



Julianne Newton, LCMHC
5101 Country Club Rd, W-S, NC 27104
Phone: 336-303-8599
Email: juliannepnewton@gmail.com

Notice of Privacy Practices (HIPAA)

This notice describes how your health information may be used and disclosed and how you can access this information. Please review it carefully.

Your Protected Health Information (PHI)

I maintain records of the services I provide to you. These records include protected health information (PHI), which may include your name, contact information, medical and mental health history, session notes, and billing information.

Your PHI may be used and disclosed for the following purposes:

- **Treatment:** Providing, coordinating, or managing your care
- **Payment:** Billing and collecting payment for services (including insurance)
- **Health Care Operations:** Practice operations such as scheduling, recordkeeping, and quality assurance

Uses and Disclosures Requiring Authorization

Your information will not be shared with others outside of these purposes without your written authorization, except as required or permitted by law.

Disclosures Without Authorization

In certain situations, I may be required to disclose information without your consent, including:

- Suspected abuse or neglect of a child, elder, or vulnerable adult
- Serious threat to your safety or the safety of others (duty to warn/protect)
- Court orders, subpoenas, or other legal proceedings
- Other situations required by law

Your Rights

You have the right to:

- Access and receive a copy of your records (with limited exceptions)
- Request corrections to your records
- Request restrictions on certain uses or disclosures
- Request confidential communication methods (e.g., different email or address)

- Receive an accounting of certain disclosures
- Receive a copy of this notice
- Revoke authorization at any time (in writing)

Confidentiality of Psychotherapy Notes

Psychotherapy notes are kept separate from your general record and receive additional protection. These notes are not released without your specific written authorization, except as required by law.

Security and Communication

Reasonable steps are taken to protect your information. However, electronic communication (e.g., email) may carry some risk. By engaging in services, you acknowledge and accept this risk.

Complaints

If you believe your privacy rights have been violated, you may file a complaint without fear of retaliation.

You may contact:

- **U.S. Department of Health & Human Services (OCR):**
www.hhs.gov/ocr/privacy/hipaa/complaints
- **North Carolina Board of Licensed Clinical Mental Health Counselors**

You may also contact me directly to discuss any concerns.

Effective Date: August 1, 2026

By signing the intake documents, you acknowledge that you have received and reviewed this Notice of Privacy Practices.

Client: _____ Date: _____

Parent/Guardian: _____ Date: _____
(if client is under 18)