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## NOTICE OF PRIVACY PRACTICES

This notice describes how health information may be used and disclosed, how it is protected, and how you can access this information. Please take a moment to review this information.

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### I. MY COMMITMENT TO YOUR HEALTH INFORMATION

I understand that your health information is personal, and I am committed to protecting your privacy and confidentiality. I create and maintain a record of the care and services you receive in order to support quality treatment and to comply with legal requirements.

This notice applies to all records of your care that I maintain. It explains how I may use and disclose your health information, describes your rights, and outlines my responsibilities in protecting your information.

I am required by law to:

- Maintain the privacy and security of your protected health information (PHI)
- Provide you with this notice of my legal duties and privacy practices
- Follow the terms of this notice currently in effect

I may change the terms of this notice at any time, and any changes will apply to all information I maintain. The updated notice will be available upon request, in my office, and on my website.

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### II. HOW I MAY USE AND DISCLOSE HEALTH INFORMATION

The following categories describe how I may use and disclose your health information. Not every example is listed, but all permitted uses fall within these categories.

**For Treatment, Payment, and Health Care Operations**

I may use and disclose your health information to provide treatment, coordinate care,

manage my practice, and obtain payment for services. This may include consultation with other healthcare providers involved in your care.

Example: I may share information with another provider to support coordination of care or treatment planning.

#### Appointment Reminders and Services

I may use your health information to contact you regarding appointments or to provide information about services or treatment options.

#### Secure Client Portal

I may provide access to certain health information through a secure online client portal. You may choose to use this portal to review documents, complete forms, or communicate with me. While the portal is designed to be secure, electronic communication carries some inherent risks. You may request alternative methods of communication if preferred.

#### Public Health and Safety

I may disclose information to prevent disease, report abuse or neglect, or reduce a serious threat to health or safety.

#### Legal and Government Requirements

I may disclose your health information when required by federal or state law, including for health oversight, law enforcement, workers' compensation, or national security purposes.

#### Research

I may use or disclose your information for research purposes as permitted by law.

#### Organ and Tissue Donation / Medical Examiners

I may share information with organ procurement organizations, medical examiners, or funeral directors when appropriate.

#### Legal Proceedings

I may disclose information in response to a court order, subpoena, or administrative request.

If I maintain substance use disorder patient records subject to 42 CFR Part 2, I will not disclose that information for investigations or legal proceedings without your written consent or a valid court order and subpoena.

#### State Law Protections

In some cases, state law may provide greater protection for your health information than federal law. When this occurs, I will follow the more protective law. For example, I will not disclose your mental health treatment information without your written consent unless permitted or required by law.

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### III. USES AND DISCLOSURES THAT REQUIRE AUTHORIZATION

I will obtain your written authorization for:

Most uses and disclosures of psychotherapy notes  
Marketing purposes  
Sale of protected health information

You may revoke your authorization at any time in writing.

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### IV. USES AND DISCLOSURES WHERE YOU HAVE A CHOICE

You have the right to make decisions about certain types of disclosures. You may direct me to:

Share information with family members, friends, or others involved in your care  
Share information in a disaster relief situation  
Include your information in a hospital directory

If you are unable to communicate your preferences (for example, in an emergency), I may share information if I determine it is in your best interest.

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### V. YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the following rights:

#### Right to Access Your Information

You may request a copy of your medical record and other health information I maintain. I will typically provide a copy or summary within 30 days. A reasonable, cost-based fee may apply.

#### Right to Request Corrections

You may request that information be corrected if it is believed to be incorrect or incomplete. I may deny your request but will provide a written explanation within 60 days.

#### Right to Request Confidential Communication

You may request to be contacted in a specific way or at a specific location. I will honor all reasonable requests.

#### Right to Request Restrictions

You may request limits on how your information is used or shared. While I am not required to agree to all requests, I will honor requests related to services paid out-of-pocket in full unless disclosure is required by law.

#### Right to an Accounting of Disclosures

You may request a list of disclosures made within the past six years. I will provide one list per year at no cost; additional requests may incur a reasonable fee.

#### Right to a Copy of This Notice

You may request a paper copy of this notice at any time.

#### Right to Choose a Personal Representative

If authorized, another individual may act on your behalf regarding your health information.

#### Right to File a Complaint

If you believe your privacy rights have been violated, you may contact me using the information listed above or file a complaint with the U.S. Department of Health and Human Services. I will not retaliate against you for filing a complaint.

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## VI. MY RESPONSIBILITIES

I am required to:

Maintain the privacy and security of your health information

Notify you of any breach that may compromise your information

Follow the terms of this notice

Not use or disclose your information other than as described here unless you provide written authorization

For more information, visit:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html)

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## VII. CHANGES TO THIS NOTICE

I may update the terms of this notice at any time. Any changes will apply to all information I maintain. The updated notice will be available upon request, in my office, and on my website.

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## EFFECTIVE DATE

This notice is effective as of 2/26/26.

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## ACKNOWLEDGEMENT OF RECEIPT

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information.

By signing electronically, you acknowledge that you have received a copy of this Notice of Privacy Practices. Electronic signatures are legally equivalent to handwritten signatures. I maintain these records electronically.