



Sean Bedford, Mental Health Counselor, PLLC d/b/a LifeBrite Therapy

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NOTICE OF PRIVACY PRACTICES

Effective Date: JUNE 6, 2026

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

I. MY PLEDGE REGARDING YOUR HEALTH INFORMATION

I understand that protected health information ("PHI") about you and your health care is personal. I am committed to protecting your PHI. I create and maintain records of the care and services you receive from me. These records are necessary to provide quality care, comply with legal requirements, and document services provided.

This Notice applies to all records of your care maintained by this practice. It describes the ways in which I may use and disclose your PHI and explains your rights regarding your PHI.

I am required by law to:

- Maintain the privacy and security of your PHI.
- Provide you with this Notice of my legal duties and privacy practices.
- Follow the terms of the Notice currently in effect.
- Notify you following a breach of unsecured PHI when required by law.

I reserve the right to change the terms of this Notice. Any changes will apply to all PHI that I maintain. A revised Notice will be available upon request and on my website.

When New York State law provides greater privacy protections than HIPAA, I will follow the more protective state law requirements.

II. HOW I MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

The following categories describe ways that I may use and disclose your PHI. Not every possible use or disclosure is listed, but all permitted uses and disclosures fall within one of these categories.

Treatment, Payment, and Health Care Operations

Federal privacy regulations permit health care providers who have a direct treatment relationship with a client to use and disclose PHI without written authorization for treatment, payment, and health care operations.

Examples include:

- Providing psychotherapy services.
- Consulting with another health care provider regarding your treatment.
- Coordinating care with other providers involved in your treatment.
- Obtaining payment for services rendered.
- Conducting administrative and quality assurance activities.

Because effective treatment often requires access to complete information, disclosures for treatment purposes are not subject to the minimum necessary standard.

Business Associates

I may disclose PHI to business associates who provide services on my behalf, such as:

- Electronic health record providers
- Telehealth platform providers
- Secure email providers
- Billing services
- Practice management vendors

These business associates are required by law and contract to safeguard your PHI.

Lawsuits and Disputes

If you are involved in a lawsuit or legal proceeding, I may disclose PHI in response to a court or administrative order.

I may also disclose PHI in response to a subpoena, discovery request, or other lawful process when permitted by law and after appropriate legal requirements have been satisfied.

III. USES AND DISCLOSURES THAT REQUIRE YOUR AUTHORIZATION

Psychotherapy Notes

I may maintain psychotherapy notes as defined by HIPAA (45 CFR § 164.501). Any use or disclosure of psychotherapy notes requires your written authorization except in the following circumstances:

- For my use in treating you.
- For training or supervising mental health professionals.
- To defend myself in legal proceedings initiated by you.
- For investigations conducted by the Secretary of Health and Human Services.
- As otherwise required by law.
- For certain health oversight activities authorized by law.
- To a coroner or medical examiner performing authorized duties.
- To prevent or lessen a serious and imminent threat to health or safety.

Marketing

I will not use or disclose your PHI for marketing purposes without your written authorization.

Sale of PHI

I will not sell your PHI.

IV. USES AND DISCLOSURES THAT DO NOT REQUIRE YOUR AUTHORIZATION

Subject to applicable legal limitations, I may use or disclose PHI without your authorization:

1. When required by federal or state law.
2. For public health activities, including reporting suspected child abuse, elder abuse, dependent adult abuse, or to prevent a serious threat to health or safety.
3. For health oversight activities, including audits, investigations, inspections, and licensure reviews.
4. For judicial and administrative proceedings.
5. For law enforcement purposes as permitted or required by law.
6. To coroners, medical examiners, or funeral directors when authorized by law.
7. For specialized government functions, including military, national security, intelligence, and correctional institution activities.
8. For workers' compensation purposes as required by law.
9. To avert a serious threat to health or safety.
10. For appointment reminders and health-related services. I may contact you regarding appointments, treatment alternatives, or other services I provide that may be relevant to your care.

V. USES AND DISCLOSURES FOR WHICH YOU HAVE THE OPPORTUNITY TO OBJECT

Disclosures to Family Members and Others Involved in Your Care

I may disclose relevant PHI to a family member, friend, or other person involved in your care or payment for your care unless you object.

If you are unable to agree or object because of an emergency or incapacity, I may exercise professional judgment in determining whether a disclosure is in your best interest.

VI. ELECTRONIC COMMUNICATIONS AND TELEHEALTH

As a telehealth practice, I may communicate with you using electronic means including:

- Telehealth platforms
- Secure client portals
- Email
- Text messaging

Reasonable safeguards are used to protect your information. However, electronic communications may involve certain privacy and security risks despite these protections.

Your clinical records may be maintained electronically.

Additional information regarding telehealth services and electronic communication risks is provided in the informed consent documents you receive at the start of treatment.

VII. YOUR RIGHTS REGARDING YOUR PHI

Right to Request Restrictions

You have the right to request restrictions on certain uses and disclosures of your PHI. I am not required to agree to every request.

Right to Restrict Certain Disclosures to Health Plans

If you pay for services out-of-pocket in full, you may request that I not disclose information about those services to your health plan for payment or health care operations purposes.

Right to Request Confidential Communications

You may request that I communicate with you in a specific way or at a specific location. I will accommodate all reasonable requests.

Right to Access Your PHI

You have the right to inspect or obtain a copy of your PHI, excluding psychotherapy notes.

I will generally provide records within 30 days of receiving a written request and may charge a reasonable cost-based fee as permitted by law.

Right to an Accounting of Disclosures

You have the right to request a list of disclosures made for purposes other than treatment, payment, health care operations, and certain other exceptions.

I will provide this information within 60 days of your request.

Right to Request Amendment

You have the right to request corrections or amendments to your PHI if you believe information is incomplete or inaccurate.

I may deny your request under certain circumstances but will explain the reason in writing.

Right to Receive This Notice

You have the right to receive a paper copy of this Notice at any time, even if you previously agreed to receive it electronically.

Right to Breach Notification

You have the right to be notified if a breach occurs that may compromise the privacy or security of your PHI.

VIII. COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with:

Sean Bedford, LMHC-D
Sean Bedford, Mental Health Counseling, PLLC
(917) 267-8393
Sean.Bedford@lifebritetherapy.com

You may also file a complaint with:

U.S. Department of Health and Human Services
Office for Civil Rights

[Office for Civil Rights Complaint Portal](#)

You will not be penalized, retaliated against, or denied services for filing a complaint.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

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.

By signing below, I acknowledge that I have received a copy of this Notice of Privacy Practices.

Client Name: _____

Client Signature: _____

Date: _____

Parent/Guardian (if applicable): _____

Date: _____