

NOTICE OF PRIVACY PRACTICES

Therapy San Marcos

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THIS NOTICE DESCRIBES HOW YOUR PROTECTED HEALTH INFORMATION (PHI) MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

OUR COMMITMENT TO YOUR PRIVACY

Therapy San Marcos is committed to protecting the privacy of your health information in compliance with the Health Insurance Portability and Accountability Act (HIPAA) and Texas state laws, including Texas Health and Safety Code §611. We are required by law to maintain the privacy of your protected health information (PHI), provide you with this notice of our legal duties and privacy practices, and notify you if there is a breach of your unsecured PHI. We will abide by the terms of this notice.

WHAT IS PROTECTED HEALTH INFORMATION (PHI)?

PHI is any individually identifiable health information we create or receive that relates to your past, present, or future physical or mental health, the provision of health care to you, or payment for your health care. This includes your medical records, treatment notes, and billing information.

HOW WE MAY USE AND DISCLOSE YOUR PHI

We may use or disclose your PHI for the following purposes, as permitted or required by law:

1. For Treatment: We may use your PHI to provide, coordinate, or manage your therapy services. For example, we may share information with another healthcare provider, such as a psychiatrist, for coordinated care, with your consent.
2. For Payment: We may use or disclose your PHI to bill and collect payment for services. For example, we may send PHI to your insurance company to process a claim.
3. For Health Care Operations: We may use or disclose your PHI to support practice operations, such as quality improvement, staff training, or compliance audits. For example, we may review records to improve our services.
4. As Required by Law: We will disclose your PHI when required by federal, state, or local law, such as reporting suspected abuse or neglect under Texas Family Code §261.101.
5. For Public Health and Safety: We may disclose PHI to prevent or lessen a serious threat to your health or safety or that of others, or to report communicable diseases as required by Texas law.
6. For Legal Proceedings: We may disclose PHI in response to a court order, subpoena, or other lawful process, as permitted by HIPAA and Texas law.
7. For Supervision (if applicable): If your therapist is a Licensed Professional Counselor-Associate (LPC-A), your PHI may be shared with their supervisor for oversight, as required by Texas Administrative Code, Title 22, Part 30, Chapter 681. Your confidentiality will be maintained during supervision.
8. Other Uses with Your Authorization: Any other use or disclosure of your PHI will require your written authorization. You may revoke this authorization in writing at any time, except to the extent that we have already acted on it.

YOUR RIGHTS REGARDING YOUR PHI

You have the following rights concerning your PHI:

- Right to Inspect and Copy: You may request access to your PHI. We may charge a reasonable fee for copying or mailing records. In rare cases, access may be denied as permitted by law (e.g., if it poses a risk to you or others).

- Right to Amend: You may request corrections to your PHI if you believe it is inaccurate. We may deny the request under certain conditions, and you may submit a statement of disagreement.
- Right to an Accounting of Disclosures: You may request a list of disclosures of your PHI made by our practice in the past six years, excluding certain disclosures (e.g., for treatment, payment, or operations).
- Right to Request Restrictions: You may request limits on how we use or disclose your PHI. We are not required to agree, except for disclosures to your health plan for services you pay for out-of-pocket.
- Right to Request Confidential Communications: You may request that we communicate with you in a specific way or at a specific location (e.g., only by email or at a certain address).
- Right to a Copy of This Notice: You may request a paper copy of this notice at any time, even if you agreed to receive it electronically.

OUR RESPONSIBILITIES

- We are required to maintain the privacy of your PHI and notify you of any breach of your unsecured PHI.
- We will obtain your written authorization for uses or disclosures not covered by this notice, except as permitted by law.
- We may update this notice as needed. The current notice will be available at our office and on our website (if applicable).

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with us or with the U.S. Department of Health and Human Services, Office for Civil Rights. To file a complaint with us, contact:

Mail Code 4567, P.O. Box 149347, Austin, TX 78714

Phone: (512) 776-6502

Email: hipaa.privacy@dshs.texas.gov.

You may also contact:

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

1301 Young Street, Suite 106, Dallas, TX 75202

Phone: (800) 368-1019 | TDD: (800) 537-7697

Website: www.hhs.gov/ocr

You will not face retaliation for filing a complaint.

ACKNOWLEDGMENT

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

Client Name: _____

Client Signature: _____ Date: _____