Turning the Mind Counseling, LLC

Notice of Privacy Practices

Effective Date: July 24, 2026

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

Turning the Mind Counseling, LLC is committed to protecting the privacy and confidentiality of your protected health information ("PHI"). This Notice describes how your information may be used and disclosed, your rights regarding your health information, and my legal responsibilities as your healthcare provider under the Health Insurance Portability and Accountability Act (HIPAA).

Contact Information

Turning the Mind Counseling, LLC
Heather Anderson, LISW
24600 Center Ridge Rd,
Suite 133
Westlake, OH 44145-5638
Phone: 216.512.0470
Email: heather\@turningthemind.com

My Responsibilities

I am required by law to:

- Maintain the privacy and security of your protected health information.
- Provide you with this Notice of Privacy Practices.
- Follow the terms of this notice currently in effect.
- Notify you if a breach occurs that may have compromised the privacy or security of your health information.
- Inform you if this notice changes.

How Your Health Information May Be Used and Disclosed

1. Treatment

Your information may be used or shared with other healthcare providers involved in your care to coordinate treatment or referrals.

Examples include:

- Consulting with your primary care physician (with appropriate permission when required)
- Coordinating care with psychiatrists or other treating professionals
- Referring you to specialists or higher levels of care

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2. Payment

Your information may be used to obtain payment for services.

Examples include:

- Submitting insurance claims
- Verifying insurance eligibility and benefits
- Collecting copayments or balances
- Responding to insurance requests regarding covered services

Billing may be processed through secure third-party billing platforms or clearinghouses.

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3. Health Care Operations

Your information may be used for activities necessary to operate the practice, including:

- Quality improvement
- Clinical supervision or consultation
- Audits
- Licensing requirements
- Business planning
- Risk management

When consultation occurs, only the minimum necessary information is shared whenever possible.

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4. Appointment Reminders and Communication

I may contact you regarding:

- Appointment reminders
- Scheduling changes
- Billing matters
- Administrative information

Communication may occur by:

- Telephone
- Voicemail
- Secure client portal
- Email
- Text message

Reasonable safeguards will be used; however, electronic communication carries inherent privacy risks.

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5. Business Associates

Certain services are provided through companies that assist in operating the practice, such as electronic health record systems, billing services, cloud storage, or technology vendors.

These companies are required by law and contract to safeguard your information.

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6. Uses Required or Permitted by Law

Your information may be disclosed when required or permitted by federal or state law, including:

- Public health reporting
- Court orders
- Law enforcement requests
- Health oversight activities
- Government investigations
- National security requirements
- Workers' compensation claims

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7. To Prevent Serious Harm

Information may be disclosed if necessary to prevent a serious and imminent threat to your health or safety or the safety of another person.

8. Abuse, Neglect, or Domestic Violence

Ohio law may require reporting suspected abuse, neglect, or exploitation involving children, older adults, or other protected individuals.

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9. Emergencies

If you experience a medical emergency or become unable to communicate, information may be shared with healthcare professionals providing emergency treatment.

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10. Family Members or Others Involved in Your Care

With your permission—or when otherwise permitted by law—I may share relevant information with family members or others involved in your care.

Psychotherapy Notes

HIPAA provides additional protections for psychotherapy notes.

Psychotherapy notes are separate from your clinical record and generally will not be disclosed without your written authorization except when permitted or required by law (such as for certain supervision, legal defense, or oversight activities).

Uses Requiring Your Written Authorization

Most uses or disclosures not described in this notice require your written authorization.

You may revoke your authorization at any time in writing, except to the extent that action has already been taken based on your prior authorization.

Your Rights Regarding Your Health Information

You have the right to:

Inspect and Obtain Copies

You may request access to your clinical record, subject to applicable legal limitations.

Request an Amendment

If you believe information in your record is incorrect or incomplete, you may request that it be amended.

Request Restrictions

You may ask that certain uses or disclosures of your information be limited. While I will consider your request, I am not always legally required to agree.

Request Confidential Communications

You may request that I communicate with you in a specific way or at a specific location.

Receive an Accounting of Disclosures

You may request a list of certain disclosures made outside of treatment, payment, and healthcare operations.

Obtain a Copy of This Notice

You have the right to receive a paper or electronic copy of this Notice at any time.

Receive Breach Notification

You will be notified if a breach of unsecured protected health information occurs as required by law.

Designate a Personal Representative

You may authorize another individual to act on your behalf when legally permitted.

Electronic Communication

Turning the Mind Counseling, LLC utilizes electronic systems, including:

- Secure electronic health records
- Client portal communications
- Electronic scheduling
- Electronic billing
- Telehealth services when applicable

While reasonable safeguards are used, no method of electronic communication is completely risk-free. Clients are encouraged to use the secure client portal whenever possible for confidential communications.

Changes to This Notice

I reserve the right to revise this Notice of Privacy Practices. Any updated version will apply to all protected health information maintained by the practice and will be made available upon request and posted on the practice website.

Questions or Complaints

If you have questions about this Notice or believe your privacy rights have been violated, please contact:

Heather Anderson, MSW, LISW
Turning the Mind Counseling, LLC
216.512.0470
heather\@turningthemind.com

You may also file a complaint with:

U.S. Department of Health and Human Services
Office for Civil Rights

You will not be retaliated against for filing a complaint.

Thank you for trusting Turning the Mind Counseling, LLC with your care. Protecting your privacy is an important part of providing quality mental health treatment.