Client Privacy Policy

This Privacy Policy outlines our commitment to protecting the confidentiality and security of your personal and medical information. We collect only the information necessary to provide quality care and operate in compliance with all HIPAA privacy regulations. Your information is used solely for treatment, payment, and healthcare operations unless otherwise authorized by you. We take great care to ensure your privacy is respected and safeguarded at all times.

As part of your client intake, you will be asked to sign and date required forms that ensure clarity and compliance with healthcare standards. These forms include consent to treatment, acknowledgment of privacy practices, and authorization for the release of information when necessary to support your care. Completing these documents allows us to provide services in accordance with legal and ethical guidelines, while safeguarding your personal and medical information. Your cooperation in this process ensures that we can deliver safe, effective, and confidential care tailored to your needs.

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1. Information We Collect when you sign up to be seen at Journeys Counseling

We may collect the following types of personal information :

- Name, address, phone number, and email address
- Date of birth and demographic information
- Medical history and health information necessary for your care
- Insurance and billing information
- Communication preferences, including SMS/text messaging consent

2. How We Use Personal Information

We use your personal information for purposes including:

- Providing medical treatment and coordinating your care
- Scheduling and appointment reminders
- Billing and insurance processing
- Communicating important office updates and care instructions
- Responding to your inquiries or requests

3. Who We Share Personal Information With

We may share basic necessary information only with:

- Healthcare providers involved in your treatment
- Insurance companies for billing and authorization
- Business associates who provide services (e.g., billing, electronic health records) who have signed an agreement and are required by law to safeguard your information
- Government agencies or law enforcement only when required by law

We do not send clinical information out without your knowledge. For release of information you will be required to sign a Release of Information document for our files.

We do not sell, rent, or trade your personal information.

4. SMS/Text Messaging Consent

If you provide consent to receive SMS/text messages:

- SMS messages may include appointment reminders, updates, or important care information.
- SMS consent is not shared with third parties.
- You may opt out of SMS communications at any time by replying "STOP" or contacting our office directly.

5. Protecting Your Information

We use administrative, technical, and physical safeguards to protect your personal information and comply with HIPAA and other privacy regulations.

6. Your Rights

You have the right to:

- Access and request a copy of your health information
- Request corrections to your information
- Withdraw consent for certain types of communication, including SMS/texts

7. SMS Terms of Service

By opting into SMS from a web form or other medium, you are agreeing to receive SMS messages from JOURNEYS COUNSELING AND CONSULTATION. This includes SMS messages for customer care. Message frequency varies. Message and data rates may apply. See privacy policy at www.jcc1.me. Reply STOP to any message to opt out.

8. Contact Us

If you have any questions about this Privacy Policy or your information, please contact our office at:

Journeys Counseling and Consultation
2403 Bacon Ranch Rd STE 300
254-791-5614
www.jcc1.me