

Notice of Privacy Practices

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

Effective Date: 12/1/24

Last updated: 12/1/24

1. YOUR RIGHTS

You have several rights regarding your health information. You have the right to receive a copy of your counseling records in paper or electronic form or a summary of your treatment. Reasonable fees may apply, as allowed by law, to cover the cost of reproduction. Please review the fee schedule for details. If you believe the information in your records is incorrect or incomplete, you may request corrections; however, we may deny your request under certain circumstances, such as when the record is accurate or was created by another entity.

You can request that we communicate with you in specific ways, such as by contacting you via phone, mail, or at an alternate address. We will accommodate reasonable requests, though this may limit the services we are able to provide. You also have the right to request limitations on how we use or disclose your health information. While we will consider your request, we are not required to agree if it would affect treatment, payment, or healthcare operations.

Additionally, you may request a list of certain disclosures we have made of your health information over the past six years, excluding those for treatment, payment, and healthcare operations. If you feel your rights have been violated, you can file a complaint with our office or the U.S. Department of Health and Human Services at www.hhs.gov/ocr/privacy/hipaa/complaints/. Filing a complaint will not result in retaliation.

2. YOUR CHOICES

You can instruct us on how to share your health information in specific situations, such as sharing with family members, close friends, or others involved in your care. You can revoke your consent for these disclosures at any time by notifying us in writing.

3. OUR USES AND DISCLOSURES

We may use and disclose your health information in several ways. For treatment purposes, we may share your information with other healthcare providers or professionals involved in your care. For payment purposes, we may use or share your information to obtain payment for services provided to you. For healthcare operations, we may use your information to improve our services, evaluate practitioner performance, or conduct business-related activities.

To enhance administrative efficiency, we may use large language models that are HIPAA-compliant. These tools are specifically configured to maintain the privacy and security of Protected Health Information (PHI). They only process data through secure, encrypted channels, do not store or retain personal health information, and are used solely to support operational efficiency while maintaining strict confidentiality standards. All use of large language models is subject to regular security audits and compliance reviews to ensure continued protection of your information.

In certain circumstances, we are permitted or required by law to use or share your information without your consent. These circumstances include public health and safety concerns, compliance with legal or regulatory requirements, reporting abuse, neglect, or domestic violence, court orders or legal proceedings, law enforcement purposes, research (with safeguards in place), and health oversight activities.

For any purposes beyond treatment, payment, and healthcare operations, we will obtain your written authorization. You may revoke your authorization at any time in writing, but this will not apply to disclosures already made.

4. OUR RESPONSIBILITIES

We are required by law to protect your health information and will notify you without unreasonable delay and within 60 days if a breach occurs involving your protected health information. We will abide by the terms of this notice unless it is updated, in which case we will notify you of the changes.

In Texas, mental health records are subject to additional privacy protections. For example, we are required to notify you of any unauthorized access to your health information. Furthermore, your written consent is required for certain disclosures, including the release of psychotherapy notes.

5. CHANGES TO THIS NOTICE

We reserve the right to modify this notice at any time, and any changes will apply to information we already hold. You may request a copy of the updated notice at any time.

6. ACKNOWLEDGEMENT AND RECEIPT

By signing this document, you acknowledge that you have received and reviewed this Notice of Privacy Practices. This notice describes how your health information may be used and disclosed, your rights regarding this information, and our legal obligations to protect your privacy.

If you have any questions about this notice or would like additional information, please contact our office at (903) 284-5038 or austyn@bailiffcounseling.com