



NOTICE OF PRIVACY PRACTICES

Luminary Counseling, LLC
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105 3rd St NW
Fort Payne, AL 35967
Phone: (256) 304-5712

Effective Date: July 27, 2026

Your Information. Your Rights. Our Responsibilities.

This Notice of Privacy Practices describes how health information about you may be used and disclosed by Luminary Counseling, LLC and how you can access this information. Please review it carefully.

Luminary Counseling, LLC is committed to protecting the privacy and confidentiality of your health information. We are required by law to maintain the privacy and security of your protected health information ("PHI"), provide you with this notice of our legal duties and privacy practices, and follow the privacy practices described in this notice.

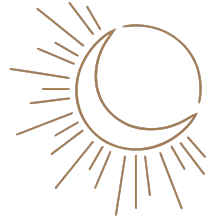
Your Rights

You have certain rights regarding your health information.

Obtain a Copy of Your Health Record

You may ask to see or receive an electronic or paper copy of your health record and other health information we maintain about you.

We will generally provide a copy or summary within the time required by law. A reasonable, cost-based fee may be charged when permitted by law.



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Psychotherapy notes maintained separately from the rest of your clinical record receive additional protections under federal law and are treated differently from the remainder of your health record.

Ask Us to Correct Your Health Record

If you believe information in your record is incorrect or incomplete, you may ask us to correct or amend it.

We may deny your request in certain circumstances permitted by law, but we will explain the reason for the denial in writing.

Request Confidential Communications

You may ask us to contact you in a particular way or at a particular location. For example, you may request that we contact you only by phone or send correspondence to a particular address.

We will accommodate reasonable requests.

Ask Us to Limit What We Use or Share

You may ask us not to use or disclose certain health information for treatment, payment, or health care operations.

We are not required to agree to every request unless otherwise required by law.

If you pay for a health care service or item entirely out of pocket, you may ask us not to disclose information about that service to your health insurer for purposes of payment or health care operations. When required by law, we will honor that request.

Receive a Record of Certain Disclosures

You may request a list, called an "accounting of disclosures," showing certain disclosures of your health information made during the period permitted by law.

The accounting does not include every type of disclosure. For example, certain disclosures for treatment, payment, or health care operations may not appear on the list.



Receive a Copy of This Notice

You may request a paper copy of this notice at any time, even if you have previously agreed to receive it electronically.

Choose Someone to Act for You

If you have given another person medical power of attorney or if someone is your legal guardian or otherwise legally authorized to make health care decisions for you, that person may exercise your rights and make choices about your health information as permitted by law.

We may verify that the person has the legal authority to act on your behalf before taking action.

File a Complaint

You may file a complaint with Luminary Counseling, LLC if you believe your privacy rights have been violated.

You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights.

You will not be retaliated against or treated differently for filing a complaint.

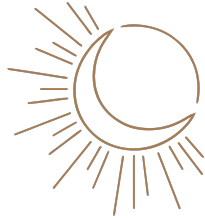
Your Choices

For certain health information, you may tell us your preferences about what we share.

When applicable, you may tell us whether you want us to:

- Share certain information with family members, friends, or others involved in your care;
- Share information in a disaster-relief situation; or
- Communicate with another person you have identified as involved in your care.

If you are unable to communicate your preference, such as during an emergency, we may disclose information when we believe doing so is in your best interest and is permitted by law.



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Uses Requiring Your Written Authorization

We generally will not use or disclose your health information for purposes other than those described in this notice without your written authorization.

Your written authorization is generally required for:

- Most uses or disclosures of psychotherapy notes;
- Most marketing purposes involving your protected health information; and
- The sale of your protected health information.

If you give us written authorization, you may revoke it in writing at any time. Revoking an authorization will not affect disclosures that were already made in reliance on the authorization.

How We May Use and Disclose Your Information

The law permits or requires us to use or share your health information in certain circumstances.

Treatment

We may use or disclose health information to provide, coordinate, or manage your care.

For example, with appropriate authorization or when otherwise permitted by law, information may be exchanged with another health care professional involved in your treatment.

Because counseling communications receive significant confidentiality protections under Alabama law, Luminary Counseling, LLC will take reasonable steps to protect counseling information and will obtain authorization for disclosures when required.

Payment

We may use or disclose health information as necessary to obtain payment for services.

This may include submitting claims to an insurance plan, Medicaid, or another payer when you have authorized or requested us to bill that payer.



Health Care Operations

We may use or disclose health information for activities necessary to operate the practice, improve services, maintain quality, conduct appropriate supervision or consultation, perform administrative functions, and comply with applicable legal and professional obligations.

Whenever practical, we will limit information shared to the minimum necessary for the purpose.

Business Associates

We may share protected health information with companies or individuals that perform services for Luminary Counseling, LLC when those services require access to health information.

When required by HIPAA, these business associates must agree to safeguard your information appropriately.

When Required by Law

We may use or disclose health information when federal, state, or local law requires us to do so.

Preventing a Serious Threat to Health or Safety

When permitted or required by law, information may be disclosed when necessary to prevent or lessen a serious and imminent threat to the health or safety of you or another person.

Abuse, Neglect, or Domestic Violence

We may disclose health information to appropriate authorities when required or permitted by law in connection with suspected abuse, neglect, exploitation, or domestic violence.

This includes legally required reports concerning suspected child abuse or neglect and other mandatory reporting obligations.

Public Health and Safety Activities

When permitted or required by law, we may disclose health information for certain public health activities, including preventing disease, reporting adverse events, or addressing health and safety concerns.



Health Oversight Activities

We may disclose information to authorized government agencies for legally permitted oversight activities such as audits, inspections, investigations, or licensing activities.

Judicial and Administrative Proceedings

Health information may be disclosed in connection with a court or administrative proceeding when authorized or required by applicable law.

Counseling communications receive additional protections under Alabama law, and Luminary Counseling, LLC will assert applicable confidentiality and privilege protections when appropriate.

Law Enforcement

We may disclose information for certain law-enforcement purposes when permitted or required by law.

Workers' Compensation

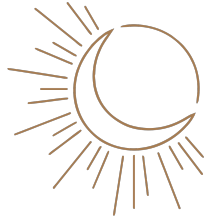
We may disclose information as authorized by and to the extent necessary to comply with workers' compensation laws or similar programs.

Coroners, Medical Examiners, and Other Legally Authorized Persons

We may disclose health information to a coroner, medical examiner, or other legally authorized person when permitted or required by law.

Counseling Confidentiality and Alabama Law

Counseling is based on privacy and trust. In addition to federal HIPAA protections, Alabama law and the ethical requirements applicable to licensed professional counselors and associate licensed counselors provide protections for confidential communications between counselors and clients.



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Confidential counseling communications are generally protected from disclosure except when the client authorizes disclosure or an exception or legal requirement permits or requires disclosure.

Examples of circumstances in which confidentiality may be limited include situations involving:

- A clear and imminent danger to the client or another person;
- Suspected abuse, neglect, or exploitation when reporting is required by law;
- Valid legal requirements for disclosure;
- Professional consultation or supervision as permitted by law and professional ethical requirements; or
- Other circumstances specifically permitted or required by federal or Alabama law.

When disclosure is necessary, Luminary Counseling, LLC will seek to disclose only the information reasonably necessary for the applicable purpose.

Minors

When a client is a minor, a parent, legal guardian, or other legally authorized representative may have certain rights regarding the minor's treatment and health information.

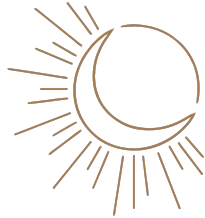
The extent of those rights depends on applicable federal and Alabama law, how consent for treatment was obtained, and the circumstances of the treatment.

Luminary Counseling, LLC strives to protect the privacy of minor clients while also complying with parental or guardian rights and legal reporting requirements. Confidentiality and its limitations will be discussed with minor clients and their parents or guardians as appropriate.

Our Responsibilities

Luminary Counseling, LLC is required by law to:

- Maintain the privacy and security of your protected health information;



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- Follow the duties and privacy practices described in the Notice of Privacy Practices currently in effect;
- Provide you with a copy of this notice upon request; and
- Notify you following a breach of unsecured protected health information when notification is required by law.

We will not use or disclose your information for purposes not described in this notice unless you authorize us to do so in writing or another law permits or requires the use or disclosure.

Changes to This Notice

Luminary Counseling, LLC may change the terms of this Notice of Privacy Practices.

Changes may apply to health information we already have as well as information we receive in the future.

If this notice is materially changed, the updated notice will be made available upon request, at our office, and on our website. The effective date shown at the beginning of the notice will indicate when the current version became effective.

Questions, Requests, or Complaints

For questions regarding this notice, requests concerning your health information, or privacy-related complaints, please contact:

Privacy Officer:

Laura Roberts, M.S., ALC, NCC

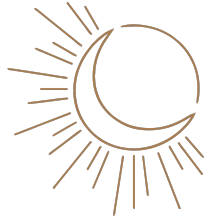
Luminary Counseling, LLC

105 3rd St NW

Fort Payne, AL 35967

Phone: (256) 304-5712

Email: Laura@LuminaryCounselors.com



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You may also submit a complaint to the U.S. Department of Health and Human Services Office for Civil Rights.

Luminary Counseling, LLC will not retaliate against you for exercising your privacy rights or filing a complaint.