

NOTICE OF PRIVACY PRACTICES

Kristy M. Ledford, LLC | Kristy Ledford, LPC
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Effective Date: October 3, 2026

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, HOW YOU CAN GET ACCESS TO THIS INFORMATION, AND YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION. PLEASE REVIEW IT CAREFULLY.

Your Information. Your Rights. Our Responsibilities.

This Notice of Privacy Practices explains how Kristy M. Ledford, LLC may use and disclose your protected health information (PHI), the rights you have regarding that information, and the responsibilities of this practice under applicable privacy law.

YOUR RIGHTS

When it comes to your health information, you have certain rights. You may contact the practice using the information above for help exercising any of these rights.

Get an electronic or paper copy of your record

- You may ask to inspect or obtain an electronic or paper copy of your health record and other health information maintained by this practice.
- A copy or summary will generally be provided within the time required by law. A reasonable, cost-based fee may be charged when permitted.

Ask us to correct your record

- You may ask us to correct health information you believe is incorrect or incomplete. If the request is denied, you will receive an explanation as required by law.

Request confidential communications

- You may ask us to contact you in a particular way or at a different address. Reasonable requests will be accommodated.

Ask us to limit what we use or share

- You may ask us not to use or share certain information for treatment, payment, or health care operations. We are not always required to agree.
- If you pay for a service in full out of pocket, you may ask us not to disclose information about that service to your health plan for payment or health care operations. We will honor that request unless disclosure is required by law.

Get a list of certain disclosures

- You may request an accounting of certain disclosures of your health information for the period allowed by law. The accounting does not include every type of disclosure, such as many disclosures for treatment, payment, or health care operations.

Get a copy of this notice

- You may ask for a paper copy of this notice at any time, even if you agreed to receive it electronically.

Choose someone to act for you

- A legally authorized personal representative may exercise your rights when appropriate. We may verify that person's authority before acting.

File a complaint

- You may complain to this practice if you believe your privacy rights have been violated. You will not be retaliated against for filing a complaint.
- You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights.

YOUR CHOICES

For certain health information, you may tell us your preferences about what we share. When applicable, you may direct us to share information with family, friends, or others involved in your care. If you are unable to communicate your preference, we may share information when permitted by law and when doing so is in your best interest.

Mental health information and psychotherapy notes receive additional protections. Psychotherapy notes, when maintained separately from the medical record, generally require your written authorization for use or disclosure except in limited circumstances permitted by law.

We do not sell your health information. Uses or disclosures for marketing that require authorization will not occur without your written authorization.

HOW WE MAY USE AND DISCLOSE YOUR INFORMATION

We may use and share your health information in the following ways, as permitted or required by law:

Treatment

- We may use your information to provide, coordinate, or manage your care and may share information with other health professionals involved in your treatment when permitted.

Payment

- We may use and disclose information to bill for services and obtain payment from health plans or other responsible parties.

Health care operations

- We may use information to operate the practice, manage services, conduct quality improvement, perform administrative functions, and contact you when necessary.

Other uses and disclosures permitted or required by law

- We may disclose information for certain public health and safety activities, health oversight, workers' compensation matters, or other purposes authorized by law.
- We may disclose information when required by law, including certain mandatory reporting obligations.
- We may respond to lawful judicial, administrative, law-enforcement, or government requests when the applicable legal requirements are met.
- We may disclose information to a medical examiner or funeral director when permitted or required by law.
- We may use or disclose information for research only when applicable legal requirements are satisfied.

Substance use disorder information

To the extent this practice maintains substance use disorder patient records that are subject to 42 CFR Part 2, those records receive additional federal protections. Such Part 2 records will not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you without your written consent or a court order and subpoena meeting applicable legal requirements.

Other uses and disclosures

Uses and disclosures not described in this notice will be made only with your written authorization when authorization is required. If you provide authorization, you may revoke it in writing at any time, except to the extent action has already been taken in reliance on it.

OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your protected health information.
- We will notify you as required by law if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in the notice currently in effect.
- We will not use or disclose your information other than as described in this notice unless you authorize us in writing or the law otherwise permits or requires it.

ELECTRONIC COMMUNICATIONS, TELEHEALTH, AND CLIENT PORTAL

This practice may use electronic health records, a secure client portal, telehealth technology, email, text messaging, or other electronic communications in connection with your care. Reasonable safeguards are used to protect your information. Electronic communication can carry privacy and security risks, and the practice will follow applicable privacy and security requirements when communicating electronically.

CHANGES TO THIS NOTICE

We may change the terms of this notice, and changes may apply to health information already maintained by the practice as well as information received in the future. The current notice will be available upon request, at the practice, and on the practice website when applicable.

QUESTIONS OR COMPLAINTS

Privacy Contact: Kristy Ledford, LPC
Kristy M. Ledford, LLC
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Evans, GA 30809
Phone: 706-420-5154
Email: kristyledfordlpc@gmail.com

You may also submit a complaint to the U.S. Department of Health and Human Services, Office for Civil Rights, 200 Independence Avenue, S.W., Washington, D.C. 20201, or call 1-877-696-6775. Filing a complaint will not affect your care, and this practice will not retaliate against you for filing a complaint.