

## **2025 Notice of Privacy Practices**

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Maples Creative Counseling, LLC  
d.b.a Embrace Change Therapy  
215 E Big Beaver Rd Suite 100  
Troy, MI 48083-1216  
Phone 313-451-3315  
Fax 248-250-9874  
contact@embracechangetherapy.com  
www.MaplesCreativeCounseling.com  
www.EmbraceChangeTherapy.com

This document provides you with important information regarding your rights regarding your privacy and confidentiality. Please have each adult participating in therapy read and sign a separate electronic or paper form. If you have any questions regarding its content or our policies, please immediately ask your clinician or someone on our administrative team. The Notice of Privacy Practices must be signed by the client / guardian of the client in order to receive services, and will be reviewed and resigned annually.

### **Your Information. Your Rights. Our Responsibilities.**

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

### **Your Rights**

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

#### **Get an electronic or paper copy of your medical record**

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

#### **Ask us to correct your medical record**

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

#### **Request confidential communications**

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say "yes" to all reasonable requests.

#### **Ask us to limit what we use or share**

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.
- We will say “yes” unless a law requires us to share that information

#### **Get a list of those with whom we’ve shared information**

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

#### **Get a copy of this privacy notice**

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

#### **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 exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

#### **File a complaint if you feel your rights are violated**

- You can complain if you feel we have violated your rights by contacting us using the information above.
- You can file a complaint with the:  
Michigan Department of Licensing and Regulatory Affairs  
Bureau of Professional Licensing  
Investigations & Inspections Division  
PO Box 30670  
Lansing, MI 48909  
(517) 241-0205
- We will not retaliate against you for filing a complaint.

#### **Your Choices**

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory
- If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

### **Our Uses and Disclosures**

How do we typically use or share your health information? We typically use or share your health information in the following ways.

Treat you

- We can use your health information and share it with other professionals who are treating you. Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization

- We can use and share your health information to run our practice, improve your care, and contact you when necessary. Example: We use health information about you to manage your treatment and services.

Bill for your services

- We can use and share your health information to bill and get payment from health plans or other entities. Example: We give information about you to your health insurance plan so it will pay for your services

### **How else can we use or share your health information?**

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

Help with public health and safety issues

- We can share health information about you for certain situations such as:
  - Preventing disease
  - Helping with product recalls
  - Reporting adverse reactions to medications
  - Reporting suspected abuse, neglect, or domestic violence
  - Preventing or reducing a serious threat to anyone's health or safety

Do research

- We can use or share your information for health research.

Comply with the law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Work with a medical examiner or funeral director

-We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

-We can use or share health information about you:

- For workers' compensation claims

- For law enforcement purposes or with a law enforcement official

- With health oversight agencies for activities authorized by law

- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

-We can share health information about you in response to a court or administrative order, or in response to a subpoena.

### **Our Responsibilities**

-We are required by law to maintain the privacy and security of your protected health information.

-We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

-We must follow the duties and privacy practices described in this notice and give you a copy of it.

-We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see:

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

### **Minors and Confidentiality**

Parents/guardians, it is important to know that therapy only works when children/adolescents feel they have full trust of the counselor and that can only happen when their confidentiality is respected. It is the client's choice to share with you what is discussed in our sessions if they choose to, but neither they nor I are obligated to share. However, there may be times when you are asked to join in a session with us to have open communication between all parties. In addition, **it is important that during the beginning of the first session, we (the client, parents/guardian, and therapist) all define the possible at-risk behaviors and how we will handle communication together in future instances, which includes topics of sex, drugs, and alcohol.** After the parameters are set, the parents/guardians will be asked to leave so the remainder of the first session will be reserved for the client and myself. Any parameters set are allowed to be revisited by all parties again at any time as the client gets older.

Communication and safety are the most important parts of therapy. Please know that if the minor client shares with me that they are engaging in any at-risk behaviors or activities that could bring them harm and they refuse to communicate such to their parents/guardian, then I will be forced to break confidentiality and inform them of such.

### **Mandated Reporting**

Embrace Change Therapy may, without notice, break client confidentiality and contact the appropriate authorities with all pertinent information when we suspect:

- Child, elder, or dependent adult abuse is revealed about any party, including those not in therapy.

- A client poses a serious physical threat to themselves or others.

Additionally, by signing this document, you give Embrace Change Therapy permission to release information when ordered by a judge or court of law under threat of sanction to our practice or staff.

### **Changes to the Terms of This Notice**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.

This notice is effective as of January 1, 2025.

All concerns about client privacy at Embrace Change Therapy can be directed to Alison Maples (the current Compliant Officer and Practice Director). She can be reached at [alisonmaples@embracechangetherapy.com](mailto:alisonmaples@embracechangetherapy.com), by phone at 313-451-3315, or by fax at 248-250-9874.

I acknowledge that I have received a copy of Embrace Change Therapy's Privacy Notice, which outlines its policies and procedures surrounding protected health information, as well as my rights as a client.

I understand that if I have any questions about the privacy of my care or information, I can ask my provider or contact Embrace Change Therapy's compliance team at 313-451-3315 or [contact@EmbraceChangeTherapy.com](mailto:contact@EmbraceChangeTherapy.com).

BY CLICKING ON THE CHECKBOX BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.