Notice of Privacy Practices

HOLLY GUELIG COUNSELING, PLLC

Phone: (804) 256-0686
Email: holly@hollygueligcounseling.com
Website: hollygueligcounseling.com

Effective Date: August 12, 2026

NOTICE OF PRIVACY 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.

YOUR PRIVACY

I understand that information about you and your mental health care is personal. I am committed to protecting your health information and maintaining its privacy and security.

I create and maintain a clinical record of the care and services you receive from Holly Guelig Counseling, PLLC. This record is used to provide you with care, operate the practice, and comply with applicable legal and professional requirements.

This Notice describes how I may use and disclose your Protected Health Information ("PHI"), your rights regarding your information, and my responsibilities for protecting it.

I am required by law to:

- Maintain the privacy and security of your PHI;
- Provide you with this Notice describing my legal duties and privacy practices;
- Follow the terms of the Notice currently in effect; and
- Notify you promptly if a breach occurs that may have compromised the privacy or security of your information.

I reserve the right to change the terms of this Notice and make the revised Notice effective for all PHI I maintain. If this Notice is materially revised, the current version will be available upon request and on the practice website.

HOW I MAY USE AND DISCLOSE YOUR INFORMATION

Treatment

I may use and disclose your PHI to provide, coordinate, or manage your treatment and related services.

For example, with appropriate consideration for applicable confidentiality laws, I may communicate with another healthcare professional involved in your care to coordinate treatment.

Payment

I may use and disclose PHI as necessary for payment-related activities.

For example, if you request that I submit information to an insurance company or provide documentation related to reimbursement, certain health information may be used or disclosed for that purpose.

Healthcare Operations

I may use and disclose PHI as necessary to operate this practice and support the quality of your care.

For example, information may be used for administrative activities, practice management, compliance activities, or professional consultation as permitted by law.

OTHER USES AND DISCLOSURES PERMITTED OR REQUIRED BY LAW

Subject to applicable legal limitations, I may use or disclose your PHI without your written authorization in certain circumstances, including:

- When required by state or federal law;

- For certain public health and safety activities;
- To report suspected abuse or neglect when required by law;
- To prevent or reduce a serious threat to health or safety;
- For health oversight activities authorized by law;
- For certain workers' compensation purposes;
- To coroners, medical examiners, or funeral directors as permitted by law;
- For certain law enforcement or government purposes;
- For research when permitted by applicable law; and
- In response to certain judicial or administrative proceedings, court orders, subpoenas, or other lawful processes, subject to applicable confidentiality and privilege protections.

Mental health information may receive additional protections under Virginia or federal law. When another applicable law provides greater privacy protection than HIPAA, I will follow the more protective requirement when required.

PSYCHOTHERAPY NOTES

If I maintain Psychotherapy Notes as that term is defined under HIPAA, they are kept separately from your clinical record and receive additional privacy protections.

Most uses and disclosures of Psychotherapy Notes require your written authorization. Certain limited exceptions are permitted by law, including use by me for your treatment and certain uses or disclosures required or permitted for legal compliance, health oversight, or safety purposes.

SUBSTANCE USE DISORDER RECORDS

Some substance use disorder treatment records may receive additional protections under federal law, including 42 CFR Part 2.

To the extent that I receive or maintain records about you that are protected by 42 CFR Part 2, those records may be subject to protections beyond those that ordinarily apply under HIPAA.

In particular, Part 2-protected records or testimony describing the content of those records generally may not be used or disclosed in civil, criminal, administrative, or legislative investigations or proceedings against you without your written consent or a qualifying court order and subpoena or other legal requirement compelling disclosure.

If applicable, additional requirements regarding consent, redisclosure, SUD counseling notes, and other uses or disclosures will be followed as required by law.

USES AND DISCLOSURES REQUIRING YOUR AUTHORIZATION

Certain uses and disclosures of PHI require your written authorization. These generally include:

- Most uses and disclosures of Psychotherapy Notes;
- Uses and disclosures for marketing purposes as defined by HIPAA; and
- The sale of PHI.

