



PINKLEAF RELATIONSHIP & MENTAL  
HEALTH WELLNESS LLC

3060 Williams Dr. Suite 300, 1005  
Fairfax, VA 22030  
T: (571) 540-9258  
C: (540) 840-1593

E: [egreene@pinkleafrelationshipandmhwellness.com](mailto:egreene@pinkleafrelationshipandmhwellness.com)  
W: [www.relationshipandmhwellness.com](http://www.relationshipandmhwellness.com)

## NOTICE OF PRIVACY PRACTICES

EFFECTIVE JANUARY 1, 2026

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL, MENTAL HEALTH, AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW CAREFULLY

The Health Insurance Portability & Accountability Act of 1996 "HIPAA" requires that all medical records and other individually identifiable health information used or disclosed by us in any form are kept confidential. This Act gives you, the patient, significant new rights to understand and control how your health information is used. "HIPAA" provides penalties for covered entities that misuse personal health information.

PINKLEAF RELATIONSHIP & MENTAL HEALTH WELLNESS LLC may use and disclose your protected health information (PHI) only for each of the following purposes with your consent; treatment, payment and health care operations.

- **Treatment** means providing, coordinating, or managing your health care and related services by one or more health care providers.
- **Payment** means such activities as obtaining reimbursement for services, confirming insurance coverage, billing or collection activities, and utilization review.
- **Health Care Operations** are activities that relate to the performance and operation of the practice. Examples of healthcare operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.

"Use" applies only to activities within the office, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.

"Disclosure" applies to activities outside of the office, such as releasing, transforming or providing access to information about you to other parties.

"PHI"- Protected Health Information refers to information in your health record that could identify you.

### Uses and Disclosures Requiring Authorization

PINKLEAF RELATIONSHIP & MENTAL HEALTH WELLNESS LLC may use or disclose PHI for purposes outside of treatment, payment and healthcare operations when your appropriate authorization is obtained. An "authorization" is written permission above and beyond the general consent that permits only specific disclosures. In those instances when PINKLEAF RELATIONSHIP & MENTAL HEALTH WELLNESS LLC is asked for information for purposes outside of treatment, payment and health care operations, we will obtain an authorization before releasing this information. PINKLEAF RELATIONSHIP & MENTAL HEALTH WELLNESS LLC will also need to obtain an authorization before releasing your psychotherapy notes. "Psychotherapy notes" are notes a therapist has made about conversations during a private, group, joint, or family counseling session, which is kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

You may revoke all such authorizations of (PHI or psychotherapy notes) at any time, provided each revocation is in writing.

You may *not* revoke an authorization to the extent that (1) PINKLEAF RELATIONSHIP & MENTAL HEALTH WELLNESS LLC has relied on that authorization or (2) if the authorization was obtained as a condition of obtaining insurance coverage\* and the law provides the insurer the right to consent to the claim under the policy.

### **Uses and Disclosures with Neither Consent nor Authorization**

PINKLEAF RELATIONSHIP & MENTAL HEALTH WELLNESS LLC may use or disclose PHI without your consent or authorization in the following circumstances:

- If a therapist has reason to suspect that a child or an adult is abused or neglected or exploited, the therapist is required by law to report the matter immediately to the Department of Welfare or Social Services.
- The Board of Psychology and the Board of Social Work have the power, when necessary, to subpoena relevant records.
- If in a court proceeding, a request is made for the information about your diagnosis and treatment and the records thereof, such information is privileged under state law, and PINKLEAF RELATIONSHIP & MENTAL HEALTH WELLNESS LLC will not release information without the written authorization by you or your legal representative, or a court ordered subpoena. If you are involved in a lawsuit, I may disclose health information in response to a court order. I may also disclose health information about your child in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested. However, if you move to quash (block) the subpoena, PINKLEAF RELATIONSHIP & MENTAL HEALTH WELLNESS LLC is required to place said records in a sealed envelope and provide them to the clerk of court so that the court can determine whether the records should be released. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.
- If a client communicates a specific and immediate threat to cause bodily injury or death, to an identified or to an identifiable person, and the therapist believes the client has the intent and ability to carry out that threat, the therapist must take steps to protect third parties. These precautions may include (1) warning the potential victims, or the parent or guardian of the potential harm(s), if under age 18 or (2) notifying a law enforcement officer.
- If you file a worker's compensation claim, PINKLEAF RELATIONSHIP & MENTAL HEALTH WELLNESS LLC is required by law, upon request, to submit your relevant mental health information to you, your employer, the insurer, or a certified rehabilitation provider.

### **Patient Rights**

- You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, PINKLEAF RELATIONSHIP & MENTAL HEALTH WELLNESS LLC is not required to agree to a restriction which you request.
- You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. Upon your request, we will send your bills to another address.
- You have the right to inspect or obtain a copy of PHI and psychotherapy notes as long as the PHI is maintained in the record, PINKLEAF RELATIONSHIP & MENTAL HEALTH WELLNESS LLC may deny your access to PHI under certain conditions but in some cases you may have this decision reviewed. On your request, your therapist will discuss the details of the request and denial process with you.



