

NOTICE OF PRIVACY PRACTICES

Sanders Counseling, PLLC

Effective Date: September 19, 2026

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.

I. Our Pledge Regarding Protected Health Information (PHI)

Sanders Counseling, PLLC understands that information about you and your health is highly personal. We are committed to protecting your Protected Health Information (PHI). This Notice of Privacy Practices outlines our legal duties and privacy practices regarding your PHI. We are required by the Health Insurance Portability and Accountability Act (HIPAA) and Illinois state law to maintain the privacy of your PHI, provide you with this notice of our legal duties, and follow the terms of the notice that is currently in effect.

Because Sanders Counseling, PLLC operates strictly under a 100% telehealth model, special care is taken to secure your digital records and ensure all electronic communications meet stringent HIPAA encryption standards.

II. How We May Use and Disclose Your PHI

We may use and disclose your PHI for the following core purposes without your specific written authorization:

- **For Treatment:** We may use your PHI to provide, coordinate, or manage your mental health treatment. For example, Steve Sanders, LCSW, may use your information to formulate a treatment plan or consult with another healthcare provider (like your primary care physician) if it is necessary for your care.
- **For Payment:** We may use and disclose your PHI to bill and collect payment for the treatment and services provided to you. This may include sending information to your commercial health insurance plan (such as Blue Cross Blue Shield of Illinois or Health Alliance) to determine eligibility, secure prior authorization, or process claims.

II. How We May Use and Disclose Your PHI (Continued)

- **For Health Care Operations:** We may use your PHI for routine practice operations. This includes administrative activities, quality assessment, and utilizing HIPAA-compliant Electronic Health Record (EHR) platforms and billing software to manage our telehealth practice.
- **As Required by Law:** We will disclose your PHI when required to do so by federal, state, or local law (e.g., reporting suspected child or elder abuse).
- **To Avert a Serious Threat to Health or Safety:** We may use and disclose your PHI when necessary to prevent a serious, imminent threat to your health and safety or the health and safety of the public or another person.

III. Uses and Disclosures Requiring Your Written Authorization

The following uses and disclosures of your PHI will be made only with your specific written authorization:

- **Psychotherapy Notes:** Under HIPAA, notes recorded by a mental health professional documenting the contents of a counseling session and kept separate from the rest of your medical record require your written authorization for release, except in specific legal or operational circumstances.
- **Marketing:** We will not use your PHI for marketing purposes without your authorization.
- **Other Uses:** Any other uses and disclosures not described in this Notice will be made only with your written authorization. You may revoke this authorization at any time, in writing, except to the extent that action has already been taken in reliance on it.

IV. Your Rights Regarding Your Health Information

You have the following rights regarding the PHI we maintain about you:

- **Right to Inspect and Copy:** You have the right to inspect and receive a copy of your clinical and billing records. You must submit your request in writing. We may charge a reasonable, cost-based fee for the costs of copying, mailing, or supplying electronic media.
- **Right to Amend:** If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information. You must provide a reason that supports your request. We may deny your request under certain circumstances.

IV. Your Rights Regarding Your Health Information (Continued)

- **Right to an Accounting of Disclosures:** You have the right to request a list of certain disclosures we made of your PHI for purposes other than treatment, payment, and health care operations.
- **Right to Request Restrictions:** You have the right to request a restriction or limitation on the PHI we use or disclose for treatment, payment, or operations. If you pay for a service out-of-pocket in full (private pay), you have the right to request that we do not disclose PHI related solely to that service to your health plan. We are not required to agree to all other restriction requests.
- **Right to Request Confidential Communications:** Because you are receiving 100% telehealth services, you have the right to request that we communicate with you about clinical matters in a certain way or at a certain location (e.g., only via the secure client portal or to a specific phone number).
- **Right to a Paper Copy of This Notice:** You have the right to a paper copy of this notice at any time, even if you have agreed to receive it electronically.

V. Changes to This Notice

We reserve the right to change this notice and make the new notice apply to PHI we already have as well as any information we receive in the future. We will post a copy of the current notice on our practice website and within the secure client portal.

VI. Complaints and Contact Information

If you believe your privacy rights have been violated, you may file a complaint with Sanders Counseling, PLLC or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

To exercise any of your rights, file a complaint, or ask questions about this notice, please contact the practice's Privacy Officer:

Steve Sanders, MSW, LCSW

Privacy Officer

Sanders Counseling, PLLC

1512 Hunters View Dr

Mt Zion, IL 62549