

# SONYA L. FONTAINE LPC, PLLC

## NOTICE OF PRIVACY PRACTICES

Effective: October 7, 2026

Privacy contact: Sonya L. Fontaine, LPC

3500 S Boulevard Ave., Suite 12B, Edmond, OK 73013

405-826-7078 | [sonya@fontainecounseling.org](mailto:sonya@fontainecounseling.org)

### Your information. Your rights. Our responsibilities.

**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.**

This notice applies to counseling and related health information maintained by this practice. Contact Sonya using the information above to ask questions, make a privacy request, or submit a complaint. Additional state or federal protections may limit disclosures otherwise allowed under HIPAA.

### Your rights

**Access your records.** You may request to inspect or receive paper or electronic copies of eligible clinical and billing records. We generally respond within 30 days; if a legally permitted extension is needed, we will explain it in writing. Any copying fee will be reasonable and cost-based as permitted by law. Access does not generally include separately maintained psychotherapy notes. If access is denied, we will explain the reason and any available review rights.

**Request confidential communication.** You may ask us to contact you at a different address or by a specific method. We will accommodate reasonable requests. Tell us which phone numbers, messages, or email addresses are safe for you.

**Request limits on use or disclosure.** You may ask us to restrict information used or shared for treatment, payment, or operations. We generally do not have to agree unless the law requires it. If you pay for a service out of pocket in full and request that information about that service not be shared with your health insurer for payment or operations, we will comply unless disclosure is required by law. Agreed restrictions may have emergency-treatment exceptions.

**Other record rights.** You may request amendments to inaccurate or incomplete records and an accounting of certain disclosures. Submit requests to Sonya using the contact details above. We will explain the applicable procedures, timeframes, exclusions, fees, and any denial or review rights.

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

**Have an authorized representative act for you.** A person with appropriate legal authority may exercise rights on your behalf. We will verify that authority. For minors, access and consent depend on applicable law and the circumstances. Legally permitted exceptions may apply when a representative could endanger you.

### Social media privacy and boundaries

To protect confidentiality and professional boundaries, Sonya does not accept personal friend or follow requests from current or former clients on personal social media accounts. Please use the practice phone or email for contact; social media messages are not a secure or reliable way to discuss counseling and are not monitored for emergencies. Following, commenting on, reviewing, or tagging a public practice page may reveal your connection to the practice. Sonya will not publicly confirm that someone is a client or discuss a client's care online. Please bring concerns about online interactions to a session.

### Our responsibilities and changes to this notice

We are required by law to protect your health information, give you this notice, and follow its duties and privacy practices. We will notify you without unreasonable delay when a breach of unsecured protected health information requires notification under law. We will not use or share information beyond this notice without written authorization unless the law permits or requires it.

We may revise this notice, including for information we already maintain, as permitted by law. The revised notice will show its effective date and be available in the office and on request. It will also be posted on any practice website that provides information about our services.

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### How information may be used or shared

The following describes permitted or required uses and disclosures. Each is subject to applicable confidentiality laws, privilege protections, and any required consent or authorization. A HIPAA permission alone does not override a more protective law. We limit disclosures as required by law.

### Treatment, payment, and practice operations

**Treatment:** We use information to assess your needs, plan counseling, and provide care. We may coordinate with other treating professionals when legally permitted, obtaining written permission when required. For example, coordination with your prescriber may help address treatment concerns.

**Payment:** We use information to bill for services and process payment. If you use insurance, a claim may include diagnosis and service information. Additional records may be requested to review benefits or medical necessity, subject to legal protections and any required consent.

**Operations:** We use information to manage records, appointments, quality of care, compliance, and the practice. Service providers handling protected information on our behalf must meet applicable privacy and security obligations, including business-associate agreements where required.

### Other legally permitted or required disclosures

**Health and safety:** Information may be disclosed for legally permitted public-health purposes, including required reports of suspected abuse or neglect, certain medication or product safety issues, and actions to prevent or lessen a serious threat to health or safety. Reporting obligations depend on applicable law; not every report of past abuse automatically requires disclosure.

**Required by law and oversight:** We disclose information when legally required, including lawful oversight, audits, investigations, and reviews of compliance by the U.S. Department of Health and Human Services or other authorized agencies.

**Court and legal requests:** A court order, subpoena, or other demand will be evaluated for legal validity and confidentiality or privilege protections before information is disclosed. Such requests do not automatically authorize unrestricted release of counseling records. Information may also be disclosed as legally permitted in proceedings concerning the professional services provided.

**Other authorized purposes:** Disclosure may be permitted under specified legal conditions for workers' compensation; limited law-enforcement purposes; certain military, national-security, or other government functions; authorized research; organ or tissue donation; or coroners, medical examiners, and funeral directors. We will apply relevant state and federal limits before any such disclosure.

### Oklahoma counseling confidentiality

Oklahoma law protects information acquired in professional counseling. We obtain written client consent when required. State-law exceptions include specified safety concerns, proceedings involving children, certain claims or actions involving the counselor, and legally permitted professional consultation. Confidentiality and privilege can have additional exceptions concerning criminal acts or violations of law. These exceptions will be evaluated together with HIPAA and any other applicable protections; they are not a blanket permission to share your records. See 59 O.S. § 1910.

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## Additional protections, responsibilities, and complaints

Uses or disclosures not described in this notice require your written authorization unless otherwise permitted or required by law. Most disclosures of separately maintained psychotherapy notes, marketing uses requiring authorization, and sale of health information require written authorization. You may revoke an authorization in writing, except to the extent we have already relied on it or another legal exception applies.

## Substance use disorder records protected by 42 CFR Part 2

Some substance use disorder records have additional federal protection under 42 CFR Part 2. Not all information about substance use is a Part 2 record. If we maintain protected Part 2 records, we will follow those protections. With a legally sufficient consent, covered entities or business associates receiving Part 2 records for treatment, payment, or operations may redisclose them under HIPAA, subject to Part 2 restrictions.

Part 2 information may not be used or disclosed in civil, criminal, administrative, or legislative investigations or proceedings against you without your specific written consent or a qualifying court order and subpoena or similar legal mandate. A general consent for treatment, payment, or operations does not authorize those uses. This notice does not itself provide consent to disclose Part 2 records.

## Complaints - no retaliation

You may complain to Sonya using the contact details on page 1. You may also complain to the U.S. Department of Health and Human Services Office for Civil Rights: 200 Independence Avenue, S.W., Washington, DC 20201; 1-877-696-6775; [www.hhs.gov/hipaa/filing-a-complaint/index.html](http://www.hhs.gov/hipaa/filing-a-complaint/index.html). To verify Sonya's LPC license or ask about filing a professional-conduct complaint, contact the **Oklahoma State Board of Behavioral Health Licensure at 405-522-3696**, 3815 N Santa Fe, Suite 110, Oklahoma City, OK 73118; [oklahoma.gov/behavioralhealth](http://oklahoma.gov/behavioralhealth). We will not retaliate against you for making a complaint.

## Optional acknowledgment of receipt

My signature acknowledges receipt of this notice. It is not consent to treatment, authorization to share records, or a waiver of privacy rights. Declining to sign does not remove my rights or prevent legally permitted uses or disclosures.

Client name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Representative name / authority, if applicable: \_\_\_\_\_

**Practice use:** Notice provided on: \_\_\_\_\_ ☐ Paper ☐ Electronic

If unsigned, document efforts to obtain acknowledgment and reason, if known:

\_\_\_\_\_