PINKLEAF RELATIONSHIP & MENTAL  
HEALTH WELLNESS LLC

3060 Williams Dr. Suite 300, 1005

Fairfax, VA 22030

T: (571) 540-9258

C: (540) 840-1593

E: [egreene@pinkleafrelationshipandmhwellness.com](mailto:egreene@pinkleafrelationshipandmhwellness.com)

W: [www.relationshipandmhwellness.com](http://www.relationshipandmhwellness.com)

- You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. PINKLEAF RELATIONSHIP & MENTAL HEALTH WELLNESS LLC may deny your request. Your therapist can discuss the details of the amendment process with you.
- You generally have the right to receive an accounting of disclosures of PHI for which you have not provided consent. On your request, your therapist will discuss the details of the accounting process with you.
- You have the right to obtain a paper copy of this notice upon request, even if you have agreed to receive it electronically.

This notice is effective as of January 1, 2026, and PINKLEAF RELATIONSHIP & MENTAL HEALTH WELLNESS LLC is required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective for all protected health information that we maintain. We will post and you may request a written copy of a revised Notice of Privacy Practices from this office.

If you feel that your privacy protections have been violated you have the right to file a written complaint with our office or with the Department of Health & Human Services, Office of Civil Rights, about violations of the provisions of this notice or the policies and procedures of our offices.

- **PINKLEAF RELATIONSHIP & MENTAL HEALTH WELLNESS LLC preferred method of interaction with clients is through the Simplepractice portal message board. While email and phone are common gateway communication mediums for connecting with our practice and coordinating first sessions with our counselors and coaches, please do not send privacy protected content via these means. Once a client has been established as a client on the SimplePractice portal (has login access under PINKLEAF RELATIONSHIP & MENTAL HEALTH WELLNESS LLC), we sincerely encourage all contact between clients and practitioners occur via the SimplePractice Message center. SimplePractice Messenger is privacy and HIPAA protected. It has a downloadable app for all phone types and also allows for downloads of documents and pictures. Please make the switch to communicating through the message board with your clinician as soon as you are set up on SimplePractice and avoid using text or email to share protected data, as these do not offer the protections that the platform does. If you have any issues using the SimplePractice portal reach out to your clinician or to the company via [egreene@pinkleafrelationshipandmhwellness.com](mailto:egreene@pinkleafrelationshipandmhwellness.com) so that we can correct the issue.**

**CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:**

1. Marketing Purposes. As a provider, I will not use or disclose your PHI for marketing purposes.
2. Sale of PHI. As a provider, I will not sell your PHI in the regular course of my business.
3. **Recording of Sessions**
  - a. **Recordings or transcripts of client phone calls or sessions are strictly prohibited at our agency. PINKLEAF RELATIONSHIP & MENTAL HEALTH WELLNESS LLC bans all types of recordings when clients, caregivers, or account holders are present, or staff are present who have not pre-authorized consent for the recording.**
  - b. **Unauthorized recordings or transcripts of sessions or phone calls with therapists, coaches, or agency staff are prohibited. Wrongly obtained recordings threaten the privacy we**

**require, and go to extreme lengths to protect, at our agency. Unauthorized recordings are a violation of the contract between client and practitioner and may result in termination of all PINKLEAF RELATIONSHIP & MENTAL HEALTH WELLNESS LLC services, and likewise, result in the pursuit of legal action. Non-consensual recordings cannot be used as personal research or documentation, in support of legal proceedings or evidence for discovery, or to leverage, intimidate, or threaten others.**

- c. Only staff-to-staff training videos may be recorded, or photographed, assuming no clients or persons participating in services of any kind with our agency are present. Any in-agency created training videos or pictures will happen with the consent of those staff present and will be conducted in platforms other than the SimplePractice portal.**

CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION. Subject to certain limitations in the law, I can use and disclose your PHI without your Authorization for the following reasons:

1. When disclosure is required by state or federal law and the use or disclosure complies with, and is limited to the relevant requirements of such law.
2. For public health activities, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone's health or safety.
3. For health oversight activities, including audits and investigations.
4. For judicial and administrative proceedings, including responding to a court or administrative order, although my preference is to obtain an Authorization from you before doing so.
5. For law enforcement purposes, including reporting crimes occurring on my premises.
6. To coroners or medical examiners, when such individuals are performing duties authorized by law.
7. For research purposes, including studying and comparing the clients who received one service versus those who received another service for the same goal.
8. Specialized government functions, including, ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counter-intelligence operations; or, helping to ensure the safety of those working within or housed in correctional institutions.
9. For workers' compensation purposes. Although my preference is to obtain an Authorization from you, I may provide your PHI in order to comply with workers' compensation laws. 10 Appointment reminders and health related benefits or services. I may use and disclose your PHI to contact you to remind you that you have an appointment with me. I may also use and disclose your PHI to tell you about service alternatives, or other health care services or benefits that I offer.

BY SIGNING this document I AM AGREEING THAT I HAVE READ, UNDERSTOOD, AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.