



Notice of Privacy Practices

This notice describes how information about you may be used and disclosed to others and how you can get access to this information. Please read this carefully. Mantis Counseling and Coaching Services, LLC is required by law to maintain your privacy and the security of your protected health information and to provide you with a Notice of Privacy Practices. This notice describes how your health information may be used and shared and explains your privacy rights.

Permitted uses and sharing of your health information:

Treatment: We may use and share your health information to ensure you are provided appropriate treatment and services. For example, the physician providing your health care.

Payment: We may use and share your health information to get payment for your treatment and services.

To Avoid Harm: We will use or share your health information to prevent serious threat to your health and safety or the health and safety of others, including threats, abuse, and injury.

Lawsuits and Disputes: We may share your health information in response to a valid judicial or administrative order, including subpoenas.

Clinical Purposes: We may speak with professional colleagues and clinical supervisors about our work together without asking your permission, but your identity will be disguised.

Records for Children: Clients under eighteen (18) years of age do not have full confidentiality from their parents.

Other uses or sharing of your health information will be made only with your written authorization.

Health Information Rights

Right to see and get a copy of your health information: You may see and get a copy of your health information by making a written request to the above address.

Right to a list of disclosures made of your health information: You have a right to a list of those instances in which we have shared your health information.

Right to revoke any authorization of disclosure of information: You have the right to revoke any authorization you have made previously. You must send this request in writing to the above address. This request will not effect any information that was previously shared while the authorization was valid.

If you have questions about your privacy rights or would like additional information about something in this notice, please speak with your therapist.