



Wholehearted
Counseling Services LLC

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Notice of Privacy Practices

Effective Date: April 5, 2026

This notice describes how your health information may be used and disclosed and how you can access that information. Please review it carefully.

Our responsibilities

Wholehearted Counseling Services LLC is committed to protecting the privacy of your protected health information (PHI). PHI is information that may identify you and relates to your health, care, or payment for care.

We are required by law to:

- Maintain the privacy of your PHI.
- Provide you with this notice of our legal duties and privacy practices.
- Follow the terms of the notice currently in effect.
- Notify you if a breach occurs that may compromise the privacy or security of your information.

We reserve the right to change this notice. Any changes will apply to the PHI we maintain about you. The current version will be available upon request and posted on our website.

How we may use and disclose your PHI

1) Treatment

We may use and share your PHI to provide, coordinate, or manage your care. For example, we may consult with another licensed health care provider or make a referral when clinically appropriate.

2) Payment

We may use and disclose your PHI to bill for services and to collect payment. This may include submitting claims or providing information needed for insurance reimbursement.

3) Health care operations

We may use your PHI for practice operations such as appointment reminders, quality improvement, supervision, administrative functions, and billing documentation.

Other disclosures permitted or required by law

We may disclose PHI without your authorization when permitted or required by law, including:

- Public health and safety: including suspected abuse or neglect (child, elder, or vulnerable adult) or to prevent a serious and imminent threat to health or safety.
- Health oversight: audits, investigations, inspections, or licensing activities.
- Judicial and administrative proceedings: in response to a court order, subpoena, or other lawful process (subject to legal requirements).
- Law enforcement: when required or permitted by law.
- Coroners and medical examiners: as authorized by law.
- Workers' compensation: to comply with workers' compensation laws.
- Specialized government functions: such as national security, military activities, and correctional institution requirements.

Uses and disclosures that require your written authorization

We will obtain your written authorization before using or disclosing your PHI for purposes not described in this notice, including:

Psychotherapy notes

Psychotherapy notes (as defined by HIPAA) receive special protection. We do keep psychotherapy notes, and we will not use or disclose them without your written authorization except as permitted by law (for example: to defend ourselves in a legal action brought by you, to comply with a legal requirement, or to avert a serious threat to health or safety).

Marketing

We do not use or disclose PHI for marketing purposes without your written authorization.

Sale of PHI

We do not sell your PHI.

You may revoke an authorization at any time in writing. Revocation will not apply to actions already taken based on a valid authorization.

Disclosures where you may have the opportunity to object

In some circumstances, you may choose whether we share information with family members, friends, or others involved in your care or payment for care. In emergency situations or if you are unable to agree or object, we may share information when clinically appropriate and permitted by law.

Your rights regarding your PHI

You have the right to:

- Request limits on certain uses and disclosures of your PHI (we are not required to agree in all cases).
- Request restrictions for self-pay services paid out-of-pocket in full (you may request we do not disclose related PHI to your health plan).
- Request confidential communications (for example, to be contacted at a different phone number or address).
- Inspect and obtain a copy of your record in paper or electronic form (with limited exceptions). We will respond within 30 days of receiving your written request. We may charge a reasonable, cost-based fee.
- Request an accounting of disclosures for certain disclosures made in the last six years (excluding disclosures for treatment, payment, and operations).
- Request amendments to your record if you believe it is incorrect or incomplete (we may deny the request but will respond in writing).
- Obtain a copy of this notice (paper or electronic) at any time.
- Choose someone to act for you (such as a legal guardian or medical power of attorney).
- Revoke authorizations you previously provided in writing.
- File a complaint if you believe your privacy rights have been violated.

How to file a complaint

You may file a complaint with us using the contact information above or with:

U.S. Department of Health and Human Services

Office for Civil Rights

200 Independence Avenue, S.W.

Washington, DC 20201

Phone: (877) 696-6775

Website: www.hhs.gov/ocr/privacy/hipaa/complaints

We will not retaliate against you for filing a complaint.

Telehealth and electronic communication

Services are provided via secure telehealth platforms. While we use HIPAA-compliant systems and reasonable safeguards, electronic communication carries some risk. Please contact us if you would like to request specific methods of communication. We may communicate with you for routine practice-related matters using methods you have agreed to, such as phone, voicemail, email, portal message, or text message.

Emergencies

The client portal, email, and voicemail are not monitored for emergencies.

If you are in immediate danger, call 911.

If you are in crisis, call or text 988 for the Suicide and Crisis Lifeline.