pocket for the specific service or item

To request a restriction, submit your request in writing to our Privacy Officer, specifying:

- What information you want to limit
- Whether you want to limit our use, disclosure, or both
- To whom you want the limits to apply

Right to Request Confidential Communications

You may request that we contact you at a specific phone number, address, or by a particular method (e.g., no voicemail, email only, mail to alternative address)[1].

We will accommodate all reasonable requests. You do not need to explain the reason for your request.

Examples:

- "Please call my cell phone only, not my home phone"
- "Please do not leave voicemail messages"
- "Please send mail to my work address instead of home"
- "Please communicate only via the patient portal"

Right to Inspect and Copy

You have the right to see or get a copy (paper or electronic) of your medical record and other PHI we maintain about you[1].

What you can access:

- Clinical notes and treatment records
- Billing and payment information
- Test results and assessments
- Correspondence related to your care

What is excluded:

- Psychotherapy notes (as defined by HIPAA)
- Information compiled in anticipation of litigation
- Certain information restricted by law

How to request: Submit a written request to our Privacy Officer specifying what records you want and in what format (paper or electronic).

Timeline: We will respond within 30 days of receiving your request (may extend once for 30 additional days if needed).

Fees: We may charge a reasonable, cost-based fee as allowed by Idaho and federal law, including:

- Copying costs
- Postage (if you request mailed copies)
- Preparation of a summary (if you agree to a summary instead of full copies)

Right to Amend

If you believe PHI we have about you is incorrect or incomplete, you may request an amendment[1].

How to request: Submit a written request to our Privacy Officer that:

- Identifies the information you believe is incorrect or incomplete
- Explains why you are requesting the amendment
- Provides any supporting documentation

Our response: We will respond within 60 days. We may:

- Accept your amendment and add it to your record
- Deny your request if we believe the information is accurate and complete

If we deny your request: We will provide a written explanation within 60 days and explain your right to submit a statement of disagreement, which we will include in your record.

Right to an Accounting of Disclosures

You may request a list ("accounting") of certain disclosures of your PHI we have made in the previous six years[1].

What the accounting includes:

- Date of disclosure
- Name and address of recipient
- Brief description of information disclosed
- Brief statement of purpose

What is excluded from the accounting:

- Disclosures for treatment, payment, or health care operations
- Disclosures you authorized
- Disclosures made directly to you
- Disclosures to persons involved in your care (that you didn't object to)
- Disclosures for national security or intelligence purposes
- Disclosures to correctional institutions or law enforcement (in some cases)

How to request: Submit a written request to our Privacy Officer specifying the time period you want (up to six years).

Fees: The first accounting in a 12-month period is free. We may charge a reasonable, cost-based fee for additional requests in the same 12-month period. We will notify you of the fee and you may withdraw your request before incurring the cost.

Right to a Copy of This Notice

You may request a paper or electronic copy of this Notice at any time, even if you agreed to receive it electronically[1].

How to obtain a copy:

- Request one from any staff member during your visit
- Download from our website
- Request via phone: 208-571-2210
- Request via email to our Privacy Officer

Right to File a Complaint

If you believe your privacy rights have been violated, you have the right to file a complaint[1]. **We will not retaliate against you in any way for filing a complaint.**

Where to file complaints:

With Idaho Counseling & Neurofeedback:

Contact our Privacy Officer using the information at the end of this Notice.

With the U.S. Department of Health and Human Services, Office for Civil Rights:

- Website: hhs.gov/ocr/privacy/hipaa/complaints
- Phone: 1-877-696-6775
- Mail: Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, Washington, DC 20201

With Idaho Division of Occupational and Professional Licenses (DOPL):

For concerns about licensed clinicians:

- Website: dopl.idaho.gov
- Phone: 208-334-3233
- Mail: 700 W State Street, Boise, ID 83702

5. Our Responsibilities

We are required by law to[1]:

- Maintain the privacy and security of your PHI
- Provide you with this Notice and abide by its terms
- Notify you if a breach occurs that may have compromised the privacy or security of your PHI
- Follow any Idaho state law that provides greater privacy protections than HIPAA
- Not use or disclose your PHI except as described in this Notice or as authorized by you
- Maintain reasonable safeguards to protect your PHI from unauthorized use or disclosure

How We Protect Your Information

We implement physical, technical, and administrative safeguards, including:

Physical Safeguards:

- Secure storage of paper records in locked files
- Restricted access to areas where PHI is stored
- Secure disposal of PHI (shredding, secure electronic deletion)

Technical Safeguards:

- Encrypted electronic health records systems
- Password-protected computers and devices
- Secure, HIPAA-compliant telehealth platforms
- Regular security updates and patches
- Firewall and antivirus protection

Administrative Safeguards:

- Staff training on HIPAA privacy and security
- Confidentiality agreements with all staff
- Regular privacy and security risk assessments
- Written policies and procedures for PHI handling
- Designated Privacy Officer and Security Officer

Breach Notification

If a breach of your unsecured PHI occurs, we will notify you in accordance with federal and Idaho law^{[1][2][4]}. Notification will include:

- Description of what happened
- Types of information involved
- Steps you should take to protect yourself
- What we are doing to investigate and prevent future breaches
- Contact information for questions

6. Privacy Officer Contact Information

If you have questions about this Notice, wish to exercise any of your privacy rights, or want to file a complaint, please contact:

Privacy Officer

Idaho Counseling & Neurofeedback
3348 E Goldstone Dr., Meridian, Idaho 83642
Phone: 208-571-2210
Email: admin@icnidaho.com

7. Acknowledgment of Receipt

For completion in SimplePractice digital signature section:

By checking the box and/or signing electronically below, I acknowledge that:

- I have been given the opportunity to read and receive a copy of Idaho Counseling & Neurofeedback's Notice of Privacy Practices
- This Notice explains how my health information may be used and disclosed
- This Notice describes my privacy rights and how I can exercise them
- I understand I have the right to request a paper copy of this Notice at any time
- I understand Idaho Counseling & Neurofeedback reserves the right to change the terms of this Notice and will provide me with updated copies upon request

*(SimplePractice will capture your name, date, and electronic signature as part of this acknowledgment.)

*

References

[1] 45 CFR § 164.520 - Notice of privacy practices for protected health information. *Code of Federal Regulations*. <https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-C/part-164/subpart-E/section-164.520>

[2] Idaho Code § 54-5708 - Telehealth services and data breach notification requirements.

[3] 45 CFR § 164.502(b) - Uses and disclosures of protected health information: Minimum necessary standard.

[4] HIPAA Breach Notification Rule, 45 CFR §§ 164.400-414.

[5] 45 CFR § 164.508 - Uses and disclosures for which an authorization is required.
