NOTICE OF PRIVACY PRACTICES

Living Well Counseling and Consulting LLC
Taylor Bolchoz, LPCC
Colorado License No. LPCC.0024152
Effective Date: September 8, 2026
Address: 1500 N Grant Ste R, Denver County, CO 80203 US
Phone: (719) 631-8230
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YOUR INFORMATION. YOUR RIGHTS. OUR RESPONSIBILITIES.

This Notice of Privacy Practices describes how medical and mental health information about you may be used and disclosed by Living Well Counseling and Consulting LLC and how you can obtain access to this information.
Please review this notice carefully.
Living Well Counseling and Consulting LLC is committed to protecting the privacy of your protected health information (PHI). PHI includes information about your health, mental health treatment, payment for services, and other information that can identify you and relates to your health care.
This notice applies to services provided by Taylor Bolchoz, LPCC, including services provided in person and through telehealth.

YOUR RIGHTS

When it comes to your health information, you have certain rights.

You have the right to get a copy of your health records.

You may request to inspect or obtain a copy of your health information, including records maintained electronically or in paper form.
In some circumstances, applicable law may permit us to deny access to certain information. If access is denied, you may have the right to request that the denial be reviewed.

You have the right to request a correction.

You may ask us to correct health information about you that you believe is incorrect or incomplete. We may deny your request in certain circumstances, but we will provide you with a written explanation if we do so.

You have the right to request confidential communications.

You may ask us to contact you in a particular way or at a particular location. For example, you may request that we contact you only by email, phone, or at a specific mailing address.
We will consider reasonable requests and will accommodate them when appropriate.

You have the right to ask us to limit information we use or disclose.

You may ask us not to use or disclose certain health information for treatment, payment, or health care operations.
We are not required to agree to your request in most circumstances.
However, if you ask us not to disclose information to a health plan for payment or health care operations purposes concerning a service that you have paid for completely out of pocket, we will generally agree to the request when required by applicable law.

You have the right to receive a list of certain disclosures.

You may request an accounting of certain disclosures of your health information made by us during the applicable period. This accounting generally does not include disclosures made for treatment, payment, health care operations, or certain other purposes permitted by law.

You have the right to receive a copy of this Notice.

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

You have the right to choose someone to act for you.

If you have given someone medical power of attorney or if someone is your legal guardian, that person may be able to exercise your privacy rights and make choices about your health information on your behalf.
We will verify that the person has appropriate legal authority before allowing access to your information.

You have the right to file a complaint.

If you believe your privacy rights have been violated, you may file a complaint with Living Well Counseling and Consulting LLC or with the U.S. Department of Health and Human Services, Office for Civil Rights.
You will not be retaliated against for filing a complaint.

YOUR CHOICES

For certain health information, you may tell us your preferences about what we share. You may request that we:

- Share information with a family member, close friend, or other person involved in your care or payment for your care.
- Contact you using a particular telephone number, email address, mailing address, or other method.
- Limit certain information that we use or disclose.

If you have a preference regarding how we communicate with you or how certain information is shared, please discuss your request with Taylor Bolchoz.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

Federal and state law generally allows us to use and disclose your PHI without obtaining your written authorization for certain purposes. The following are some common examples.

Treatment

We may use and disclose your health information to provide, coordinate, or manage your mental health care.

For example, we may communicate with another health care professional involved in your treatment when permitted by law.

Payment

We may use and disclose your health information to bill for services and receive payment.

Living Well Counseling and Consulting LLC primarily provides services on a self-pay basis and also accepts Colorado Medicaid. When applicable, we may disclose information necessary to obtain payment from Medicaid or another authorized payer.

Health Care Operations

We may use and disclose your health information as necessary to operate our practice, improve our services, maintain our records, conduct quality assessment activities, and perform other activities permitted by law.

Required by Law

We may use or disclose your health information when required to do so by federal, state, or local law.

Public Health

We may disclose health information for certain public health activities when permitted or required by law.

Abuse or Neglect

We may disclose health information when required or permitted by law to report suspected child abuse, neglect, or abuse, neglect, or exploitation of vulnerable individuals.

Serious Threat to Health or Safety

We may use or disclose information when necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public, when permitted by applicable law.

Judicial and Administrative Proceedings

We may disclose health information in response to a court or administrative order when permitted or required by law.

