Notice of Privacy Practices

Effective August 1, 2026 | Enaya Counseling and Consulting LLC

Your Information. Your Rights. Our Responsibilities.

This notice describes how medical and mental health information about you may be used and disclosed, how you can access this information, and the privacy responsibilities of Enaya Counseling and Consulting LLC. Please review it carefully.

1. Our Commitment and Legal Duties

Protected health information (PHI) is information that identifies you, or could reasonably identify you, and relates to your past, present, or future physical or mental health, health care, or payment for health care. PHI may be spoken, written, or electronic.

We are required by law to maintain the privacy and security of your PHI, provide you with this Notice, follow the duties and privacy practices described here, and notify you following a breach of unsecured PHI when required by law. The HIPAA Security Rule requires appropriate administrative, physical, and technical safeguards for electronic PHI.

We may change this Notice and apply the revised practices to PHI we already maintain as well as information created or received in the future. A current Notice will be available in the office and on our website, and a paper or electronic copy is available upon request.

2. Uses and Disclosures for Treatment, Payment, and Operations

Treatment

We may use and disclose PHI to provide, coordinate, or manage your care, including consultation with health care professionals involved in your treatment. Consistent with the practice's clinical policies and applicable state law, we generally seek your written permission before routine coordination with an outside provider when feasible, except when an emergency or another law permits or requires disclosure.

Payment

We may use and disclose PHI to bill and collect payment, verify benefits, obtain authorization, submit claims, respond to insurer inquiries, and work with billing or collection services. Insurance claims may include diagnosis, service dates, procedure codes, and other information required for payment.

Health Care Operations

We may use and disclose PHI for practice administration, quality review, supervision, training, credentialing, legal or auditing services, licensing, compliance, security, and other activities needed to operate the practice and improve care.

Business Associates

Vendors that create, receive, maintain, or transmit PHI for the practice—such as electronic health record, billing, secure communication, cloud, or documentation vendors—must safeguard the information as required by HIPAA and applicable written agreements.

3. Other Uses and Disclosures Permitted or Required by Law

When applicable conditions are met, we may use or disclose PHI without your written authorization for the purposes below. We disclose only the information reasonably necessary when the HIPAA minimum-necessary rule applies and honor more protective federal or state confidentiality laws.

- Required by law; health oversight, licensing, audits, investigations, inspections, or government compliance reviews.
- Public health activities, including preventing or controlling disease, injury, or disability and reporting certain adverse events or product problems.
- Reports of suspected child abuse or neglect, elder abuse, or abuse of a disabled or dependent adult, as required by applicable reporting laws.
- To prevent or lessen a serious and imminent threat to the health or safety of a person or the public, when disclosure is permitted by law and professional ethics.
- Judicial or administrative proceedings, subpoenas, court orders, warrants, and certain law-enforcement requests, subject to applicable legal protections and additional protections for psychotherapy and mental health records.
- Workers' compensation or similar programs established by law.
- Coroners, medical examiners, and funeral directors as authorized by law.
- Military command, national security, protective services, correctional institutions, or custodial situations as authorized by law.
- Research approved under HIPAA requirements, including your authorization or an Institutional Review Board or Privacy Board waiver, or use of de-identified or limited data when permitted.
- Appointment reminders, care-related communications, and information about treatment alternatives or health-related benefits or services.
- Persons involved in your care or payment when you agree, do not object, or when professional judgment and law permit; and disaster-relief organizations when needed to notify family or others.

4. Uses Requiring Your Written Authorization

Uses or disclosures not described in this Notice generally require your written authorization. You may revoke an authorization in writing at any time, except to the extent we already relied on it or another law requires continued retention or disclosure.

Specially protected information

Most uses and disclosures of psychotherapy notes, uses for marketing, and disclosures that constitute a sale of PHI require your written authorization unless a specific legal exception applies. We do not sell your PHI. If fundraising communications are ever used, you may opt out of future fundraising contacts.

Other laws may provide greater protection for mental health, HIV/AIDS, genetic, and substance-use-disorder information. When a more protective law applies, we follow that law.

5. Substance Use Disorder Records (When Applicable)

Certain substance use disorder (SUD) records created by or received from a federally assisted SUD program may be protected by 42 CFR Part 2 in addition to HIPAA. When these Part 2 protections apply, you may provide a single consent for future uses and disclosures for treatment, payment, and health care operations as permitted by law. Part 2 records received pursuant to a valid consent may be redisclosed in accordance with HIPAA, unless another law limits redisclosure.

Part 2 records, or testimony describing their contents, generally may not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you unless you provide specific written consent or a court order authorizes the use or disclosure after required procedures are followed.

6. Your Privacy Rights

Access and Copies

You may inspect or obtain a paper or electronic copy of PHI in the designated record set, with limited exceptions such as psychotherapy notes. Submit your request in writing. We will act on the request no later than 30 calendar days after receipt. If permitted and necessary, one additional 30-day extension may be used after written notice of the reason and expected completion date.

Any charge for a copy will be a reasonable, cost-based fee limited to allowable copying labor, supplies, and postage. If you request a summary or explanation, we will obtain your advance agreement to it and to any related fee. We will inform you in advance of an approximate fee when required.

Amendment

You may request in writing that we amend PHI you believe is incorrect or incomplete. We generally act within 60 days and may use one 30-day extension after written notice. If we deny the request, we will explain why and describe your right to submit a statement of disagreement or have the request and denial included with future disclosures.

Confidential Communications

You may ask us to contact you in a specific way or at a different address. We will accommodate reasonable requests and may ask how payment will be handled or request information needed to carry out the request.

Restrictions

You may ask us not to use or disclose certain PHI for treatment, payment, or operations. We are not generally required to agree. If you pay in full out of pocket for a service and request that we not disclose that information to your health plan for payment or operations, we must agree unless the disclosure is required by law.

Accounting of Disclosures

You may request a written accounting of certain disclosures made during the six years before your request. The accounting does not include every type of disclosure, such as many disclosures for treatment, payment, and health care operations or disclosures you authorized. We generally act within 60 days and may use one 30-day extension after written notice. One accounting in a 12-month period is free; a reasonable cost-based fee may apply to additional requests after advance notice and an opportunity to withdraw or modify the request.

Notice, Representative, and Complaints

You may obtain a paper copy of this Notice even if you agreed to receive it electronically. A verified personal representative may exercise your rights when legally authorized. You may complain to us or to the U.S. Department of Health and Human Services Office for Civil Rights if you believe your privacy rights were violated. We will not retaliate against you for filing a complaint.

7. Contact Information and Complaints

Enaya Privacy Officer

Fatima Wasim, PhD, NCC
Enaya Counseling and Consulting LLC
555 Sun Valley Drive, Suite G-4, Roswell, GA 30076
Phone: 678-235-5054 | Fax: 678-810-0666
Email: info@enayacc.com

You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically at https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf, by email at OCRComplaint@hhs.gov, or by mail using the instructions at https://www.hhs.gov/ocr/complaints. For assistance, call 1-800-368-1019 or TDD 1-800-537-7697.

8. Acknowledgment of Receipt

Your signature acknowledges that you received or had access to this Notice and had an opportunity to review it. Your signature does not authorize uses or disclosures beyond those permitted by law or otherwise authorized by you.

CLIENT NAME: _____ **DATE:** _____

SIGNATURE: _____

Date of last revision: August 8, 2026