

THIS NOTICE DESCRIBES HOW MEDICAL AND MENTAL HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Effective Date: January 17, 2026

Last Updated: January 17, 2026

1. Our Responsibilities

Progress Counseling Group (“PCG,” “we,” “us,” or “our”) is a **HIPAA Covered Entity**. 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
 - Follow the terms of this Notice currently in effect
 - Notify you if a breach occurs that may have compromised the privacy or security of your PHI
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2. How We May Use and Disclose Your PHI (Without Authorization)

A. Treatment

We may use and disclose your PHI to provide, coordinate, or manage your mental health care and related services.

Example: Sharing information with another provider involved in your treatment.

B. Payment

We may use and disclose your PHI to bill and receive payment for services provided.

Example: Submitting claims to insurance companies or EAPs.

C. Health Care Operations

We may use and disclose PHI for practice operations, including quality assessment, licensing, training, audits, and administrative activities.

3. Other Uses and Disclosures Permitted or Required by Law

We may use or disclose PHI without your authorization in certain situations, including:

- As required by federal or state law
 - Public health activities
 - Health oversight activities
 - Judicial or administrative proceedings
 - Law enforcement purposes
 - To prevent or lessen a serious and imminent threat to health or safety
 - Workers' compensation claims (as permitted by law)
 - Coroners, medical examiners, and funeral directors
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4. Uses and Disclosures Requiring Your Written Authorization

We will **not** use or disclose your PHI for the following purposes without your written authorization:

- Psychotherapy notes (except as permitted by law)
- Marketing purposes
- Sale of PHI
- Uses or disclosures not described in this Notice

You may revoke your authorization at any time in writing, except to the extent we have already relied on it.

5. Your Rights Regarding Your PHI

You have the right to:

A. Inspect and Obtain Copies

Request access to your medical and mental health records.

B. Request Corrections

Ask us to correct information you believe is incorrect or incomplete.

C. Request Restrictions

Ask us to limit how we use or disclose your PHI (we are not always required to agree).

D. Request Confidential Communications

Ask us to contact you in a specific way or at a specific location.

E. Receive an Accounting of Disclosures

Request a list of certain disclosures of your PHI.

F. Receive a Paper Copy

Request a paper copy of this Notice at any time.

G. File a Complaint

File a complaint if you believe your privacy rights have been violated. You will not be retaliated against.

6. Electronic Communications & Text Messaging

PCG may communicate with you via phone, email, or text message regarding appointments, care coordination, billing, or administrative matters.

Text messaging is subject to:

- Verbal opt-in consent
- Message frequency varies
- Message and data rates may apply
- Reply **STOP** to opt out, **HELP** for assistance

Electronic communications may involve some risk, but we take reasonable steps to safeguard your information.

7. Business Associates

PCG may disclose PHI to **Business Associates** that help us operate our practice, including electronic health record systems, billing vendors, and communication platforms.

All Business Associates are required by law and contract to:

- Protect the privacy and security of PHI
- Use PHI only for authorized purposes

8. Safeguards

We maintain **administrative, physical, and technical safeguards** to protect your PHI, including:

- Access controls
- Secure systems and servers
- Workforce training
- Incident response and breach notification procedures

9. Changes to This Notice

We reserve the right to change this Notice and make the revised Notice effective for all PHI we maintain.

Updated Notices will be available:

- At our offices
- On our website
- Upon request

10. Contact Information & Privacy Officer

If you have questions, want to exercise your rights, or wish to file a complaint, contact:

Progress Counseling Group

Privacy Officer

Email: info@hellopcg.com

Phone: (407) 734-3338

You may also file a complaint with:

U.S. Department of Health and Human Services

Office for Civil Rights

<https://www.hhs.gov/ocr>