



Notice of Privacy Practices

I understand that privacy is important to my clients, and I am committed to protecting your personal information. This Privacy Policy explains how I collect, use, and disclose your personal information in connection with my practice.

Collection of Personal Information:

I may collect personal information about you, such as your name, address, phone number, email address, and other information you provide to me when you make an appointment or during our healing sessions. I may also collect information about your health history and current health status, as well as any information you provide to me about your wellness goals and progress.

Use of Personal Information:

I use the personal information that I collect from you to provide healing, therapeutic, and wellness services, including scheduling appointments, conducting healing sessions, and maintaining records related to your care. I may also use your information to communicate with you about your care, send you emails or text messages, invoices or receipts for services, and respond to your inquiries or requests in person, by phone, email, or text.

Disclosure of Personal Information:

I do not disclose your personal information to third parties without your consent, except as required by law or as necessary to provide you with my services. I may disclose your personal information to my professional advisors (e.g., my accountant, lawyer) for the purpose of obtaining advice and assistance related to my therapy practice. Your personal information is not shared without your consent for any marketing purposes. I may coordinate with other health providers for research purposes, including studying and comparing the mental health of individuals who received one form of healing treatment versus those who received another form of healing treatment for the same condition. During these situations, names are not mentioned.

Safeguarding Personal Information:

I take reasonable precautions to protect your personal information from unauthorized access, disclosure, or misuse. I maintain physical, electronic, and procedural safeguards to protect your personal information. All items are stored in a password protected location and only accessible by me except as required by law. I also require any third-party service providers that I engage to maintain appropriate safeguards to protect your personal information. You may consent for me to share any information with providers or people of your choosing by completing and signing a release of information authorization form.

Retention of Personal Information:



I retain your personal information for as long as necessary to provide you with my healing and therapeutic services and to comply with applicable legal and regulatory requirements. When your personal information is no longer needed for these purposes, I securely destroy or delete it in accordance with applicable laws and regulations.

Your Rights:

You have certain rights regarding your personal information, including the right to access, correct, and delete your personal information, as well as the right to object to or restrict the processing of your personal information. If you wish to exercise any of these rights, please contact me at the contact information provided below.

Contact Information:

If you have any questions or concerns about this Privacy Policy or the processing of your personal information, please contact me at the following email address:

risingphoenixintuitivewellness@gmail.com.

Changes to this Privacy Policy:

I may update this Privacy Policy from time to time to reflect changes in my practice or applicable laws and regulations. If I make any material changes to this Privacy Policy, I will notify you by posting the updated Privacy Policy on my website or by other means as required by law.

Lawsuits and Disputes:

If you are involved in a lawsuit, I may disclose personal health information in response to a court or administrative order. I am legally obligated to share information in court if you are allegedly involved in a crime where potential evidence has been communicated during our sessions. I may also disclose health information about your child in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, although my preference is to obtain an authorization of consent before doing so. I am mandated by law to report any suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone's health or safety.

Printed Name: _____

Signed Name: _____

Date: _____