

White Wing Counseling PLLC

16915 Walden Rd. Suite 111

Montgomery, TX 77356

(936) 220-1332

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 healthcare information.

EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on 2-20-2025

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

Under the Health Insurance Portability and Accountability Act of 1996 (hereafter, "HIPAA"), you have certain rights regarding the use and disclosure of your protected health information (hereafter, "PHI").

I. MY PLEDGE REGARDING HEALTH INFORMATION:

I understand that health information about you and your health care is personal. I am committed to protecting health information about you. I create a record of the care and services you receive from me. I need this record to provide you with quality care and to comply with specific legal requirements. This notice applies to all of the records of your care generated by this mental health care practice. This notice explains how I may use and disclose health information about you. I also describe your rights to the health information I keep about you and describe certain obligations I have regarding the use and disclosure of your health information.

I am required by law to:

- Ensure that the PHI that identifies you is kept confidential and private.
- Provide you with this notice of my legal duties and privacy practices regarding health information.
- Follow the terms of the notice that is currently in effect.

- I reserve the right to modify the terms of this Notice, and such changes will apply to all information I have about you. The new Notice will be available upon request in my office and on my website.

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

The following categories describe different ways that I use and disclose health information. For each category of use or disclosure, I will explain what I mean and provide some examples. Not every use or disclosure in a category will be listed. However, all of the ways I am 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 healthcare providers who have a direct treatment relationship with the patient/client to use or disclose the patient/client's personal health information without the patient's written authorization, to carry out the health care provider's own treatment, payment or health care operations. I may also disclose your PHI to healthcare providers for treatment purposes. This, too, can be done without your written authorization. For example, if a clinician were to consult with another licensed healthcare provider about your condition, we would be permitted to use and disclose your protected health information (PHI), which is otherwise confidential, to assist the clinician in diagnosing and treating your health condition. I 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 healthcare providers need access to the full record and/or complete information in order to provide quality care. The word "treatment" encompasses, among other things, the coordination and management of healthcare providers with a third party, consultations between healthcare providers, and referrals of a patient for healthcare from one healthcare provider to another.

Lawsuits and Disputes: If you are involved in a lawsuit, I may disclose health information in response to a court or administrative order. I may also disclose health information about you or your minor child(ren) in response to a subpoena, discovery request, or other lawful process served by someone else involved in the dispute, but only if efforts have been made to notify you about the request or to obtain an order protecting the requested information.

III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:

1. **Psychotherapy Notes.** I do 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 my use in treating you.
- b. For my 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 my use in defending myself in legal proceedings instituted by you.
- d. For use by the Secretary of the Department of Health and Human Services (HHS) to investigate my 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.** I will not use or disclose your PHI for marketing purposes without your prior written consent. For example, suppose I request a review from you and plan to share it publicly online or elsewhere to advertise my services or practice. In that case, I will provide you with a release form and HIPAA authorization. The HIPAA authorization is required in the instance that your review contains PHI (i.e., your name, the date of the service you received, the kind of treatment you are seeking or other personal health details). Because you may not be aware of which information you provide is considered “PHI,” I will send you a HIPAA authorization form and request your signature, regardless of the content of your review. Once you complete the HIPAA authorization, I will have the legal right to use your review for advertising and marketing purposes, even if it contains PHI. You may withdraw this consent at any time by submitting a written request to me via the email address I keep on file or via certified mail to my address. Once I have received your written withdrawal of consent, I will remove your review from my website and from any other platforms where it has been posted. I cannot guarantee that others who may have copied your review from my website or other sources will also remove it. This is a risk that I want you to be aware of, should you permit me to post your review.

3. **Sale of PHI.** I will not sell your PHI.

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

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

1. Appointment reminders and health related benefits or services. I may use and disclose your PHI to contact you to remind you that you have an appointment with me. I may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that I 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. For health oversight activities, including audits and investigations.
5. For judicial and administrative proceedings, including responding to a court or administrative order or subpoena, I prefer to obtain Authorization from you before doing so if permitted by the court or administrative officials.
6. For law enforcement purposes, including the reporting of crimes that occur on my premises.
7. To coroners or medical examiners, when such individuals are performing duties authorized by law.
8. For research purposes, including the study and comparison of the mental health of patients who received one form of therapy versus those who received another form of therapy for the same condition.
9. Specialized government functions, including ensuring the proper execution of military missions, protecting the President of the United States, conducting intelligence or counterintelligence operations, or helping to ensure the safety of those working within or housed in correctional institutions.
10. For workers' compensation purposes. Although my preference is to obtain authorization from you, I may disclose your PHI to comply with workers' compensation laws.
11. For organ and tissue donation requests.

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

Disclosures to family, friends, or others: You have the right and choice to tell me that I may 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 you information in a

disaster relief situation. The opportunity to consent may be obtained retroactively in emergency situations to mitigate a serious and immediate threat to health or safety or if you are unconscious.

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 me not to use or disclose certain protected health information (PHI) for treatment, payment, or healthcare operations purposes. I am not required to agree to your request, and I may decline if I believe it would impact your healthcare.
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 protected health information (PHI) to health plans for payment or healthcare operations purposes if the PHI pertains solely to a healthcare item or a healthcare service that you have paid for out-of-pocket in full.
3. **The Right to Choose How I Share Your PHI with You.** You have the right to request that I contact you in a specific manner (for example, home or office phone) or to send mail to a different address, and I will comply with all reasonable requests.
4. **The Right to See and Get Copies of Your PHI.** Except in limited circumstances, you have the right to obtain an electronic or paper copy of your medical record and any other information that I have about you. Ask us how to do this. I 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. I may charge a reasonable cost-based fee for doing so.
5. **The Right to Get a List of the Disclosures I Have Made.** You have the right to request a list of instances in which I have disclosed your protected health information (PHI) for purposes other than treatment, payment, or healthcare operations, as well as any other disclosures (such as those you request me to make). Ask me how to do this. I will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list I will provide will include disclosures made in the last six years unless you request a shorter period. I will give the list to you at no charge, but if you make more than one request in the same year, I will charge a reasonable, cost-based fee for each additional request.
6. **The Right to Correct or Update Your PHI.** If you believe that there is an error in your PHI or that important information is missing from it, you have the right to request that I correct the existing information or add the missing information. I may decline your request, but I will provide you with a written explanation within 60 days of receiving it.

7. The Right to Get a Paper or Electronic Copy of this Notice. You have the right to obtain a paper copy of this Notice, and you also have the right to receive a copy of this notice via email. Even if you have agreed to receive this Notice via email, you also have the right to request a paper copy.
8. 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 health information.
9. The Right to Revoke an Authorization.
10. The Right to Opt out of Communications and Fundraising from our Organization.
11. The Right to File a Complaint. You can file a complaint if you feel I have violated your rights by contacting me using the information on page one or by filing a complaint with the HHS Office for Civil Rights located at 200 Independence Avenue, S.W., Washington D.C. 20201, calling HHS at (877) 696-6775, or by visiting www.hhs.gov/ocr/privacy/hipaa/complaints. I will not retaliate against you for filing a complaint.

VII. CHANGES TO THIS NOTICE

I reserve the right to modify the terms of this Notice, and such changes will apply to all information I have about you. The new Notice will be available upon request in my office and on my website.