# HIPAA NOTICE OF PRIVACY PRACTICES

**Effective Date: 9/25/2026**

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

This Notice of Privacy Practices ("Notice") describes how Finding Your Peace Healing Springs The Practice may use and disclose your Protected Health Information ("PHI"), your rights concerning your health information, and our legal responsibilities for protecting your information.

This Notice applies to health information created, received, maintained, or transmitted by the Practice in connection with psychiatric, behavioral health, mental health, telehealth, medication-management, psychotherapy, and other health care services.

## I. OUR RESPONSIBILITIES

We understand that information about your health and health care is personal. We are committed to protecting the privacy and security of your PHI.

We are required by law to:

• Maintain the privacy and security of your PHI.

• Provide you with this Notice explaining our legal duties and privacy practices.

• Follow the privacy practices described in the Notice currently in effect.

• Notify you following a breach of unsecured PHI when notification is required by law.

• Respect the privacy rights described in this Notice.

We may change the terms of this Notice and our privacy practices. Changes may apply to all PHI we maintain, including information created or received before the change. A revised Notice will be available upon request and will be posted on our website when required.

# II. TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS

HIPAA generally permits us to use and disclose PHI for treatment, payment, and health care operations without obtaining a separate authorization, subject to applicable federal and state law.

## Treatment

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

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

## Payment and Insurance Claims

We may use and disclose information necessary to obtain payment for services.

If you choose to use health insurance, your health plan may require information such as your name, dates of service, services provided, diagnosis codes, procedure codes, provider information, and other information necessary to process or review a claim.

Submitting a health insurance claim generally requires an appropriate diagnosis code. You may discuss your diagnosis with your treating provider and ask questions regarding information submitted to your health plan.

You may choose not to use insurance for future services and may discuss available self-pay arrangements with the Practice. Certain restrictions on disclosures to a health plan may apply when you pay for an item or service in full out of pocket and request the restriction as permitted by law.

## Health Care Operations

We may use and disclose PHI to operate our Practice and improve the quality of care.

Examples may include quality assessment, care coordination, compliance activities, credentialing, auditing, staff training, business management, and other activities necessary to operate the Practice.

# III. YOUR RIGHTS

You have rights concerning your health information. Subject to applicable law, these include the right to:

## Access Your Records

You may ask to inspect or obtain an electronic or paper copy of your medical record and other PHI we maintain about you.

## Request Corrections

You may ask us to correct or amend health information that you believe is incorrect or incomplete. We may deny certain requests when permitted by law, but we will explain the reason for the denial.

## Request Confidential Communications

You may ask us to contact you in a particular manner or at a particular location, such as using a specific telephone number, mailing address, or other reasonable communication method.

## Request Restrictions

You may ask us not to use or disclose certain PHI for treatment, payment, or health care operations. We are not required to agree to every request.

When applicable law requires us to honor a requested restriction, we will do so.

## Obtain an Accounting of Disclosures

You may request information about certain disclosures of your PHI made during the period permitted by law.

## Obtain a Copy of This Notice

You may request a paper or electronic copy of this Notice at any time, even if you previously agreed to receive it electronically.

### Choose Someone to Act for You

If you have given someone medical power of attorney or another person has legal authority to act for you, that individual may exercise your HIPAA rights to the extent permitted by law.

### File a Privacy Complaint

You may file a complaint if you believe your privacy rights have been violated.

**We will not retaliate against you for filing a complaint.**

## IV. PSYCHOTHERAPY NOTES

Psychotherapy notes receive special protection under HIPAA.

If the Practice creates or maintains records that meet HIPAA's definition of "psychotherapy notes," we generally will obtain your written authorization before using or disclosing those notes, except when HIPAA or another applicable law permits or requires the use or disclosure without authorization.

Permitted circumstances may include certain uses by the originator for treatment, certain training activities, defending the Practice in a legal action or proceeding brought by you, oversight by the U.S. Department of Health and Human Services, uses or disclosures required by law, certain health-oversight activities, certain disclosures to coroners or medical examiners, or uses and disclosures necessary to prevent or lessen a serious and imminent threat when permitted by law.

Psychotherapy notes are not the same as the general clinical record. Information such as medication information, diagnosis, treatment plans, symptoms, prognosis, progress summaries, and other information identified by HIPAA is generally part of the medical record rather than psychotherapy notes solely because it relates to mental health treatment.

## V. USES AND DISCLOSURES REQUIRING YOUR AUTHORIZATION

For uses and disclosures of PHI not otherwise permitted or required by law, we will obtain your written authorization.

You may revoke an authorization in writing at any time, except to the extent that we have already acted in reliance on the authorization or as otherwise provided by law.

### Marketing

We will obtain authorization for uses and disclosures of PHI for marketing when HIPAA requires authorization.

### Sale of PHI

We will not sell your PHI. If a disclosure would constitute a sale of PHI under HIPAA, we will obtain authorization as required by law.

