

*Syringa Counseling*  
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## **NOTICE OF PRIVACY PRACTICES**

Syringa Counseling (hereafter, "we") is dedicated to protecting your privacy. Under the Health Insurance Portability and Accountability Act of 1996 (hereafter, "HIPAA"), you have certain rights regarding the use and disclosure of your protected health information (hereafter, "PHI").

**THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION (PHI) ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

You may have additional rights under state and local law.

**Effective date of this Notice:** This Notice went into effect on March 26, 2026.

### **I. Our Duties Regarding Your Health Information**

In order to provide quality care and comply with legal and ethical requirements, we create a record of the care and services you receive in order to provide quality care and comply with legal requirements.

We are required by law to:

- Maintain the privacy of your PHI.
- Provide you with this Notice of our legal duties and privacy practices with respect to your PHI.
- Follow the terms of the Notice that is currently in effect.
- Provide you with adequate notice of your rights and our legal duties if we create or maintain records protected by 42 C.F.R. Part 2.
- Notify you following a breach of your unsecured PHI.

### **II. How We May Use and Disclose Your PHI**

**Treatment, Payment, or Health Care Operations:** We may use and disclose your PHI without your authorization for:

- Consultation.
- Billing.
- Appointment reminders.
- Care coordination.
- Treatment alternatives or services.

Disclosures for treatment are not limited by the minimum necessary standard.

**Uses and Disclosures Required or Permitted by Law:** We may disclose your PHI when required by federal or Idaho law, including:

- Suspected abuse or neglect, as defined by mandated reporting laws.
- Serious threats to health or safety, as defined by duty to warn
- Health oversight activities.
- Judicial or administrative proceedings.
- Law enforcement purposes.
- Workers' compensation claims.
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**Other Permitted Uses:** We may also use or disclose your PHI for:

- Public health activities.

- Research (when permitted by law).
- Coroners or medical examiners who are performing duties authorized by law.
- Our use in defending ourselves in legal proceedings instituted by you.
- Use by the Secretary of the Department of Health and Human Services (HHS) to investigate our compliance with HIPAA.

**Lawsuits and Disputes:** If you are involved in a lawsuit, we may be required to disclose PHI in response to a court or administrative order. We may also disclose PHI about you or your minor child(ren) in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

### III. Uses and Disclosures Requiring Authorization

We will not use or disclose your PHI without your written authorization for the following.

**Psychotherapy Notes:** Psychotherapy notes are kept separate from your medical record as defined by 45 CFR §164.501. Any use or disclosure of such notes requires your authorization except in limited situations permitted by law. You may revoke authorization at any time in writing.

**Fundraising:** We do not use or disclose your PHI for fundraising purposes.

**Marketing:** We do not use or disclose your PHI for marketing purposes.

**Sale of PHI:** We do not sell your PHI.

### IV. Special Protections for Substance Use Disorder Treatment Records

Some records related to substance use disorder ("SUD") diagnosis, treatment, or referral are subject to additional federal confidentiality protections under 42 CFR Part 2, which provide stricter privacy safeguards than HIPAA. Any use or disclosure of these notes requires your separate written authorization, which cannot be combined with a consent for other types of records. You can revoke your consent at any time except to the extent that we have already acted upon it to disclose these notes in accordance with your initial authorization.

**Use and Disclosure Restrictions:** Substance use disorder treatment records, and any testimony relaying the contents of those records, may not be used or disclosed in any civil, criminal, administrative, or legislative proceeding against you, unless:

- You provide specific written consent, or
- A court order authorizes the disclosure after notice and an opportunity to be heard is provided to you or the holder of the record.

A court order authorizing disclosure must be accompanied by a subpoena or other legal mandate compelling disclosure before any SUD-related record is released or used.

**No Redisclosure:** When substance use disorder information is disclosed, it may not be redisclosed unless expressly permitted by law or by your written authorization.

**Limited Exceptions:** Disclosure of SUD records without consent may occur only in limited situations allowed by federal law, including:

- Medical emergencies
- Qualified service organization agreements
- Audits or evaluations
- Research under strict safeguards
- Court orders that meet Part 2 requirements

All such disclosures are limited to the minimum necessary and handled with heightened confidentiality protections.

**V. Disclosures with Opportunity to Object:** We may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

#### **VI. Electronic Communications**

We may communicate with you via email, text, or telehealth platforms. While reasonable safeguards are used, these methods may not be fully secure. By providing your contact information, you acknowledge and accept the risks of these communications. You may opt out or request alternative communication at any time.

#### **VII. Minors and Idaho Law**

In Idaho, parents or legal guardians generally have the right to access a minor's PHI. However, we may limit access based on professional judgment and applicable law.

#### **VIII. Your Rights**

You have the following rights with respect to your PHI:

- **The Right to Request Limits on Uses and Disclosures of Your PHI:** You have the right to ask us not to use or disclose certain PHI for treatment, payment, or health care operations purposes. We are not required to agree to your request, and we may say "no" if we believe it would affect your health care.
- **The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full:** You have the right to request restrictions on the disclosure of your PHI to health plans for payment or health care operation purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full.
- **The Right to Choose How We Send PHI to You:** You have the right to ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and we will agree to all reasonable requests.
- **The Right to See and Get Copies of Your PHI:** Other than "psychotherapy notes" and "SUD counseling notes," you have the right to get an electronic or paper copy of your medical record and other information that we have about you. We will provide you with a copy of your record, or if you agree, a summary of it, within 30 days of receiving your written request. We may charge a reasonable fee for doing so.
- **The Right to Get a List of the Disclosures We Have Made:** You have the right to request a list of instances in which we have disclosed your PHI for purposes other than treatment, payment, or health care operations, and other disclosures (such as any you ask us to make). We will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list we will give you will include disclosures made in the last six years unless you request a shorter time. We will provide the list to you at no charge, but if you make more than one request in the same year, we will charge you a reasonable cost based fee for each additional request. You also have the right to request an accounting of disclosures specifically for your substance use disorder records protected under 42 C.F.R. Part 2.
- **The Right to Correct or Update Your PHI:** If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that we correct the existing information or add the missing information. We may say "no" to your request, but we will tell you why in writing within 60 days of receiving your request.
- **The Right to Get a Paper or Electronic Copy of this Notice:** You have the right to get a paper copy of this Notice, and you have the right to get a copy of this Notice by email. And, even if you have agreed to receive this Notice via email, you also have the right to request a paper copy of it.
- **The Right to Choose Someone to Act For You:** If you have given someone medical power of attorney or if someone is your legal guardian, that person can make choices about your health information.
- **The Right to Revoke an Authorization.**
- **The Right to Opt-out of Communications from our Organization.**
- **Right to Be Notified of a Breach.** You have the right to be notified following a breach of your unsecured PHI (no later than 60 days after discovery).

#### **IX. Complaints**

If you believe your privacy rights have been violated, you may file a complaint with the privacy office, Amy Faragher, using the contact information listed above.

You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/)

You will not be retaliated against for filing a complaint.

**X. Changes to This Notice**

We reserve the right to change this Notice, and such changes will apply to all PHI we maintain. The new Notice will be available upon request, in our office and on our website.

**XI. Acknowledgment**

By signing below, you confirm that you have received a copy of this HIPAA Notice of Privacy Practices.

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Signature Date

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Signature Date