Notice of Privacy Practices

Inspirational Legacies Wellness & Media LLC | Effective August 5, 2026

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.

Who This Notice Applies To

This Notice applies to protected health information created or maintained by Inspirational Legacies Wellness & Media LLC and Treena Sather-Head, MSW, LICSW, LMHC in connection with therapy and other health care services. Protected health information is information that identifies you and relates to your health, health care, or payment for care.

Your Rights

You have the rights described below. Some rights are subject to legal limits, verification of identity, and written request requirements.

Inspect or obtain a copy of your record. You may ask to see or receive an electronic or paper copy of health information in the designated record set. Psychotherapy notes and certain other records may be excluded from the right of access. A reasonable, cost-based fee may be charged when permitted. The practice will generally act on a request within the time required by law.

Request a correction. You may ask the practice to amend health information that you believe is incorrect or incomplete. The request may be denied in some circumstances, and a written explanation will be provided when required.

Request confidential communications. You may ask to be contacted in a particular way or at a different address. Reasonable requests will be honored.

Request restrictions. You may ask the practice not to use or disclose certain information for treatment, payment, or operations. The practice is not always required to agree. When you pay in full out of pocket for a service, you may ask that information about that service not be disclosed to your health plan for payment or health care operations, unless disclosure is required by law.

Receive an accounting of certain disclosures. You may request a list of certain disclosures made during the six years before your request. The list does not include every disclosure, such as most disclosures for treatment, payment, health care operations, or disclosures you authorized.

Receive a paper copy of this Notice. You may request a paper copy at any time, even if you agreed to receive the Notice electronically.

Choose a personal representative. A person legally authorized to act for you may exercise your privacy rights. The practice may require documentation of that authority.

Be notified of a breach. You will be notified as required by law if unsecured protected health information is affected by a reportable breach.

File a complaint without retaliation. You may complain to the practice or to the U.S. Department of Health and Human Services Office for Civil Rights if you believe your privacy rights were violated. The practice will not retaliate against you for filing a complaint.

Your Choices

For certain disclosures, you may tell the practice your preference. When you are able to express a preference, you may direct whether relevant information is shared with family members, friends, or others involved in your care or payment. In an emergency or when you cannot state a preference, professional judgment and applicable law may permit limited disclosure when it is in your best interest.

Written authorization is generally required for uses or disclosures not otherwise permitted by law. You may revoke an authorization in writing, except to the extent the practice has already relied on it.

Uses and Disclosures Without Written Authorization

The practice may use or disclose protected health information without your written authorization for the following purposes, subject to applicable federal and Washington law:

Treatment: To provide, coordinate, or manage your care and to consult with other health care professionals when permitted.

Payment: To bill and collect payment, verify benefits, submit claims, obtain authorization, and respond to health-plan review.

Health care operations: For quality improvement, clinical consultation, credentialing, licensing, audits, legal and accounting services, business management, security, and other activities necessary to operate the practice.

Business associates: To vendors that perform services for the practice, when appropriate safeguards and agreements are required.

Required by law: To comply with federal, state, or local law, including reporting and court requirements.

Public health and safety: For legally permitted public-health activities, to prevent or reduce a serious and imminent threat, and for certain health or safety investigations.

Abuse, neglect, or exploitation: To make reports required or permitted by law concerning suspected abuse, neglect, exploitation, or domestic violence.

Health oversight: To licensing boards, government benefit programs, auditors, inspectors, and oversight agencies as authorized by law.

Judicial and administrative proceedings: In response to a valid court order, subpoena, discovery request, or other lawful process, subject to legal protections for mental health records.

Law enforcement and government functions: For limited law-enforcement purposes and specialized government functions when authorized by law.

Workers' compensation: For workers' compensation and similar programs as authorized by law.

Coroners, medical examiners, and funeral directors: As necessary and permitted by law.

Research: For research approved under applicable legal standards or when your authorization or a legal waiver is obtained.

Uses and Disclosures Requiring Written Authorization

Unless a specific exception applies, written authorization is required before the practice:

- Uses or discloses psychotherapy notes for a purpose not otherwise permitted by law.
- Uses protected health information for marketing when authorization is required.
- Sells protected health information.
- Uses or discloses information for another purpose not described in this Notice and not otherwise permitted by law.

Special Protection for Mental Health Information

Mental health information may receive additional protection under Washington law. When state law is more protective than HIPAA, the more protective rule generally applies. The practice will obtain written authorization or follow a specific legal process when required for disclosure of mental health records.

Psychotherapy notes are kept separate from the medical record when the notes meet the legal definition. They are subject to special authorization requirements and are generally not included in the information routinely disclosed for treatment, payment, or health care operations.

Couples, Family, and Multiple-Participant Services

Records from couples or family services may contain information about more than one person. Access, amendment, authorization, and disclosure requests involving these records will be handled according to applicable law, informed-consent documents, and the practice's record policies.

Electronic Communication and Telehealth

The practice may communicate through secure telehealth, a client portal, telephone, email, text, fax, or mail according to your preferences, clinical needs, and applicable safeguards. Ordinary email and text messaging may carry privacy risks. You may request a different reasonable method of communication.

The Practice's Responsibilities

- Maintain the privacy and security of protected health information as required by law.
- Provide this Notice and follow the privacy practices described in the current Notice.
- Notify affected individuals when a reportable breach of unsecured protected health information occurs.
- Revise this Notice when privacy practices materially change and make the current Notice available on the website and upon request.

Questions and Complaints

Contact the Privacy Officer for questions, requests, or complaints:
Treena Sather-Head, MSW, LICSW, LMHC, Privacy Officer
Inspirational Legacies Wellness & Media LLC
Email: treena@inspirationallegacies.com
Phone: (509) 992-9249
Fax: (509) 606-3018
Website: inspirationallegacies.com

You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, 200 Independence Avenue, S.W., Washington, DC 20201; telephone 1-877-696-6775; or through the HHS Office for Civil Rights complaint portal. The practice will not retaliate against you for filing a complaint.

Changes to This Notice

The practice reserves the right to change this Notice and its privacy practices as permitted by law. A revised Notice may apply to information already held as well as information received in the future. The current Notice will be posted on the website and will be available upon request.

This Notice is based on the HIPAA Privacy Rule requirements for covered health care providers, including 45 C.F.R. Section 164.520 and current U.S. Department of Health and Human Services model guidance. It should be reviewed whenever practice operations, vendors, forms, or legal requirements change.