NOTICE OF PRIVACY PRACTICES

Path to Purpose Counseling & Consulting LLC

Contact: Faith Iloka, LPC, LMHC, NCC
Email: Faith@ptpurpose.com
Phone: (609)316-2705
Website: https://ptpurpose.com
Effective Date: October 28, 2026

YOUR INFORMATION. YOUR RIGHTS. OUR RESPONSIBILITIES.

This notice describes how your health information may be used and disclosed and how you can access your information. Please review it carefully. This notice applies to protected health information created or received in connection with the healthcare services we provide, including individual, couples, family, and group psychotherapy, as applicable.

YOUR PRIVACY RIGHTS

- **Get a copy of your health records.** You may request to inspect or obtain a paper or electronic copy of health information that we maintain about you, subject to applicable law. To request access, contact us at Faith@ptpurpose.com. We may ask you to submit a written request and verify your identity. We will respond within the time required by applicable law, generally within 30 days under HIPAA, subject to permitted extensions. We may charge a reasonable, cost-based fee where permitted.
- **Ask us to correct your records.** You may request that we amend health information you believe is incorrect or incomplete. We may deny your request in certain circumstances permitted by law. If we deny your request, we will provide a written explanation and information about your right to submit a statement of disagreement, as applicable.
- **Request confidential communications.** You may ask us to communicate with you in a particular way or at a specific location if you believe ordinary communications could put you at risk. For example, you may request that we contact you at a particular phone number or email address or send correspondence to an alternative address. We will accommodate reasonable requests as required by applicable law.
- **Ask us to limit what we use or disclose.** You may request restrictions on how we use or disclose your health information for treatment, payment, or healthcare operations. We are generally not required to agree to every requested restriction. However, if you pay for a service or healthcare item entirely out of pocket and request that we not disclose information about that service to your health insurer for payment or healthcare operations, we must honor that request when required by HIPAA, unless disclosure is

otherwise required by law. Any restriction we agree to will be handled in accordance with applicable law.

- **Request an accounting of disclosures.** You may request a list of certain disclosures of your health information made during the six years before your request. This accounting does not include every disclosure. For example, disclosures for treatment, payment, and healthcare operations, as well as certain other disclosures, are generally excluded. You may receive one accounting in a 12-month period without charge. We may charge a reasonable, cost-based fee for additional requests within that period, as permitted by law.
- **Obtain a copy of this notice.** You may request a paper copy of this notice at any time, even if you previously agreed to receive it electronically. A copy will also be made available on our website at https://ptpurpose.com.
- **Choose someone to act for you.** If a person has legal authority to act on your behalf, such as a legally authorized representative or guardian, that person may exercise applicable privacy rights for you. We will verify the person's authority before acting on a request. The rights of parents or guardians concerning minors' records depend on applicable law and the circumstances of the treatment.
- **File a complaint.** If you believe your privacy rights have been violated, you may contact us or file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights.

To contact Path to Purpose:

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Telephone: (609)316-2705

To contact the U.S. Department of Health and Human Services, Office for Civil Rights:
Website: https://www.hhs.gov/hipaa/filing-a-complaint/index.html
Telephone: 1-800-368-1019

We will not retaliate against you for filing a complaint.

YOUR CHOICES ABOUT CERTAIN INFORMATION

People involved in your care or payment
We may disclose relevant health information to a family member, friend, or another person you identify as involved in your care or payment for care, when permitted by law. If you are unable to communicate your preference, we may make a disclosure when permitted by law and, in our professional judgment, doing so is in your best interest or is necessary to address a serious and imminent threat to health or safety.

Disaster relief
We may disclose limited information to an authorized public or private entity assisting with disaster relief when permitted by law.

Other disclosures requiring your written authorization
We will obtain your written authorization for uses and disclosures when required by law. This generally includes:

- Uses and disclosures of psychotherapy notes, except for limited circumstances permitted by law.
- Disclosures for marketing purposes when authorization is required.
- Sales of protected health information when authorization is required.

If you authorize a use or disclosure, you may revoke that authorization in writing, except to the extent we have already acted in reliance on it.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

Treatment
We may use your information to provide, coordinate, or manage your healthcare and related services. For example, we may use information from your sessions to plan treatment or coordinate with another healthcare professional involved in your care when permitted by law.

Payment
We may use and disclose relevant information to obtain payment for services. For example, if you use insurance, we may disclose information required to verify benefits, obtain authorization, submit claims, or respond to payment questions.

