

# NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS 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 OF THIS NOTICE:

This notice went into effect on June 7, 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") in our care and custody.

## I. OUR PLEDGE REGARDING HEALTH INFORMATION:

Healthwise Psychology PLLC ("we", as applicable) understands that your health information and your health care are personal. We are committed to protecting your PHI. We create a record of the care and services you receive from us. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all records of your care generated by this mental health care practice. This notice will tell you about the ways in which we may use and disclose health information about you. We also describe your rights to the PHI we keep about you and describe certain obligations we have regarding the use and disclosure of your PHI.

We are required by law to:

- Make sure that PHI that identifies you is kept private.
- Give you this notice of our legal duties and privacy practices with respect to PHI.
- Follow the terms of the notice that is currently in effect.
- We can change the terms of this Notice, and such changes will apply to all the information we have about you. The new Notice will be available upon request and on our website.

## II. HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:

The following categories describe different ways that we use and disclose PHI. Not every use or disclosure in a category will be listed. However, all the ways we are permitted to use and disclose information will fall within one of the categories.

**For Treatment Payment, or Health Care Operations:** Federal privacy rules (regulations) allow health care providers who have direct treatment relationship with the patient/client to use or disclose the patient/client's PHI without the patient's written authorization, to carry out the health care provider's own treatment, payment or health care operations. We may also disclose your PHI for the treatment activities of any health care provider. This too can be done without your written authorization. For example, if a clinician were to consult with another licensed health care provider about your condition, we would be permitted to use and disclose your PHI, which is otherwise confidential, to assist the clinician in diagnosis

and treatment of your health condition. We may also use your PHI for operations purposes, including sending you appointment reminders, billing invoices and other documentation.

Disclosures for treatment purposes are not limited to the minimum necessary standard. Because therapists and other health care providers need access to the full record and/or full and complete information to provide quality care. The word “treatment” includes, among other things, the coordination and management of health care providers with a third party, consultations between health care providers and referrals of a patient for health care from one health care provider to another.

**Lawsuits and Disputes:** If you are involved in a lawsuit, we may disclose PHI in response to a court or administrative order. We may also disclose health information about you or your minor child(ren) in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only (i) if efforts have been made to tell you about the request to the extent allowed by law or (ii) to obtain a protective order covering the PHI.

### III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:

1. **Psychotherapy Notes.** We keep “psychotherapy notes” as that term is defined in 45 CFR § 164.501, and any use or disclosure of such notes requires your Authorization unless the use or disclosure is:
  - a. For our use in treating you.
  - b. For our use in training or supervising mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy.
  - c. For our use in defending ourselves in legal proceedings instituted by you.
  - d. For use by the Secretary of the Department of Health and Human Services (HHS) to investigate our compliance with HIPAA.
  - e. Required by law and the use or disclosure is limited to the requirements of such law.
  - f. Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes.
  - g. Required by a coroner who is performing duties authorized by law.
  - h. Required to help avert a serious threat to the health and safety of others.
2. **Marketing Purposes.** We will not use or disclose your PHI for marketing purposes without your prior written consent.
3. **Sale of PHI.** We will not sell your PHI.

### IV. USES AND DISCLOSURES THAT DO NOT REQUIRE YOUR AUTHORIZATION:

Subject to certain limitations in the law, we can use and disclose your PHI without your Authorization for the following reasons. We must meet certain legal conditions before we can share your information for these purposes:

1. Appointment reminders and health related benefits or services. We may use and disclose your PHI to contact you to remind you that you have an appointment with us. We may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that we offer.
2. When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.
3. For public health activities, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone’s health or safety.
4. If a client communicates an explicit threat of serious physical harm and has the apparent intent and ability to carry out such a threat, we may be required to take protective actions. These actions may include contacting the police and/or seeking hospitalization for you.
5. For health oversight activities, including audits and investigations.

6. For judicial and administrative proceedings, including responding to a court or administrative order or subpoena, although our preference is to obtain authorization from you before doing so if allowed by the court or administrative officials.
7. For law enforcement purposes, when necessary.
8. To coroners or medical examiners, when such individuals are performing duties authorized by law.
9. For workers' compensation purposes. Although our preference is to obtain authorization from you, we may provide your PHI to comply with workers' compensation laws.

## **V. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT:**

**Disclosures to family, friends, or others:** You may tell us to provide your PHI to a family member, friend, or other person whom you indicate is involved in your care or the payment for your health care, or to share your information in a disaster relief situation. Consent may be obtained retroactively in emergency situations to mitigate a serious and immediate threat to health or safety.

## **VI. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI:**

1. The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask us not to use or disclose certain PHI for treatment, payment, or health care operations purposes.
2. The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full. You have the right to request restrictions on the disclosure of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full.
3. The Right to Choose How We Send PHI to You. You have the right to ask us to contact you in a specific way, and we will agree to all reasonable requests.
4. The Right to Obtain Copies of Your PHI. Other than in limited circumstances, you have the right to get an electronic copy of your medical record. We will provide you with a copy of your record, or if you agree, a summary of it, within 30 days of receiving your written request. We may charge a reasonable cost-based fee for doing so.
5. The Right to Get a List of the Disclosures We Have Made. You have the right to request a list of instances in which we have disclosed your PHI for purposes other than treatment, payment, or health care operations, and other disclosures (such as any you ask us to make). We will respond to your request for an accounting of disclosures within 30 days of receiving your request. The list we will give you will include disclosures made in the last six years unless you request a shorter time. We may charge you a reasonable cost-based fee for each additional request.
6. The Right to Correct or Update Your PHI. If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request a correction to the existing information or add the missing information.
7. 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 can make choices about your PHI.
8. The Right to Revoke an Authorization. You may revoke an authorization or disclosure of PHI at any time. This request must be submitted via a new PHI authorization form.
9. The Right to Opt-Out of Communications. You have the right to discontinue communications from us at any time, if you are no longer receiving services. Typically, we will only contact you for appointment reminders, treatment documents, or important changes to our practice.
10. The Right to File a Complaint. You have a right to file a complaint with the Texas Behavioral Health Executive Council by visiting <https://bhec.texas.gov/how-to-file-a-complaint>. We will not retaliate against you for filing a complaint.