



Notice of Privacy Practices

Fire Within Counseling

Lauren Petz, Licensed Professional Counselor

Effective Date: March 2, 2026

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

Your Protected Health Information

This notice describes how Fire Within Counseling may use and disclose your Protected Health Information, also referred to as PHI. PHI includes information that identifies you and relates to your past, present, or future physical or mental health condition, treatment, or payment for treatment. Fire Within Counseling is required by law to maintain the privacy of your PHI and to provide you with this notice of legal duties and privacy practices.

How Your Information May Be Used and Disclosed

Treatment

Your information may be used to provide, coordinate, or manage your mental health care. This may include consultation with other healthcare providers involved in your treatment, with your written authorization when required.

Payment

Your information may be used to obtain payment for services provided to you. This may include billing insurance companies once credentialing is approved or collecting self pay fees.

Health Care Operations

Your information may be used for administrative purposes such as quality assurance, supervision, compliance reviews, licensing, and business management.

Uses and Disclosures Requiring Authorization

Certain uses and disclosures require your written authorization, including release of psychotherapy notes when required by law, marketing communications, and any disclosure not otherwise described in this notice. You may revoke an authorization in writing at any time, except to the extent that action has already been taken.

Disclosures Required or Permitted by Law

Your information may be disclosed without your authorization in circumstances including suspected child abuse or neglect, suspected abuse or exploitation of a dependent adult, serious and imminent threats to health or safety, court orders or lawful process, public health activities, health oversight activities, law enforcement requirements, and workers compensation claims as permitted by law. Reasonable efforts will be made to limit disclosures to the minimum necessary information.

Your Rights Regarding Your Health Information

You have the following rights:

- **Right to Inspect and Copy:** You may inspect and obtain a copy of your health record, with limited exceptions. A reasonable fee may be charged.
- **Right to Request an Amendment:** If you believe information is incorrect or incomplete, you may request an amendment in writing.
- **Right to Request Restrictions:** You may request restrictions on certain uses or disclosures. Consideration will be given but agreement is not guaranteed except where required by law.
- **Right to Request Confidential Communications:** You may request communication in a specific manner or location. Reasonable requests will be accommodated.
- **Right to an Accounting of Disclosures:** You may request a list of certain disclosures made outside of treatment, payment, and health care operations.
- **Right to a Paper Copy of This Notice:** You may request a paper copy at any time.
- **Right to File a Complaint:** If you believe your privacy rights have been violated, you may file a complaint with Fire Within Counseling or with the U.S. Department of Health and Human Services Office for Civil Rights. There will be no retaliation for filing a complaint.

Breach Notification

You will be notified in writing if a breach of your unsecured Protected Health Information occurs as required by federal law.

Our Legal Duties

Fire Within Counseling is required to maintain the privacy of your PHI, provide you with this notice, follow the terms currently in effect, and notify you if a breach occurs. This

practice reserves the right to change the terms of this notice and make new provisions effective for all PHI maintained.

Contact Information

Fire Within Counseling

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Acknowledgment of Receipt

I acknowledge that I have received a copy of the Notice of Privacy Practices from Fire Within Counseling.

Client Name: _____

Client Signature: _____ Date: _____

Parent or Guardian Signature if applicable: _____