### Psychotherapy Notes

We will obtain authorization for uses or disclosures of psychotherapy notes when authorization is required by law.

## VI. OTHER USES AND DISCLOSURES PERMITTED OR REQUIRED BY LAW

Subject to applicable legal requirements and limitations, we may use or disclose PHI without your written authorization in circumstances including:

**Public Health and Safety:** For authorized public-health activities, disease prevention, product recalls, reporting adverse reactions, and other activities permitted or required by law.

**Abuse, Neglect, or Domestic Violence:** To report suspected abuse, neglect, exploitation, or domestic violence when permitted or required by applicable law.

**Serious Threats to Health or Safety:** To prevent or lessen a serious and imminent threat to the health or safety of a person or the public when permitted by law.

**Health Oversight:** For legally authorized audits, investigations, inspections, licensing activities, and other health-oversight activities.

**Judicial and Administrative Proceedings:** In response to certain court or administrative orders, subpoenas, discovery requests, or other lawful processes when the applicable legal requirements have been satisfied.

**Law Enforcement:** For certain law-enforcement purposes when permitted or required by law.

**Coroners, Medical Examiners, and Funeral Directors:** As permitted by law for the performance of their authorized duties.

**Workers' Compensation:** As authorized by and to the extent necessary to comply with workers' compensation and similar laws.

**Research:** For health research when all applicable legal requirements have been satisfied.

**Compliance With Law:** When federal, state, or other applicable law requires a use or disclosure.

Other uses and disclosures not described in this Notice will be made only with your authorization unless otherwise permitted or required by law.

## VII. APPOINTMENT REMINDERS AND COMMUNICATIONS

We may use your contact information to communicate with you about your health care, including:

• Appointment confirmations and reminders

• Scheduling or rescheduling

• Follow-up care

• Treatment-related communications

• Health-related benefits or services that may be of interest to you

Communications may occur by telephone, voicemail, text message, email, patient portal, or other communication methods used by the Practice, consistent with applicable privacy and security requirements.

Please notify us if you have specific communication preferences or restrictions.

## VIII. FAMILY MEMBERS AND OTHERS INVOLVED IN YOUR CARE

When permitted by law, we may share information directly relevant to your care or payment for your care with a family member, caregiver, personal representative, or another person involved in your care.

When possible, we will provide you with an opportunity to agree or object to such disclosures.

Additional protections may apply to mental health, substance use disorder, or other specially protected records.

## IX. SUBSTANCE USE DISORDER RECORDS — 42 CFR PART 2

Certain substance use disorder ("SUD") patient records may receive additional confidentiality protections under federal law, including **42 CFR Part 2**.

To the extent the Practice creates, receives, or maintains SUD patient records protected by Part 2, those records will be used and disclosed in accordance with applicable federal requirements.

Part 2 records generally may not be used or disclosed in civil, criminal, administrative, or legislative investigations or proceedings against you based on the content of those records without your written consent or an appropriate court order and subpoena, as required by applicable law.

Where Part 2 requires your consent for a use or disclosure, we will obtain the required consent.

If the Practice is a Part 2 program, additional Part 2 privacy requirements and patient rights may apply.

## X. LEGAL PROCEEDINGS AND DISPUTES

If you are involved in a lawsuit, administrative proceeding, or other legal dispute, we may disclose PHI only as permitted or required by applicable law.

A subpoena alone does not necessarily authorize every disclosure of PHI. We will evaluate requests for records and disclose information only when applicable HIPAA, federal, state, and other legal requirements have been satisfied.

Additional protections may apply to psychotherapy notes, SUD records protected by 42 CFR Part 2, and other specially protected health information.

## XI. MINORS AND PERSONAL REPRESENTATIVES

Parents, guardians, and other legally authorized personal representatives may generally exercise privacy rights on behalf of a minor or another individual when authorized by law.

However, federal or state law may permit a minor to consent independently to certain health services or may otherwise limit a parent or representative's access to particular information.

We will follow applicable federal and state law when determining access to or disclosure of a minor's health information.

# XII. COMPLAINTS AND QUESTIONS

If you believe your privacy rights have been violated, have questions about this Notice, or would like additional information regarding our privacy practices, please contact:

**Finding Your Peace Healing Springs**

5900 Balcones Dr. Austin, TX 7873

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You may also file a complaint with the **U.S. Department of Health and Human Services, Office for Civil Rights (OCR).**

**We will not retaliate against you for exercising your privacy rights or filing a complaint.**

# XIII. CHANGES TO THIS NOTICE

We reserve the right to change this Notice and our privacy practices as permitted by law.

A revised Notice may apply to PHI we already maintain as well as information we receive or create in the future.

The current Notice will be available upon request, at our office when applicable, and electronically through our website.

# XIV. EFFECTIVE DATE

**Effective Date: 9/25/2026**

This Notice remains in effect until it is replaced or revised.

**Finding Your Peace Healing Springs**

5900 Balcones Dr. Austin, TX 7873

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