### **Bloom Therapy Group**

Marriage and Family Therapy Practice
NOTICE OF PRIVACY PRACTICES

Effective Date: May 6, 2025

This notice describes how medical/mental health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

# **Our Commitment to Your Privacy**

At Bloom Therapy Group, we understand that mental health information about you is personal. We are committed to protecting your privacy and maintaining the confidentiality of your records. This Notice applies to all records created or received by our therapists and administrative staff.

# **Your Rights**

You have the right to:

- Get a copy of your therapy records (with some exceptions)
- Correct your therapy records if you believe there is an error
- Request confidential communications, such as using a different address or phone number
- Ask us to limit the information we share (though we are not always required to agree)
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- File a complaint if you believe your privacy rights have been violated

#### **Our Uses and Disclosures**

We may use and share your information as we:

- Treat you (e.g., sharing information with another healthcare provider involved in your care)
- Run our organization (e.g., scheduling, billing, and administration)
- Bill for your services (e.g., insurance claims)
- Comply with the law, including court orders and mandatory reporting (e.g., abuse, threats of harm)
- Respond to legal actions or law enforcement as required
- Prevent a serious threat to health or safety

We will not share your information for marketing or sales purposes without your written permission.

### **Confidentiality in Couples and Family Therapy**

In couple or family therapy, information shared in sessions involving more than one person may be treated as part of a shared record. We strive to respect all parties' confidentiality while balancing clinical and ethical obligations. If you have concerns about disclosures between family members, we encourage you to discuss them with your therapist.

# **Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information (PHI).
- We will let you know promptly if a breach occurs that may have compromised your information.
- We must follow the duties and privacy practices described in this Notice.
- We will not use or share your information other than as described here unless you give us written permission.

#### **Contact Information**

If you have any questions or concerns about this Notice or our privacy practices, please contact:

### **Privacy Officer**

Bloom Therapy Group 324 E. Dewey Street, Ste 209, Buchanan, MI 49107 269-340-0071 | bloomheretoday@gmail.com

# **Complaints**

You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights if you believe your privacy rights have been violated. We will not retaliate against you for filing a complaint.

Let me know if you'd like this in PDF format, or if you'd like to customize it further (e.g., adding telehealth policies or a specific state law disclaimer).