THE RESILIENCE PROJECT, LLC Kendra Kelly, LPC, LPCC, NCC, MPH
Atlanta, GA 404.482.0009
contactme@trpllc.net
Health Insurance Portability and Accountability Act (HIPAA)
NOTICE OF PRIVACY PRACTICES (NOPP)

The Resilience Project, LLC

Therapy Intake: Privacy Practices & Client Rights
Kendra Kelly, LPC, LPCC, NCC, MPH
Atlanta, GA | 404-482-0009 | contactme@trpllc.net

Effective Date: Updated for Georgia & California rules — *August 11, 2025*

---

1. Our Commitment to Your Privacy

We value your trust. This document explains how we protect your private health information, how we may share it, and your rights as our client.
Your Protected Health Information (PHI) includes anything that can identify you and relates to your physical or mental health, past, present, or future.

We follow the Health Insurance Portability and Accountability Act (HIPAA), plus additional rules in Georgia and California if you live in those states.

---

2. How We Use and Share Your Information

We will not share your PHI without your written permission unless the law allows or requires it. Common reasons we may use or share your information include:

- **For Your Treatment – To coordinate care with other providers you approve (such as your psychiatrist or primary care doctor).**

- **For Payment – To bill your insurance or process claims.**
- **For Our Operations – To run our practice and improve services.**
- **To Keep You Safe – If we believe you are in danger of harming yourself or others.**
- **When Required by Law – Such as reporting suspected abuse or by court order.**

We never sell your information or use it for marketing without your written consent.

---

3. Special Rules by State

If You Are in Georgia

- **We must get a specific written authorization before sharing your PHI for Georgia's Crime Victims Compensation Program.**
- **We follow privacy guidance from the Georgia Department of Behavioral Health & Developmental Disabilities for behavioral health care.**

If You Are in California

- **Your information is also protected by the California Confidentiality of Medical Information Act (CMIA), which is stricter than HIPAA.**
- **We must get your explicit consent before sharing sensitive information (such as reproductive health or gender-affirming care).**
- **California law may require us to respond to requests for your records within 15 days, rather than HIPAA's 30-day standard.**
- **Sensitive data may be stored in separate systems with limited access.**

---

4. Your Rights

You have the right to:

1. **See or Get a Copy of Your Records (paper or electronic).**
2. **Ask Us to Limit Sharing (we will honor if possible and allowed by law).**
3. **Request Confidential Communication (for example, by email instead of mail).**
4. **Get a List of Disclosures we've made (except those you authorized or that are exempt by law).**
5. **Ask for Corrections to your records.**
6. **Choose Someone to Act for You if you have a medical power of attorney or legal guardian.**
7. **Receive This Notice by Email or Paper anytime.**

---

5. If You Have Concerns

If you believe your privacy rights have been violated:

- **You can talk with your therapist or contact our Privacy Officer, Kendra Witherspoon, LPC (contact at top of page).**
- **You can also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights.**
  We will not retaliate against you for making a complaint.

---

6. Acknowledgment & Consent

I have received and reviewed The Resilience Project's Privacy Practices & Client Rights.
I understand:

- **How my information may be used and shared.**
- **My rights under HIPAA, Georgia, and California laws (as applicable).**
- **That I may ask questions anytime.**

Client Name: _____

Signature: _____ Date: _____

Parent/Guardian Signature (if applicable): _____
