JOSEPH MARON, MS, LPC

Notice of Privacy Practices

Effective date: September 10, 2026

Privacy contact: Joseph Maron, LPC | (215) 804-9315 | JosephMaronLPC@gmail.com

Website: https://www.josephmaronlpc.com

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

1. MY RESPONSIBILITIES AND YOUR CONFIDENTIALITY

I protect the privacy of your health information and maintain records to provide care and meet legal requirements. This notice applies to the health information maintained by my private counseling practice, including electronic records and telehealth services. I must safeguard protected health information (PHI), provide this notice, follow the notice currently in effect, and notify you as required by law following a breach of your unsecured PHI.

Pennsylvania protections. Federal HIPAA rules do not replace more protective state confidentiality rules. Under Pennsylvania's rules for professional counselors, I obtain informed consent before revealing confidential information unless an applicable legal exception applies, such as a court order, a specific federal or state privacy law or regulation, or a clear and present danger to you or others. Unless such circumstances specifically contraindicate it, I inform you and obtain written consent before disclosure. Every use or disclosure described below is subject to these protections and any other applicable, more protective law.

Couples therapy. I discuss confidentiality with each participant. I do not reveal one participant's individual confidences to another person in the client unit without that individual's prior written permission. I cannot guarantee that other participants will honor confidentiality agreements.

2. USES AND DISCLOSURES FOR CARE AND PRACTICE OPERATIONS

Treatment. I use your information to assess your concerns, develop a treatment plan, provide therapy, and coordinate care. For example, with the consent required by applicable law, I may consult with another treating professional about your care. Permission under HIPAA alone is not a blanket authorization to release your counseling records.

Payment. I use information to charge for services and maintain payment records. For example, I may prepare an invoice or, at your request, a superbill for you to submit for out-of-network reimbursement. A superbill may include a diagnosis and service details. Disclosures to insurers or other parties remain subject to applicable consent requirements and your right to restrict certain disclosures after paying in full.

Health care operations. I use information to operate the practice and support quality care, such as reviewing treatment quality, maintaining records, and obtaining administrative or professional services. Service providers that handle PHI on my behalf must have the safeguards and agreements required by applicable law. I limit uses and disclosures to the minimum necessary when that standard applies.

Communication. I may contact you about appointments, treatment alternatives, and related services. You can request a particular contact method or location. You may use the SimplePractice Client Portal for secure messages and available records, or call the privacy contact above to request another way to communicate.

3. OTHER USES AND DISCLOSURES

These categories describe disclosures that federal law may permit or require without a HIPAA authorization. I make a disclosure only when all applicable legal conditions, including Pennsylvania confidentiality requirements, are satisfied. Listing a category does not authorize unrestricted access to your information.

Required by law and oversight. I may disclose information when required by law, including legally required abuse or neglect reports, or to authorized health oversight agencies for lawful audits, investigations, inspections, or licensing activities. I must disclose information to the U.S. Department of Health and Human Services when required for a privacy-law compliance review.

Public health and safety. I may disclose information for legally authorized public health activities or to prevent or lessen a serious threat to health or safety, subject to applicable confidentiality law and reporting duties.

Legal proceedings and law enforcement. I may disclose information in response to a valid court order or other legally sufficient process only when confidentiality, privilege, notice, and any other applicable requirements have been met. A subpoena alone does not automatically authorize release of your counseling records. Disclosures to law enforcement are limited to circumstances permitted or required by applicable law.

Other legally authorized purposes. Subject to all applicable protections, information may be used or disclosed for workers' compensation; authorized duties of coroners, medical examiners, or funeral directors; organ or tissue donation; or specialized government functions such as military, national security, or correctional activities.

Research. Use or disclosure of identifiable health information for research requires your written authorization unless a legally valid exception applies and all applicable federal and state requirements are met. This notice is not consent to participate in research.

Family, friends, and others involved in your care. I discuss your preferences and obtain the consent required by law before sharing information with people involved in your care or payment. If you cannot express your wishes, I may share information only when applicable law permits it, such as a qualifying emergency, and only to the extent appropriate to the circumstances.

Substance use disorder records protected by 42 CFR Part 2. If I receive or maintain records protected by Part 2, additional restrictions apply. Those records, and testimony about their contents, cannot be used or disclosed in civil, criminal, administrative, or legislative investigations or proceedings against you without your written consent or a qualifying court order issued after the required notice and opportunity to be heard. An authorizing court order must be accompanied by a subpoena or other legal requirement compelling disclosure. If Part 2 records are used for fundraising, you must first receive a clear, conspicuous opportunity to opt out.

