



HOLISTIC ALIVENESS THERAPY

## **Notice of Privacy Practices**

**Effective Date:** December 19, 2025

This Notice explains how protected health information may be used and disclosed and describes your rights regarding that information. This Notice applies whether or not you are a current client of **Holistic Aliveness Therapy LLC**.

### **Our Commitment to Privacy**

Holistic Aliveness Therapy LLC respects your privacy and takes the confidentiality of mental health information seriously. We are required by law to protect the privacy of protected health information (PHI), to provide this Notice, and to follow the privacy practices described here.

### **How Health Information May Be Used or Disclosed**

Protected health information may be used or disclosed for the following purposes, as permitted or required by law:

#### **Treatment**

To provide, coordinate, or manage mental health care.

#### **Payment**

To bill and receive payment for services, including interactions with insurance providers or payment processors.

#### **Health Care Operations**

For practice operations such as quality improvement, training, licensing, audits, supervision, and administrative functions.

### **Uses and Disclosures Required or Permitted by Law**

In certain situations, information may be disclosed without authorization, including:

- When required by federal or state law
- To prevent a serious and imminent threat to health or safety

- For public health or health oversight activities
- To report suspected abuse, neglect, or exploitation of a child, elder, or vulnerable adult
- In response to a valid court order, subpoena, or lawful request

## **Uses Requiring Written Authorization**

Uses and disclosures not described above require written authorization, except as otherwise permitted or required by law. Authorizations may be revoked in writing.

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## **Your Privacy Rights**

Individuals have rights regarding their protected health information, including the right to:

- Access and obtain a copy of their records
- Request corrections or amendments
- Request limits on certain uses or disclosures
- Request confidential communications
- Receive an accounting of certain disclosures
- Obtain a paper copy of this Notice

Exercising these rights will not affect access to care.

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## **State-Specific Privacy Information**

### **For Colorado Residents**

Colorado law provides additional protections for mental health information beyond federal HIPAA requirements.

If you are a Colorado resident:

- Mental health records generally may not be disclosed without consent except as required by law.
- You have the right to access your mental health records, subject to limited legal exceptions.
- You may request corrections or amendments to your record.
- Colorado law prioritizes client privacy and autonomy in mental health care.

When federal and Colorado laws differ, **the law that provides greater privacy protection applies.**

## **For Residents of Other States (Including TX, IL, and WI)**

Privacy protections for mental health information are governed by federal HIPAA law and applicable state laws. When state laws provide greater privacy protection than federal law, the more protective law will apply.

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## **Our Legal Responsibilities**

We are required by law to:

- Maintain the privacy of protected health information
- Provide this Notice of Privacy Practices
- Follow the terms of this Notice
- Notify affected individuals of breaches of unsecured protected health information, as required by law

## **Changes to This Notice**

This Notice may be updated at any time. Changes apply to all protected health information maintained by the practice. The current Notice will be available on this website and upon request.

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## **Questions or Concerns**

For questions about this Notice or privacy practices, contact:

**Marti Stany, LCSW-S**  
Holistic Aliveness Therapy LLC  
210-201-5585  
Marti@HolisticAliveness.com

Complaints may also be filed with the U.S. Department of Health and Human Services.