

Notice of Privacy Practices

Luminary Counseling & Consulting

Diamond Roberson, M.Ed., LPC-Associate

Supervised by Dr. Jennifer Stover, LPC-S

admin@luminarycounselingconsulting.com

Houston, Texas

NOTICE OF PRIVACY PRACTICES

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

You may have additional rights under state and federal law. If you have questions regarding your rights, you may seek guidance from a licensed attorney.

Effective Date

This notice is effective as of **February 10, 2026**.

Acknowledgment of Receipt

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your Protected Health Information (PHI).

I. My Commitment to Your Privacy

I understand that your health information is personal and confidential. I am committed to protecting your PHI.

I create and maintain records of the care and services you receive in order to:

- Provide quality care
- Comply with legal and ethical requirements

This notice applies to all records created and maintained by Luminary Counseling & Consulting.

I am required by law to:

- Maintain the privacy of your PHI
- Provide you with this notice of my legal duties and privacy practices
- Follow the terms of this notice currently in effect

I reserve the right to update this notice. Any changes will apply to all information maintained and will be available upon request.

II. How Your Information May Be Used and Disclosed

For Treatment, Payment, and Healthcare Operations

I may use and disclose your PHI without written authorization for:

- **Treatment:** Coordination of care, consultation with other professionals, and referrals
- **Payment:** Billing, payment processing, and related administrative functions
- **Healthcare Operations:** Scheduling, documentation, quality assurance, and business operations

For example, I may consult with another healthcare provider regarding your care while protecting your identity when possible.

Legal and Administrative Requirements

I may disclose your PHI when required by law, including:

- Court orders, subpoenas, or legal proceedings
 - Compliance with federal or state regulations
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III. Uses and Disclosures Requiring Your Authorization

Psychotherapy Notes

Psychotherapy notes are kept separately from your general medical record. These notes will not be disclosed without your written authorization except in limited circumstances, including:

- Use for treatment
 - Supervision or training
 - Legal defense
 - Compliance with federal oversight
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Marketing

Your PHI will not be used for marketing purposes without your written authorization. If you choose to provide a testimonial or review, a separate authorization will be obtained.

Sale of PHI

Your PHI will never be sold.

IV. Uses and Disclosures That Do Not Require Authorization

I may use or disclose your PHI without authorization in the following situations:

- Appointment reminders and service-related communications
 - Reporting abuse, neglect, or threats to safety
 - Health oversight activities (audits, investigations)
 - Law enforcement requests as permitted by law
 - Coroners or medical examiners
 - Workers' compensation claims
 - Public health and safety purposes
 - Research (with appropriate safeguards)
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V. Disclosures with Opportunity to Object

You have the right to approve or decline sharing information with:

- Family members
 - Friends involved in your care
 - Individuals assisting with payment or support
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VI. Your Rights Regarding Your PHI

You have the right to:

- **Request restrictions** on how your PHI is used or disclosed
- **Request confidential communication methods**
- **Access and obtain copies** of your records
- **Request corrections** to your records
- **Receive an accounting of disclosures**
- **Receive a copy of this notice** (paper or electronic)
- **Designate a representative** (e.g., medical power of attorney)
- **Revoke prior authorizations**
- **File a complaint** without fear of retaliation

To file a complaint, you may contact:

- Luminary Counseling & Consulting at admin@luminarycounselingconsulting.com
 - Or the U.S. Department of Health & Human Services at:
<https://www.hhs.gov/ocr/privacy/hipaa/complaints>
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VII. Changes to This Notice

I reserve the right to change this Notice at any time. Updated versions will apply to all records and will be made available upon request.

Acknowledgment of Receipt

By signing below, you acknowledge that you have received and reviewed this Notice of Privacy Practices.

Client Name (Printed): _____

Client Signature: _____ Date: ____

Therapist Signature: Diamond Roberson Date: ____