

Soma Relational Counseling, LLC

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Notice of Privacy Practices

Effective Date: 4/27/2026

This notice describes how your health information may be used and disclosed and how you can access this information. Please review it carefully.

My Commitment to Your Privacy

Your health information is personal, and I am committed to protecting it. I create a record of the care and services you receive in order to provide quality treatment and to comply with legal requirements.

I am required by law to:

- Maintain the privacy of your protected health information (PHI)
- Provide you with this notice of my legal duties and privacy practices
- Follow the terms of this notice

I may update this notice at any time. The most current version will always be available upon request.

How Your Information May Be Used and Disclosed

For Treatment, Payment, and Health Care Operations

I may use and disclose your health information to provide, coordinate, or manage your care. This may include consultation with other healthcare providers when appropriate.

As Required by Law

I may disclose your information when required to do so by federal or Washington State law.

To Prevent Serious Harm

I may disclose information if necessary to prevent a serious and imminent threat to your health or safety or the safety of another person.

Legal Proceedings

If required, I may disclose your information in response to a court order, subpoena, or other lawful process.

Uses and Disclosures Requiring Your Authorization

Psychotherapy Notes

I maintain psychotherapy notes, which are kept separate from your clinical record. These notes will not be used or disclosed without your written authorization except in limited situations permitted by law (such as for supervision, legal defense, or as otherwise required).

Marketing and Sale of Information

Your health information will never be used for marketing purposes or sold.

Uses and Disclosures Where You Have a Choice

You have the right to choose whether I share your information with family members, friends, or others involved in your care. You may change your preferences at any time.

Your Rights

You have the right to:

- Access and receive a copy of your health records (excluding psychotherapy notes)
- Request corrections to your records
- Request limits on how your information is used or disclosed
- Request confidential communication methods (such as email or alternative addresses)
- Receive a list of certain disclosures of your information
- Obtain a copy of this notice

I will respond to requests within the timeframes required by law.

Questions or Concerns

If you have questions about this notice or your privacy rights, please contact me using the information above.

If you believe your privacy rights have been violated, you may file a complaint with me or with the U.S. Department of Health and Human Services. Filing a complaint will not affect your care.