

NOTICE OF PRIVACY PRACTICES

Thrive Christian Psychological Services
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EFFECTIVE DATE

This Notice of Privacy Practices is effective as of **01/01/2026**.

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION
MAY BE USED AND DISCLOSED AND HOW YOU CAN
ACCESS THIS INFORMATION. PLEASE REVIEW IT
CAREFULLY.**

I. OUR RESPONSIBILITIES REGARDING YOUR HEALTH INFORMATION

I understand that information about you and your mental health care is personal and sensitive. I am committed to protecting your Protected Health Information ("PHI").

I create and maintain records of the care and services you receive in order to provide quality care and to comply with legal requirements. This Notice applies to all PHI created or maintained by Thrive Christian Psychological Services, whether in paper or electronic form.

I am required by law to:

- Maintain the privacy of your PHI
- Provide you with this Notice of Privacy Practices

- Follow the terms of the Notice currently in effect

I reserve the right to change the terms of this Notice. Any changes will apply to all PHI I maintain. An updated Notice will be available upon request, through the client portal, and on my website.

II. HOW YOUR PHI MAY BE USED AND DISCLOSED

For Treatment, Payment, and Health Care Operations

Federal privacy regulations allow health care providers to use or disclose PHI without written authorization for purposes of treatment, payment, and health care operations.

These activities may include:

- Providing, coordinating, or managing your mental health care
- Consulting with other licensed health care providers involved in your care
- Billing, payment processing, and administrative functions

Disclosures for treatment purposes are not limited to the minimum necessary standard, as full access to information may be required to provide appropriate care.

Legal Proceedings

PHI may be disclosed in response to a court order, subpoena, or lawful legal process, or as otherwise required by state or federal law.

III. USES AND DISCLOSURES REQUIRING YOUR WRITTEN AUTHORIZATION

Psychotherapy Notes

Psychotherapy notes are kept separate from the medical record and receive special protection under HIPAA.

Psychotherapy notes will not be used or disclosed without your written authorization except:

- For my use in treating you

- For training or supervision purposes
- To defend myself in legal proceedings initiated by you
- When required by law
- To prevent a serious and imminent threat to health or safety

Marketing and Sale of PHI

I do not use your PHI for marketing purposes and do not sell your PHI.

IV. USES AND DISCLOSURES NOT REQUIRING AUTHORIZATION

Subject to applicable law, PHI may be used or disclosed without authorization for:

- Public health and safety activities (e.g., mandated abuse reporting)
- Health oversight activities (audits, investigations)
- Judicial and administrative proceedings
- Law enforcement purposes
- Coroners or medical examiners
- Research, when permitted by law
- Specialized government functions
- Workers' compensation claims
- Appointment reminders and treatment-related communications

V. DISCLOSURES WITH OPPORTUNITY TO OBJECT

PHI may be disclosed to family members, friends, or others involved in your care or payment for care unless you object. In emergency situations, consent may be obtained retroactively.

VI. YOUR RIGHTS REGARDING YOUR PHI

You have the right to:

- **Request restrictions** on certain uses and disclosures (approval not guaranteed)
- **Request confidential communications**, including alternative contact methods
- **Inspect and obtain copies** of your medical record (excluding psychotherapy notes)
- **Request amendments** to your medical record

- **Receive an accounting of disclosures** (excluding treatment, payment, and operations)
- **Obtain a paper or electronic copy** of this Notice
- **Restrict disclosures to health plans** when services are paid out-of-pocket in full

All requests must be submitted in writing. Reasonable, cost-based fees may apply where permitted by law.

VII. BREACH NOTIFICATION

You will be notified in accordance with federal and California law if a breach of unsecured PHI occurs that compromises the privacy or security of your information.

VIII. COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with:

Dr. Courtney Miller, Psy.D.

Email: dcourtney@thrivechristiantherapy.com

You may also file a complaint with the U.S. Department of Health and Human Services. Filing a complaint will not result in retaliation.

ACKNOWLEDGMENT OF RECEIPT

Clients will be asked to acknowledge receipt of this Notice of Privacy Practices. Acknowledgment does not require agreement, only confirmation of receipt.