

NOTICE OF PRIVACY PRACTICES

Modern Relational Therapy, LLC – Lauren Lima, LMFT
Effective Date: 07/25/2025

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

You may have additional rights under state and local law. If you have any questions about this notice or your privacy rights, feel free to contact me directly.

I. MY COMMITMENT TO YOUR PRIVACY

Your health information is personal, and I am committed to protecting it. As a mental health provider, I maintain records of our work together in compliance with the Health Insurance Portability and Accountability Act (HIPAA). This notice explains how I may use or disclose your protected health information (PHI), your rights, and my responsibilities.

I am required by law to:

- Maintain the privacy of your health information
- Provide you with this notice of my legal duties and privacy practices
- Follow the terms of the notice currently in effect
- Notify you if a breach occurs that may have compromised your information

I may update this notice as needed. You will be notified of any changes, and the most current version will always be available upon request.

II. HOW I MAY USE AND DISCLOSE YOUR INFORMATION

The following uses and disclosures of your health information are allowed under HIPAA and do not require your written authorization:

For Treatment: To provide you with mental health services, I may use or share your information with other professionals involved in your care (with your written consent). This may include consultations with supervisors or clinical colleagues for guidance, as part of ethical best practices.

For Health Care Operations: I may use your PHI for administrative purposes, such as scheduling, documentation, customer service, and quality assurance. This includes sending appointment reminders or follow-up materials.

Note: I do not bill or work with insurance companies directly. If you request a superbill for out-of-network reimbursement, I will only provide it with your written consent and for the purpose of helping you seek reimbursement.

When Required by Law: I may disclose your information without your consent when legally required to do so, such as:

- Reporting abuse or neglect (child, elder, dependent adult)
 - Responding to court orders or subpoenas (when legally obligated)
 - Preventing serious threats to health or safety
 - Complying with public health reporting and oversight agencies
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III. USES AND DISCLOSURES REQUIRING YOUR AUTHORIZATION

In most cases, I will not share your PHI without your written authorization, including:

- Sharing progress notes
- Using any part of your PHI for marketing purposes
- Posting or sharing client testimonials that contain PHI
- Any other disclosures not described in this notice

If you authorize the use of your information, you may revoke that permission at any time in writing.

IV. DISCLOSURES INVOLVING OTHERS IN YOUR LIFE

With your permission, I may share relevant information with family members, loved ones, or other professionals involved in your care. In emergencies, I may disclose information when necessary to prevent serious harm, even without prior consent, as allowed by law.

V. DOCUMENTATION AND ACCESS TO RECORDS

As part of your care, I maintain clinical records that include intake information, treatment plans, session dates, and brief summaries of your progress. These progress notes are written to support ethical, legal, and clinical standards—they are not intended to serve as transcripts or detailed accounts of therapy sessions. I document sessions for clinical use—not for client review.

If you request access to your records, I may provide a summary or copy of your clinical documentation, in accordance with HIPAA and applicable state law. I reserve the right to deny access to all or part of the record if I believe doing so could result in harm to you or another person, as permitted by law. Psychotherapy notes,

which are private reflections kept separate from the clinical file, are not considered part of the record and are not available for review.

If you would like to request access to your records, please submit the request in writing. I will respond within 30 calendar days of receiving your request. If more time is needed, I will notify you in writing with an explanation and a revised timeline, not to exceed an additional 30 days.

VI. YOUR RIGHTS AS A CLIENT

As a client of Modern Relational Therapy, you are entitled to the following rights to support your autonomy, dignity, and wellbeing throughout the therapeutic process:

- To receive care in an environment that is safe, respectful, and free from discrimination, abuse, or judgment
 - To be treated with dignity, and to have your privacy and personal boundaries honored at all times
 - To ask questions and receive clear information about my credentials, training, professional background, and limitations of practice
 - To be informed about the cost of services, payment methods, cancellation policies, and what to expect before starting therapy
 - To share only what feels comfortable—you are never required to answer questions or disclose information you're not ready to share
 - To take an active role in creating and reviewing your treatment goals and plan
 - To receive honest, respectful feedback about your mental health and progress, and to be involved in decisions about your care
 - To request that communication happen in a way that feels safe and accessible to you (e.g., by email rather than phone)
 - To ask that certain information not be shared with others involved in your care
 - To view or request copies of your records, and to ask for corrections if you feel something is inaccurate
 - To receive a copy of this Notice of Privacy Practices at any time
 - To name a trusted person to act on your behalf when needed
 - To speak up if you ever feel your rights have been violated, without fear of retaliation or loss of care
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VII. YOUR RESPONSIBILITIES AS A CLIENT

Therapy is most effective when approached as a collaborative process. As a client, your responsibilities include:

- Doing your best to share accurate and honest information about your health, history, and what brings you to therapy
- Letting me know if there are any changes to your wellbeing, circumstances, or safety that may impact your care
- Asking questions if something in the therapeutic process feels unclear, confusing, or uncomfortable
- Attending scheduled sessions on time and communicating in advance if you need to reschedule or cancel (I ask for at least 48 hours' notice when possible)

- Following through on agreed-upon treatment goals and therapeutic practices between sessions, as you're able
 - Being open to feedback and reflection, even when it may feel challenging
 - Acknowledging that you have the right to decline any recommendation—but also accept the outcomes of that choice
 - Respecting the confidentiality and boundaries of others who may share space in the practice setting (if applicable)
 - Ensuring that payment is made in accordance with agreed-upon terms
 - Communicating any concerns or dissatisfaction so we can address them together and determine how to best support your progress
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VIII. COMPLAINTS

If you believe your rights have been violated, you may file a complaint with:

Lauren Lima, LMFT

Modern Relational Therapy, LLC

Email: info@modernrelational.com

Phone: (609) 207-5708

You may also file a complaint with the U.S. Department of Health & Human Services:

- Website: www.hhs.gov/ocr/privacy/hipaa/complaints
- Phone: (877) 696-6775
- Mail: 200 Independence Avenue SW, Washington, D.C. 20201

You will not be penalized for filing a complaint.

VIII. CHANGES TO THIS NOTICE

I may change this notice at any time. When I do, the new notice will apply to all health information I maintain. A copy of the revised notice will be provided upon request and posted on my website, if applicable.