

**Empowering Us Therapy, LLC**  
**Notice of Privacy Practices**  
**Effective September 2025**

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

Empowering Us Therapy, LLC (“the Practice”) is committed to protecting your privacy. We are required by federal law (HIPAA) to maintain the privacy of Protected Health Information (“PHI”), which is information that identifies or could reasonably be used to identify you.

This Notice of Privacy Practices (“Notice”) explains our legal duties, privacy practices, and your rights regarding PHI that we collect and maintain.

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#### Your Rights

You have the following rights regarding your PHI. To exercise these rights, submit a written request to Empowering Us Therapy, LLC at the contact information listed below.

##### Inspect and Copy PHI

You may request an electronic or paper copy of your PHI.

A reasonable, cost-based fee may apply.

We may deny your request if disclosure could endanger your life or another person’s life.

You may have the right to request a review of that denial.

##### Amend PHI

You may ask to correct PHI you believe is inaccurate or incomplete.

Your request may need to be in writing with a reason provided.

If we deny your request, we will provide a written explanation and allow you to submit a written statement of disagreement.

##### Request Confidential Communications

You may ask us to contact you by alternative means (e.g., different phone number, address, or email).

We will grant all reasonable requests.

##### Request Restrictions

You may request that we limit how we use or share your PHI for treatment, payment, or operations.

We are not required to agree, but if you pay in full out-of-pocket for a service, we will honor your request not to share information about that service with your insurer.

You may also request that we not share information with specific family members or others involved in your care.

##### Get a List of Disclosures

You may request an accounting of when we have shared your PHI for up to the past six years (excluding certain routine uses such as treatment, payment, and operations).

The first list in a 12-month period is free; additional requests may incur a reasonable fee.

##### Receive a Copy of This Notice

- You may request a paper copy of this Notice at any time, even if you agreed to receive it electronically.

##### Choose Someone to Act for You

- If you have given someone medical power of attorney or have a legal guardian, that person can exercise your rights on your behalf.

#### File a Complaint

If you believe your privacy rights have been violated, you may file a complaint with us using the contact information below.

You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, by visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).

We will not retaliate against you for filing a complaint.

#### Fundraising

- We may contact you for fundraising purposes. You may opt out of future contacts.

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#### Our Uses and Disclosures

##### 1. Routine Uses and Disclosures (No Authorization Required)

We may use and share your PHI without written authorization for:

Treatment: Coordinating or managing your care with other health care providers.

Example: Sharing information with your primary care provider if needed.

Payment: Billing and receiving payment for services.

Example: Sending necessary PHI to your insurance company for reimbursement.

Health Care Operations: Running our practice, improving services, and contacting you as needed.

Example: Using PHI to send appointment reminders (if you choose).

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##### 2. Uses and Disclosures Without Your Authorization or Opportunity to Object

We may use or share PHI without your permission in certain situations:

Public Health and Safety: Reporting disease, injury, abuse, neglect, or domestic violence; preventing or controlling disease; reporting adverse events.

Health Oversight: For audits, investigations, and inspections by government agencies.

Serious Threats: To prevent or lessen a serious and imminent threat to health or safety.

Legal Requirements: To comply with laws, court orders, subpoenas, or legal investigations.

Law Enforcement: For locating a suspect, missing person, or crime victim, or for reporting crimes on our premises.

Specialized Government Functions: For military, national security, or presidential protection activities.

Workers' Compensation: To comply with workers' compensation or similar programs.

Other: To coroners, medical examiners, funeral directors, organ donation organizations, researchers with proper approvals, or correctional institutions if you are in custody.

Business Associates: To entities that perform services on our behalf under a HIPAA-compliant contract.

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##### 3. Uses and Disclosures With Your Authorization or Opportunity to Object

Unless you object, we may share your PHI:

With family members, friends, or others involved in your care.

When it is in your best interest because you are unable to state a preference.

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##### 4. Uses and Disclosures Requiring Your Written Authorization

We will not use or share your PHI for the following without your written authorization:

- Marketing
- Sale of PHI
- Psychotherapy notes (beyond what is allowed by HIPAA)

You may revoke your authorization in writing at any time, and we will stop using or sharing your PHI, except to the extent we have already relied on your authorization.

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#### Our Responsibilities

- We are required by law to maintain the privacy and security of your PHI.
- We must notify you if your PHI is compromised in a breach.
- We will follow the terms of this Notice currently in effect.
- Where state or federal law provides greater protection, we will follow the more stringent law.
- We may revise this Notice from time to time. Updated versions will be available upon request.

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#### Contact Information

Empowering Us Therapy, LLC  
2471 West Cheltenham Ave, Suite D – 159  
Wyncote, PA 19095  
Phone: 267-225-2065  
Email: [empoweringustherapy@gmail.com](mailto:empoweringustherapy@gmail.com)