Healthcare operations
We may use or disclose information for activities necessary to operate and manage our practice, subject to applicable law. These activities may include quality review, compliance, administrative functions, business planning, and other activities permitted under HIPAA.

Appointment reminders and communications
We may contact you regarding appointments, scheduling changes, billing matters, or other information related to your care. We will make reasonable efforts to honor requests for confidential communications as required by law.

Business associates
We may share information with service providers that perform functions for us, such as electronic record management, billing, or other administrative services, when permitted by law.

When HIPAA requires it, we will have appropriate written agreements with these providers to protect your information.

People involved in your care
We may share relevant information with a person involved in your care or payment for your care when permitted by law and consistent with your preferences or other applicable legal requirements.

Public health and safety
We may disclose information when permitted or required by law for certain public health activities, reporting suspected abuse or neglect, addressing serious threats to health or safety, or other legally authorized purposes.

Required disclosures
We will disclose information when required by applicable federal or state law.

Health oversight and legal proceedings
We may disclose information to authorized oversight agencies or in response to valid legal processes when permitted or required by law. Additional protections may apply to mental health records, psychotherapy notes, substance use disorder records, and other specially protected information. We will review applicable legal requirements before making disclosures that involve confidential clinical information.

Other legally permitted purposes
We may use or disclose information for other purposes permitted or required by law, including certain law enforcement requests, workers' compensation matters, court proceedings, and government functions, subject to applicable conditions and protections.

SPECIAL PROTECTIONS FOR MENTAL HEALTH INFORMATION

Mental health information can receive additional protections under federal and state law. We will handle psychotherapy records in accordance with HIPAA, applicable New Jersey and New York law, professional obligations, and any other legal protections that apply.

Psychotherapy notes maintained separately from the general medical record receive special protection under HIPAA. They are not the same as routine clinical progress notes, treatment plans, or billing records. Uses and disclosures of separately maintained psychotherapy notes generally require your authorization, subject to limited exceptions under federal law.

Couples and family therapy may involve information about multiple individuals. We will handle requests for access to, or disclosure of, such records in accordance with applicable law, professional obligations, and the rights of the individuals involved. A participant's involvement

in a joint session does not automatically authorize unrestricted access to every record or disclosure concerning another participant.

SUBSTANCE USE DISORDER RECORDS

If we create or maintain substance use disorder patient records protected by **42 CFR Part 2**, additional federal confidentiality requirements may apply. Part 2 records receive special protections. As applicable, we will follow the requirements governing the use and disclosure of these records, including restrictions concerning their use in civil, criminal, administrative, or legislative investigations or proceedings against a patient.

Where Part 2 applies, we will obtain the consent or court order and subpoena required by the applicable rules before making a disclosure for such proceedings. Other Part 2-specific restrictions, patient rights, and notice requirements may also apply.

OUR RESPONSIBILITIES

We are required by law to:

- Maintain the privacy and security of protected health information.
- Provide you with this notice describing our legal duties and privacy practices.
- Follow the terms of the notice currently in effect.
- Notify affected individuals when a breach of unsecured protected health information requires notification under applicable law.
- Obtain your authorization for uses and disclosures when required by law.
- Follow applicable federal and state protections for confidential health information.

If a breach occurs that requires notification, we will notify affected individuals and other required parties in accordance with applicable law. We will not use or disclose your health information in ways not described in this notice unless you authorize the use or disclosure or it is otherwise permitted or required by law.

STATE LAW AND ADDITIONAL PRIVACY PROTECTIONS

Because Path to Purpose provides services in New Jersey and New York, additional state laws and professional regulations may apply to the confidentiality, access, disclosure, and retention of clinical records. When an applicable state law provides greater privacy protection than federal law, we will follow the more protective requirement where required by law.

The specific rules may depend on the type of service, the nature of the record, the client's age, the provider's role, and the circumstances of a disclosure. This notice is not intended to waive any confidentiality, privilege, or other rights available under applicable law.

CHANGES TO THIS NOTICE

We may change the terms of this notice and our privacy practices as permitted by law. Changes may apply to health information we already maintain as well as information we receive in the future. When we make a material change, we will update this notice and make the revised version available as required by law. The current notice will be available on our website, upon request, and through the practice.

CONTACT US

If you have questions about this notice, your privacy rights, or how your health information is handled, please contact:

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You may also contact the U.S. Department of Health and Human Services, Office for Civil Rights, using the information in Section 1.

Thank you for trusting Path to Purpose with your care.