
NOTICE OF PRIVACY PRACTICES

Licensed Clinical Social Worker: Yovani Ayala, MSW, LCSW, LISW-CP, CCATP

DBA: Yovani Ayala Services

Scope of Practice: Virtual mental health counseling and coaching; LCSWA licensure supervision in North Carolina (NC), South Carolina (SC), and California (CA)

Contact Information:

Phone: (980) 318-9200

Website: www.yovaniayalaservices.com

THIS NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. YOU MAY HAVE ADDITIONAL RIGHTS UNDER STATE AND LOCAL LAW. PLEASE SEEK LEGAL COUNSEL FROM AN ATTORNEY LICENSED IN YOUR STATE IF YOU HAVE QUESTIONS REGARDING YOUR RIGHTS TO HEALTH CARE INFORMATION.

EFFECTIVE DATE: 12/19/2025

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

Under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), you have certain rights regarding the use and disclosure of your protected health information ("PHI").

I. MY PLEDGE REGARDING HEALTH INFORMATION

I understand that health information about you and your care is personal. I am committed to protecting your health information. I create a record of the care and services you receive from me, which is necessary to provide quality care and to comply with certain legal requirements. This notice applies to all records of your care generated by Yovani Ayala Services.

I am required by law to:

- Ensure that PHI that identifies you is kept private.
- Provide you with this notice of my legal duties and privacy practices with respect to health information.
- Follow the terms of the notice currently in effect.

I may change the terms of this Notice. Any changes will apply to all information I maintain about you. The updated Notice will be available upon request, in my office, and on my website.

II. HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

Treatment, Payment, and Health Care Operations:

I may use or disclose your PHI without your written authorization for treatment, payment, and health care operations. This includes:

- Providing you with mental health counseling, coaching, or LCSWA supervision.
- Coordinating care with other licensed health care providers involved in your treatment.
- Administrative tasks such as appointment reminders, billing, and quality improvement.

Lawsuits and Disputes:

I may disclose PHI if required by a court or administrative order, or in response to a subpoena, discovery request, or lawful process, provided that reasonable efforts are made to notify you or protect the information.

III. USES AND DISCLOSURES THAT REQUIRE YOUR AUTHORIZATION

Psychotherapy Notes:

Psychotherapy notes require your written authorization for disclosure except in certain situations, such as:

- For my use in treating you.
- For my use in training or supervising mental health practitioners.
- In legal proceedings involving me.
- For oversight by HHS regarding HIPAA compliance.
- When required by law, coroners, or to prevent serious threats to health or safety.

Marketing:

Your PHI will not be used for marketing without your prior written consent. Reviews that include PHI require a HIPAA authorization, which you may withdraw at any time.

Sale of PHI:

I will not sell your PHI.

IV. USES AND DISCLOSURES THAT DO NOT REQUIRE YOUR AUTHORIZATION

Without your authorization, I may use or disclose PHI for:

- Appointment reminders or information about treatment alternatives or services.
 - Compliance with state or federal law.
 - Public health activities, including reporting suspected abuse or safety threats.
 - Health oversight, research, judicial or administrative proceedings, law enforcement, coroners, organ donation, government functions, and workers' compensation purposes.
-

V. USES AND DISCLOSURES YOU CAN OBJECT TO

You have the right to object to disclosure of your PHI to family, friends, or others involved in your care, except in emergencies where disclosure is necessary to protect health or safety.

VI. YOUR RIGHTS REGARDING PHI

You have the following rights:

1. **Request Limits:** Ask me to limit the use or disclosure of PHI for treatment, payment, or operations.
2. **Request Restrictions for Out-of-Pocket Payments:** Ask that PHI not be disclosed to health plans if you paid in full out-of-pocket.
3. **Confidential Communications:** Request specific ways or locations to receive PHI.
4. **Access to PHI:** Request a copy or summary of your medical records.
5. **Accounting of Disclosures:** Request a list of certain disclosures of PHI.
6. **Correction of PHI:** Request corrections to your PHI.
7. **Paper or Electronic Copies of Notice:** Request a copy of this Notice in paper or electronic form.
8. **Acting on Your Behalf:** Your legal guardian or medical power of attorney can act for you.
9. **Revoke Authorization:** You may revoke prior authorizations for PHI use or disclosure.

10. **Opt-out of Communications and Fundraising:** You may opt-out.

11. **File a Complaint:** Contact me or HHS Office for Civil Rights without fear of retaliation.

VII. CHANGES TO THIS NOTICE

I may change this Notice at any time, and changes will apply to all PHI I maintain. The updated Notice will be available upon request, in my office, and on my website.