

NOTICE OF PRIVACY PRACTICES (NPP)

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Effective Date: 1/24/2026

ACKNOWLEDGMENT & SERVICE TYPE APPLICABILITY

Please review this Notice of Privacy Practices carefully. This document explains how your Protected Health Information (PHI) may be used and disclosed, and your rights regarding that information. This Notice applies to all services provided by this practice.

This Notice applies to the following service(s) (check all that apply):

- Individual Therapy
- Couples / Relationship Therapy
- Group Therapy

By signing below, you acknowledge receipt and understanding of this Notice and the sections applicable to the service(s) you are receiving.

I. OUR LEGAL DUTY REGARDING YOUR HEALTH INFORMATION

We are required by law to:

- Maintain the privacy and security of your Protected Health Information (PHI).
- Provide you with this Notice of our legal duties and privacy practices.
- Abide by the terms of this Notice currently in effect.
- Notify you following a breach of unsecured PHI as required by federal and California law.

We reserve the right to change the terms of this Notice. Any changes will apply to all PHI we maintain and will be available upon request, in our office, and on our website.

II. HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED

A. Treatment, Payment, and Health Care Operations

We may use and disclose your PHI without your written authorization for purposes of treatment, payment, and health care operations, including consultation, coordination of care, supervision, billing, scheduling, and quality assurance.

Disclosures for treatment purposes are not limited to the minimum necessary standard, as full access to relevant information may be required to provide quality care.

B. Lawsuits, Legal Process, and Compliance

We may disclose PHI in response to a court order, subpoena, or other lawful process. When permitted, we will make reasonable efforts to notify you or obtain protective orders prior to disclosure.

III. USES AND DISCLOSURES REQUIRING YOUR AUTHORIZATION

Psychotherapy Notes

Psychotherapy notes are kept separate from the clinical record. Any use or disclosure of psychotherapy notes requires your written authorization, except as permitted by law (e.g., treatment, supervision, legal defense, or health oversight).

Marketing

Your PHI will not be used for marketing purposes without your written authorization. Reviews or testimonials that may include PHI require a separate HIPAA authorization.

Sale of PHI

Your PHI will never be sold.

IV. USES AND DISCLOSURES NOT REQUIRING AUTHORIZATION

We may disclose PHI without authorization for:

- Appointment reminders and service-related communications
- Public health and safety reporting, including mandatory reporting of suspected child abuse or neglect, elder abuse, and dependent adult abuse as required by California law; and to prevent or reduce a serious threat to anyone's health or safety

- Health oversight activities
 - Judicial and administrative proceedings
 - Law enforcement purposes
 - Coroners or medical examiners
 - Workers' compensation claims
 - Research (as permitted by law)
 - Specialized government functions
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V. SERVICE-SPECIFIC PRIVACY DISCLOSURES

A. Individual Therapy

- The individual client is the sole holder of the clinical relationship.
- PHI will not be disclosed to third parties without authorization, except as required by law.
- This practice does not provide forensic evaluations, custody recommendations, or legal advocacy.

B. Couples / Relationship Therapy

- The therapeutic client is the relationship, not either individual partner.
- Information disclosed individually may be shared with the other partner if clinically relevant.
- This practice does not keep secrets between partners.
- Records are considered joint records.
- This practice does not provide custody evaluations, court testimony, or legal opinions for either party.
- If therapy becomes clinically inappropriate, unsafe, or ethically compromised, services may be terminated and referrals provided.

C. Group Therapy

- Confidentiality of other group members cannot be guaranteed.
 - Group members are expected to respect privacy, but the therapist cannot control disclosures made outside of sessions.
 - The therapist is not responsible for actions taken by group members outside of group sessions.
 - Participation acknowledges inherent privacy risks.
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VI. ELECTRONIC COMMUNICATIONS & TELEHEALTH

- Electronic communication (email, portals, telehealth platforms) carries inherent privacy risks.
 - Clients are responsible for securing their devices and communication environments.
 - This practice is not responsible for third-party platform breaches beyond reasonable safeguards.
 - Client information is **not** used for artificial intelligence training or automated analysis.
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VII. ADDITIONAL PRACTICE PROTECTIONS

- **Recording Prohibited:** Audio or video recording of sessions is prohibited without written consent.
 - **No Emergency Coverage:** This practice does not provide 24/7 crisis or emergency services. Clients should contact emergency services if needed.
 - **Right to Terminate:** Services may be terminated due to safety concerns, ethical conflicts, boundary violations, non-payment, or lack of therapeutic effectiveness.
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VIII. YOUR RIGHTS REGARDING YOUR PHI

You have the right to:

- Request restrictions on certain uses or disclosures
 - Request confidential communications
 - Access and obtain copies of your PHI
 - Request amendments to your PHI
 - Receive an accounting of disclosures
 - Obtain a paper or electronic copy of this Notice
 - Designate a personal representative
 - Revoke authorizations (in writing)
 - File a complaint without retaliation
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IX. QUESTIONS OR COMPLAINTS

If you have questions or believe your privacy rights have been violated, contact:

Privacy Officer: Lachaune Myles, LMFT (Practice Owner)

Phone: (530) 648-0557

Email: Lachaunemyles.lmft@gmail.com

You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights.