



ALIGNED

COUNSELING

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NOTICE OF PRIVACY PRACTICES

EFFECTIVE DATE OF THIS NOTICE

This Notice of Privacy Practices is effective February 16, 2026.

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

I. MY PLEDGE REGARDING HEALTH INFORMATION

I understand that health information about you and your healthcare is personal. I am committed to protecting your health information. I create a record of the care and services you receive from me. I need this record to provide you with quality care and to comply with certain legal requirements.

This Notice applies to all records of your care generated by Aligned Counseling, PLLC. This Notice describes the ways in which I may use and disclose health information about you. It also describes your rights regarding the health information I maintain about you and certain obligations I have regarding the use and disclosure of your health information.

I am required by law to:

- Maintain the privacy and security of your Protected Health Information ("PHI").



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- Provide you with this Notice of my legal duties and privacy practices regarding your health information.
- Notify you if a breach occurs that may compromise the privacy or security of your PHI.
- Follow the terms of the Notice currently in effect.
- Comply with applicable federal and state laws protecting the privacy of health information, including special protections relating to reproductive health information.

I reserve the right to change the terms of this Notice. Any revised Notice will apply to all health information I maintain. Updated Notices will be available upon request, in my office, and on my website.

II. HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

The following categories describe different ways I may use and disclose health information. Not every use or disclosure in a category is listed; however, all permitted uses and disclosures fall within one of the categories described below.

Treatment, Payment, and Health Care Operations

Federal privacy regulations permit healthcare providers with a direct treatment relationship to use and disclose PHI without written authorization for treatment, payment, and healthcare operations purposes.

For example, I may consult with another licensed healthcare professional regarding your treatment, coordinate care with another provider, submit claims to your insurance company, or engage in administrative activities necessary to operate the practice.

Disclosures for treatment purposes are not limited to the minimum necessary standard because healthcare providers often require access to complete information to provide quality care.



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Lawsuits and Disputes

If you are involved in a lawsuit or legal proceeding, I may disclose health information in response to a court order or administrative order. I may also disclose health information in response to a subpoena, discovery request, or other lawful process when permitted by law and after appropriate safeguards have been satisfied.

However, federal law may prohibit certain disclosures relating to lawful reproductive healthcare, even when such information is requested through legal, administrative, or law enforcement processes.

III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION

Psychotherapy Notes

I maintain psychotherapy notes as defined by HIPAA. Any use or disclosure of psychotherapy notes requires your written authorization except:

a. For my use in treating you. b. For my use in training or supervising mental health professionals. c. For my use in defending myself in legal proceedings brought by you. d. For use by the Secretary of Health and Human Services to investigate compliance with HIPAA. e. When required by law. f. For certain health oversight activities authorized by law. g. To a coroner or medical examiner when authorized by law. h. To prevent or lessen a serious threat to health or safety.

Marketing

I will not use or disclose your PHI for marketing purposes without your authorization.

Sale of PHI

I will not sell your PHI.



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Other Uses and Disclosures

Any use or disclosure not described in this Notice will be made only with your written authorization. You may revoke an authorization at any time in writing, except to the extent action has already been taken in reliance upon it.

IV. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION

Subject to certain limitations under federal and state law, I may use and disclose your PHI without your authorization for the following reasons:

- When disclosure is required by federal, state, or local law.
- Public health activities, including reporting suspected child abuse, elder abuse, or abuse of dependent adults.
- Health oversight activities, including audits and investigations.
- Judicial and administrative proceedings.
- Law enforcement purposes when permitted by law.
- Coroners and medical examiners performing duties authorized by law.
- Research activities when permitted by law.
- Specialized government functions.
- Workers' compensation purposes.
- To prevent or lessen a serious threat to health or safety.
- Appointment reminders and information regarding treatment alternatives or other health-related services that may be of interest to you.



IV-A. SPECIAL PROTECTIONS FOR REPRODUCTIVE HEALTH INFORMATION

Federal law provides additional protections for certain protected health information related to reproductive healthcare.

Aligned Counseling, PLLC will not use or disclose protected health information for the purpose of:

- Conducting a criminal, civil, or administrative investigation into a person for seeking, obtaining, providing, or facilitating lawful reproductive healthcare;
- Imposing criminal, civil, or administrative liability for seeking, obtaining, providing, or facilitating lawful reproductive healthcare; or
- Identifying a person for such investigations or proceedings when prohibited by federal law.

Examples of reproductive healthcare may include fertility treatment, contraception, pregnancy-related care, miscarriage care, prenatal care, postpartum care, and other reproductive health services.

In certain circumstances, before disclosing protected health information that may relate to reproductive healthcare in connection with health oversight activities, judicial proceedings, law enforcement requests, or disclosures to coroners or medical examiners, federal law may require that the requester provide a signed written attestation confirming that the requested information will not be used for a prohibited purpose.

Certain health information, including records relating to substance use disorder treatment or other specially protected health information, may be subject to additional federal or state confidentiality requirements. When applicable, Aligned Counseling, PLLC will comply with all laws governing the use and disclosure of such information.

Information disclosed in accordance with HIPAA may be subject to redisclosure by the recipient and may no longer be protected under HIPAA privacy regulations.



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V. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT

Disclosures to Family Members, Friends, or Others Involved in Your Care

I may disclose relevant PHI to a family member, friend, or other person involved in your care or payment for your care unless you object. In emergency situations, I may use professional judgment to determine whether such disclosure is in your best interest.

VI. YOUR RIGHTS REGARDING YOUR PHI

Right to Request Restrictions

You have the right to request restrictions on certain uses and disclosures of your PHI. I am not required to agree to every requested restriction.

Right to Restrict Certain Disclosures to Health Plans

If you pay for a service completely out-of-pocket, you may request that information related solely to that service not be disclosed to your health plan for payment or healthcare operations purposes.

Right to Request Confidential Communications

You may request that I communicate with you in a specific way or at a specific location, and I will accommodate all reasonable requests.

Right to Access Your Records

Except for psychotherapy notes and certain other limited exceptions, you have the right to inspect or obtain a copy of your PHI. Requests must be submitted in writing. A reasonable cost-based fee may apply.

Right to Request Amendment

If you believe information in your record is incorrect or incomplete, you may request that it be amended. I may deny the request under certain circumstances but will provide a written explanation.



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Right to Receive an Accounting of Disclosures

You may request a list of certain disclosures of your PHI made during the previous six years. The first request in a twelve-month period is free of charge. Reasonable fees may apply for additional requests.

Right to Receive a Copy of This Notice

You have the right to receive a paper or electronic copy of this Notice at any time, even if you previously agreed to receive it electronically.

VII. QUESTIONS OR COMPLAINTS

If you have questions regarding this Notice or believe your privacy rights have been violated, you may contact:

Molly McLeese Weiss, LCPC
Aligned Counseling, PLLC
(773) 242-9104
molly@alignedcounselingchicago.com

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

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

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

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.

By signing below, you acknowledge that you have received a copy of this Notice of Privacy Practices.

Signature

Date