Law Enforcement

We may disclose health information to law enforcement when permitted or required by applicable law and when the applicable legal requirements are satisfied.

Workers' Compensation

We may disclose health information as authorized by and to the extent necessary to comply with workers' compensation laws and other similar programs established by law.

Health Oversight Activities

We may disclose health information to appropriate governmental agencies for activities authorized by law, including audits, investigations, inspections, licensing actions, and other oversight activities.

TELEHEALTH AND ELECTRONIC COMMUNICATIONS

Living Well Counseling and Consulting LLC provides mental health services through telehealth in addition to in-person services.

Telehealth may involve the use of video conferencing, telephone, electronic health record systems, patient portals, email, text messaging, or other electronic communication technologies.

We take reasonable steps to protect the privacy and security of your health information when providing telehealth services and using electronic communications. However, no electronic communication system can be guaranteed to be completely secure.

You are encouraged to participate in telehealth sessions from a private location where others cannot overhear your conversation. You should also take reasonable precautions to protect the privacy of your own devices, accounts, passwords, and internet connection.

We may use electronic communications for appointment reminders, scheduling, billing, care coordination, and other communications related to your care when permitted by law.

If you prefer not to receive certain communications electronically, please contact Taylor Bolchoz to discuss alternative communication methods.

USES AND DISCLOSURES THAT REQUIRE YOUR AUTHORIZATION

Most uses and disclosures of psychotherapy notes maintained separately from the rest of your treatment record require your written authorization, except when disclosure is otherwise permitted or required by law.

Other uses and disclosures of your PHI that are not described in this notice or otherwise permitted or required by law will generally require your written authorization.

If you provide written authorization, you may generally revoke that authorization in writing at any time. Revocation will not affect information that was already used or disclosed based on your prior authorization.

We will not sell your health information or use your health information for marketing purposes without your written authorization when such authorization is required by law.

PSYCHOTHERAPY NOTES

Psychotherapy notes are notes maintained separately from the rest of your medical record that document or analyze the contents of a counseling or therapy session. Psychotherapy notes receive special protection under HIPAA. In most circumstances, your written authorization is required before psychotherapy notes may be used or disclosed.

Psychotherapy notes generally do not include information such as your diagnosis, treatment plan, symptoms, progress, medication information, session dates, or other information contained in your regular clinical record.

MINORS AND PERSONAL REPRESENTATIVES

When permitted by applicable law, a parent, guardian, or other authorized personal representative may exercise privacy rights on behalf of a minor or another individual. There may be circumstances under Colorado or federal law in which a minor has the right to consent to certain health care services or in which a parent or other representative does not have access to certain information.

We will follow applicable federal and Colorado law when determining whether an individual may access or control another person's health information.

CONFIDENTIALITY OF SUBSTANCE USE DISORDER RECORDS

Living Well Counseling and Consulting LLC does not provide substance use disorder treatment.

If Living Well Counseling and Consulting LLC receives or maintains records that are subject to additional federal confidentiality protections applicable to substance use disorder records, those records will be handled in accordance with applicable federal law, including 42 CFR Part 2, when applicable.

OUR RESPONSIBILITIES

Living Well Counseling and Consulting LLC is required by law to:

- Maintain the privacy and security of your protected health information.
- Provide you with this notice describing our legal duties and privacy practices.
- Follow the terms of the notice currently in effect.
- Notify you as required by law if a breach occurs involving your unsecured protected health information.
- Comply with applicable federal and Colorado privacy laws.

We reserve the right to change our privacy practices and this notice. If we make a material change, we will make the revised notice available as required by law.

YOUR RIGHT TO FILE A COMPLAINT

If you believe that Living Well Counseling and Consulting LLC has violated your privacy rights, you may contact:

Taylor Bolchoz, LPCC
Living Well Counseling and Consulting LLC
Phone: (719) 631-8230
Email: taylorbolchoz@gmail.com

You may also file a complaint with:

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

You may obtain information about filing a complaint through the Office for Civil Rights website or by contacting the appropriate regional Office for Civil Rights.

You will not be retaliated against for filing a privacy complaint.

QUESTIONS ABOUT THIS NOTICE

If you have questions about this Notice of Privacy Practices or would like additional information about our privacy practices, please contact:

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