

Noble Journey Therapy - Notice of Privacy Practices

Patient Information

Patient's Legal Name: {client_full_name}

Date of Birth: {client_birth_date}

Consent to Use and Disclose Your Health Information

This form is an agreement between you (the client) and **Noble Journey Therapy**. When we use the words “you” or “your” below, this may refer to you, your child, or another person for whom you are legally authorized to consent to treatment.

When we examine, evaluate, diagnose, or treat you, we collect information about you that the law calls **Protected Health Information (PHI)**.

How We Use and Share Your Information

- We use your PHI to plan, provide, and coordinate your care and treatment.
- We may share your PHI with others involved in your treatment, with those helping arrange payment for your services, or with individuals and entities performing administrative, business, or regulatory functions, as permitted or required by law.
- We limit our disclosures to the **minimum necessary** to accomplish the intended purpose.

By signing this form, you consent to our **use and disclosure of your PHI** as described in our **Notice of Privacy Practices**. You are encouraged to review our Notice of Privacy Practices before signing this consent form.

You may revoke this consent in writing at any time, except to the extent we have already relied on it. If you choose not to sign this consent, we will be unable to provide treatment.

Your Rights and Our Responsibilities

• Notice of Privacy Practices Updates

We may revise our Notice of Privacy Practices in the future to reflect changes in how we use or share your information. You may obtain the most current version at www.noblejourneytherapy.com, by calling us at **(262) 286-0430**, or by contacting our Privacy Officer.

• Requesting Limitations

You have the right to request limits on how we use or share certain parts of your PHI for treatment, payment, or healthcare operations.

- Please submit any such requests in writing.
- While we will consider all requests, we are not obligated—and at times may not be able—to approve them.
- If we do agree, we will honor your request unless required by law to disclose information.

• Revoking Consent

You may revoke this consent at any time by submitting a written request to our Privacy Officer.

- Your revocation will apply going forward.
 - We cannot undo any uses or disclosures that were made based on your prior consent.
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Concerns, Complaints, and Online Reviews

Noble Journey Therapy welcomes feedback and is committed to addressing client concerns respectfully and constructively. If you have concerns about your care or our services, we encourage you to contact the practice directly so we may attempt to resolve the issue.

You have the right to file a complaint with the practice, your insurance carrier (if applicable), your licensing board, or the U.S. Department of Health and Human Services without fear of retaliation.

If you choose to share feedback publicly, including through online reviews or social media, please be aware that such platforms are public and not confidential. Posting personal or health-related information may result in the disclosure of your own Protected Health Information (PHI). Noble Journey Therapy cannot protect or control information you voluntarily share in public forums and will not respond in a way that confirms or denies an individual's status as a client.

Confidential Communication Alternatives or Limitations

You may request specific ways for us to communicate with you regarding your treatment or health information. You do not need to provide a reason for your preferences. We will communicate with you using the contact information you provide unless you request alternative or limited methods. Communication may occur via one or more methods, such as U.S. Mail, Email, or Telephone. Please note that Email and Telephone communications may be less secure than U.S. Mail.

In the Event of a Breach of Protected Health Information (PHI)

In the event of a breach involving my Protected Health Information, I understand that Noble Journey Therapy will notify me using one or more of the following methods—U.S. Mail, Email, or Telephone/Verbal Notification—which will be documented. Notifications will include information about the breach, steps I can take to protect myself, and contact information for questions. I understand that Email and Telephone communications may be less secure than U.S. Mail. I may specify alternative or limited means of contact if I prefer.

This notification method is provided for my convenience and in accordance with the HIPAA Final Rule, which modifies the Privacy, Security, Enforcement, and Breach Notification Rules (45 CFR Parts 160 and 164).