Redisclosure. Information disclosed under HIPAA may be redisclosed by its recipient and may no longer be protected by HIPAA. Other applicable laws, including Part 2 and state confidentiality laws, may continue to restrict its use or disclosure.

4. WRITTEN AUTHORIZATION

Psychotherapy notes. Separately maintained psychotherapy notes, as defined by HIPAA, have special protection. These are different from routine progress notes, diagnoses, and treatment or billing records. If I maintain such separate notes, most uses or disclosures require your written authorization. Limited exceptions include my own use for treatment, certain uses for my own training activities, defending a legal action you bring against me, HHS compliance reviews, and other uses or disclosures specifically permitted or required by law. More protective state law still applies.

SUD counseling notes. If I maintain substance use disorder counseling notes as defined by 42 CFR Part 2, those notes have protection parallel to psychotherapy notes. Most uses or disclosures require your separate written consent, and a general consent covering Part 2 records does not extend to them.

Marketing and sale. I do not use or disclose your PHI for marketing, and I do not sell your PHI. HIPAA generally requires a separate written authorization for these activities; this notice does not provide one.

Other uses and revocation. Uses or disclosures not described in this notice require your written authorization unless otherwise required or permitted by applicable law. You may revoke an authorization by notifying me in writing. Revocation applies going forward and does not undo actions already taken in reliance on the authorization.

5. YOUR RIGHTS AND HOW TO EXERCISE THEM

To exercise these rights, contact Joseph Maron, LPC at (215) 804-9315, email JosephMaronLPC@gmail.com, or send a secure message through the Client Portal. Ordinary email is not a secure channel, so please use the Client Portal or the phone for anything sensitive. I will explain any written request or identity verification needed and how to submit it. You may also use these methods to request a copy of this notice or make a privacy complaint.

Access and copies. You may ask to inspect or receive an electronic or paper copy of health information in your designated record set, including routine clinical and billing records. HIPAA excludes separately maintained psychotherapy notes and certain other information from its access right. I respond within 30 days, or sooner when required by applicable law. If a legally permitted extension is necessary, I will explain the reason and completion date in writing. Any fee will be reasonable, cost-based, and permitted by law. If access is denied, I will explain the reason and any available review rights in writing.

Corrections. You may request an amendment if information is incorrect or incomplete. I generally act within 60 days; if a lawful extension is needed, I will notify you. I may deny a request when permitted by law, but will explain why in writing and how you may submit a statement of disagreement.

Limits on sharing. You may request restrictions on uses or disclosures for treatment, payment, or operations. I am not required to agree to every request. However, if you pay for a service out of pocket in full and ask me not to disclose information relating solely to that service to a health plan for payment or health care operations, I must honor that request unless disclosure is required by law. Please make this request before the information is sent.

Confidential communications. You may ask me to contact you in a specific way or at a different location. I will accommodate reasonable requests.

Accounting of disclosures. You may request a list of disclosures made during the preceding six years, or a shorter period you specify. The list excludes treatment, payment, and operations disclosures and other legally excluded disclosures, such as those made with your authorization. I generally respond within 60 days, with written notice if a lawful extension is needed. One accounting in a 12-month period is free. For additional requests in that period, I may charge a reasonable, cost-based fee after telling you the cost and giving you the chance to withdraw or modify the request.

Copy of this notice. You may obtain a paper copy promptly on request, even if you previously agreed to receive it electronically. A current copy is also available on my website and on request through the Client Portal.

Personal representative. A person legally authorized to act for you may exercise your rights, subject to applicable law. I verify that person's authority before providing access or allowing decisions on your behalf.

6. QUESTIONS, COMPLAINTS, AND CHANGES

Questions or complaints to the practice. Contact Joseph Maron, LPC, the practice's privacy contact, at (215) 804-9315, at JosephMaronLPC@gmail.com, or through the Client Portal. I can explain how to submit a written complaint. You will not be retaliated against for making a complaint or exercising your privacy rights.

Complaints to HHS. You may also complain to the U.S. Department of Health and Human Services, Office for Civil Rights. Visit https://www.hhs.gov/hipaa/filing-a-complaint/index.html, call 1-877-696-6775, or write to 200 Independence Avenue, S.W., Washington, D.C. 20201. You do not have to complain to me first.

Changes to this notice. I may revise this notice and make the revised terms apply to information I already maintain as well as information received later, to the extent permitted by law. The revised notice will show its effective date and be available on my website and upon request. This version replaces the notice dated November 18, 2020.