



Arnold Counseling, LLC

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NOTICE OF PRIVACY PRACTICES

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

I. MY PLEDGE REGARDING HEALTH INFORMATION

I understand that health information about you and your health care is personal. I am committed to protecting health information about you. I create a record of the care and services you receive from me. I need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by this mental health care practice.

This notice will tell you about the ways in which I may use and disclose health information about you. I also describe your rights to the health information I keep about you, and describe certain obligations I have regarding the use and disclosure of your health information.

I am required by law to:

- Make sure that protected health information (“PHI”) that identifies you is kept private.
- Give you this notice of my legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect.
- Notify you following a breach of your unsecured protected health information.

I can change the terms of this Notice, and such changes will apply to all information I have about you. The new Notice will be available upon request, in my office, and on my website.

II. HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

The following categories describe different ways that I use and disclose health information. For each category, I will explain what I mean and give some examples. Not every use or disclosure in a category will be listed. However, all of the ways I am permitted to use and disclose information will fall within one of the categories.

- For Treatment, Payment, or Health Care Operations: Federal and state privacy rules allow health care providers who have a direct treatment relationship with the patient/client to use or disclose the patient/client's PHI without the patient's written authorization to carry out the health care provider's own treatment, payment, or health care operations. I may also disclose your PHI for the treatment activities of any health care provider. For example, if I were to consult with another licensed health care provider about your condition, we would be permitted to use and disclose your PHI, which is otherwise confidential, in order to assist in the diagnosis and treatment of your mental health condition.
- Treatment Minimum Necessary Standard: Disclosures for treatment purposes are not limited to the "minimum necessary" standard because therapists and other health care providers need access to the complete record to provide quality care. The word "treatment" includes, among other things, the coordination and management of health care providers with a third party, consultations between health care providers, and referrals.
- Lawsuits, Disputes, and Subpoenas: If you are involved in a lawsuit or dispute, I may disclose health information in response to a court or administrative order. In accordance with South Carolina law, if I receive a subpoena or discovery request from an attorney or third party, I will generally require your express, written consent or a qualified protective order signed by a judge before releasing your confidential mental health records.

III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION

- Psychotherapy Notes: I do keep "psychotherapy notes" as defined in 45 CFR § 164.501. Any use or disclosure of such notes requires your Authorization unless the use or disclosure is:
 1. For my use in treating you.
 2. For my use in training or supervising mental health practitioners to help them improve their skills in counseling or therapy.
 3. For my use in defending myself in legal proceedings instituted by you.
 4. For use by the Secretary of Health and Human Services to investigate my compliance with HIPAA.

5. Required by law and the use or disclosure is limited to the requirements of such law.
 6. Required by law for certain health oversight activities pertaining to the originator of the notes.
 7. Required by a coroner who is performing duties authorized by law.
 8. Required to help avert a serious threat to the health and safety of others.
- Marketing Purposes: As a psychotherapist, I will not use or disclose your PHI for marketing purposes.
 - Sale of PHI: As a psychotherapist, I will not sell your PHI in the regular course of my business.

IV. 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:

- When Required by Law: 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.
- Public Health & Safety (Abuse Reporting): I may disclose your PHI to report suspected child, elder, or vulnerable adult abuse or neglect to the South Carolina Department of Social Services (DSS), or to prevent or reduce a serious and imminent threat to anyone's health or safety.
- Health Oversight Activities: For oversight activities authorized by law, including audits, disciplinary actions, or investigations by professional licensing boards.
- Judicial and Administrative Proceedings: In response to a direct court or administrative order issued by a judge.
- Law Enforcement Purposes: To report a crime occurring on my business premises or to comply with a valid legal warrant.
- Deceased Individuals: In the unfortunate event of a client's death, I may disclose health information to a coroner or medical examiner if it is legally necessary to determine a cause of death or fulfill other duties authorized by South Carolina law.
- Workers' Compensation: I may provide your PHI to comply with South Carolina workers' compensation laws if you have filed a workplace injury claim that directly involves your mental health care.
- Appointment Reminders & Service Alternatives: I may use and disclose your PHI to contact you to remind you of an upcoming appointment, or to inform you about treatment alternatives or other health-related services I offer.

V. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT

- Disclosures to family, friends, or others: I may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

VI. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI

- The Right to Request Limits on Uses and Disclosures: You have the right to ask me not to use or disclose certain PHI for treatment, payment, or health care operations purposes. I am not required to agree to your request, and I may say “no” if I believe it would affect your health care.
- The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full: You have the right to request restrictions on disclosures of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full.
- The Right to Choose How I Send PHI to You: You have the right to ask me to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and I will agree to all reasonable requests.
- The Right to See and Get Copies of Your PHI: Other than “psychotherapy notes,” you have the right to get an electronic or paper copy of your medical record and other information that I have about you. I will provide you with a copy of your record, or a summary of it, if you agree to receive a summary, within 30 days of receiving your written request. In accordance with South Carolina law, I may charge a reasonable, cost-based fee for copying, clerical labor, and supplies, and payment may be required in advance. I may refuse to release the full record and provide a summary instead if I have a reasonable belief that the full record would cause emotional or physical harm to you.
- The Right to Get a List of the Disclosures I Have Made: You have the right to request a list of instances in which I have disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided me with an Authorization. Pursuant to South Carolina record retention laws, client records are maintained for at least ten (10) years for adults following the last date of treatment, and at least thirteen (13) years for minors. The list I provide will include disclosures made in the last six years. I will provide the list to you at no charge, but if you make more than one request in the same year, I will charge a reasonable, cost-based fee for each additional request.
- The Right to Correct or Update Your PHI: If you believe there is a mistake in your PHI or that important information is missing, you have the right to request that I correct or add the information. I may say “no” to your request, but I will tell you why in writing within 60 days of receiving your request.

- The Right to Get a Paper or Electronic Copy of this Notice: You have the right to get a paper or electronic copy of this Notice at any time, even if you have agreed to receive it via e-mail.

VII. COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with me directly using the contact information listed at the top of this notice. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. I will not retaliate against you for filing a complaint.

Acknowledgement of Receipt of Privacy Notice

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and South Carolina state law, you have certain rights regarding the use and disclosure of your protected health information (PHI).

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