Other uses or disclosures not described in this Notice will generally be made only with your written authorization.

If you provide an authorization, you may revoke it in writing at any time, except to the extent that action has already been taken in reliance on your authorization.

FAMILY, FRIENDS, AND OTHERS INVOLVED IN YOUR CARE

You may tell me whether you would like information shared with a family member, friend, or another person involved in your care or payment for your care.

In certain situations, such as an emergency or when you are unable to communicate your preference, information may be shared when permitted by law and when reasonably necessary to support your care or safety.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

Get an Electronic or Paper Copy of Your Record

You may ask to inspect or receive an electronic or paper copy of your clinical record and other PHI I maintain about you, subject to limitations permitted by law.

Psychotherapy Notes and certain other information may not be subject to the same right of access.

I will generally provide access, a copy, or an agreed-upon summary within the time required by law. A reasonable, cost-based fee may apply when permitted.

Ask Me to Correct Your Record

If you believe information in your record is incorrect or incomplete, you may ask me to amend it.

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

Request Confidential Communications

You may ask me to contact you in a particular way or at a particular location. I will accommodate reasonable requests as required by law.

Ask Me to Limit What I Use or Disclose

You may ask me not to use or disclose certain PHI for treatment, payment, or healthcare operations. I am generally not required to agree to all requested restrictions.

However, if you pay for a healthcare service out of pocket in full and ask me not to disclose information about that service to your health plan for payment or healthcare operations, I will honor that request when required by law unless disclosure is otherwise required by law.

Get a List of Certain Disclosures

You may request an accounting of certain disclosures of your PHI made during the six years before your request.

The accounting does not include every type of disclosure. For example, certain disclosures for treatment, payment, or healthcare operations are generally excluded.

One accounting within a 12-month period will be provided without charge. A reasonable, cost-based fee may apply to additional requests when permitted by law.

Choose Someone to Act for You

If another person has legal authority to act on your behalf, such as a legal guardian or an individual holding appropriate healthcare decision-making authority, that person may exercise certain rights regarding your health information.

I may verify that person's authority before taking action.

Get a Copy of This Notice

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

YOUR CHOICES

In certain circumstances, you have choices regarding how your information is used or disclosed.

You may tell me your preferences regarding sharing information with family members, friends, or others involved in your care.

I do not sell your PHI.

I do not use or disclose your PHI for marketing purposes except as specifically authorized or otherwise permitted by law.

If fundraising activities involving PHI were ever conducted, applicable notice and opt-out requirements would be followed.

MY RESPONSIBILITIES

I am required to maintain the privacy and security of your PHI and to follow the privacy practices described in this Notice.

I will not use or disclose your information other than as described in this Notice unless you authorize me to do so in writing or the use or disclosure is otherwise permitted or required by law.

If you authorize a use or disclosure, you may change your mind and revoke that authorization in writing, subject to limitations provided by law.

I will notify you as required by law if a breach occurs that may have compromised the privacy or security of your PHI.

QUESTIONS OR COMPLAINTS

If you have questions about this Notice, want to exercise one of your privacy rights, or believe your privacy rights have been violated, you may contact:

Privacy Officer: Holly Guelig, LPC
Holly Guelig Counseling, PLLC
Phone: (804) 256-0686
Email: holly@hollygueligcounseling.com

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

U.S. Department of Health and Human Services
Office for Civil Rights
200 Independence Avenue, S.W.
Washington, D.C. 20201
Phone: 1-877-696-6775
Website: www.hhs.gov/hipaa/filing-a-complaint

You will not be retaliated against or denied services for filing a complaint.

CHANGES TO THIS NOTICE

I may change the terms of this Notice and make the revised Notice effective for all PHI I maintain, including information created or received before the revision.

The current Notice will be available upon request and on the Holly Guelig Counseling, PLLC website.