

### PERKINS PSYCARE CLINIC

Hutto, TX 78634

Phone: (512) 877-4178 | Email: admin@perkinspsycare.com

## NOTICE OF PRIVACY PRACTICES

This Notice explains how your protected health information (PHI) may be used or disclosed by Perkins PsyCare Clinic, and how you can access this information. Please review it carefully. You may have additional rights under Texas law. Contact a licensed attorney if you have questions about your rights.

## I. OUR COMMITMENT TO YOUR PRIVACY

We understand that your health information is deeply personal, and we're committed to safeguarding it. This Notice applies to the care and services provided by Perkins PsyCare Clinic and explains how your PHI may be used, disclosed, and how you can access it.

We are legally required to:

- Maintain the privacy of your PHI.
- Provide you with this Notice.
- Follow the terms of this Notice.

We may revise this Notice at any time. Updated versions will be available in our office and online.

## **II. USES AND DISCLOSURES OF YOUR HEALTH INFORMATION**

### For Treatment, Payment, and Healthcare Operations:

We may use or disclose your PHI for treatment (e.g., consultations), billing, and operational purposes such as appointment reminders, case management, or quality improvement.

### **Legal Proceedings:**

If you are involved in a legal matter, we may disclose PHI in response to a court order, subpoena, or administrative request as allowed by law.

### **III. USES AND DISCLOSURES REQUIRING AUTHORIZATION**

### **Psychotherapy Notes:**

Any use or disclosure of psychotherapy notes will require your written authorization unless used for treatment, training, legal defense, or as required by law.

### Marketing:

We will not use your PHI for marketing without your written authorization. If you leave a testimonial that includes PHI, we will request a signed release before sharing.

### Sale of PHI:

We do not and will not sell your PHI.

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

We may disclose PHI without your written permission for:

- Appointment reminders and information about treatment alternatives.
- Reporting suspected abuse or neglect.
- Oversight activities (e.g., audits, inspections).
- Court orders and subpoenas.
- Law enforcement purposes (e.g., criminal acts on premises).
- Research (with appropriate protections).
- Workers' compensation claims.
- Coroners, medical examiners, and organ donation.
- Specialized government functions (e.g., military, correctional facilities).

## V. OPPORTUNITY TO OBJECT

### Family, Friends, and Emergency Situations:

With your consent (or in an emergency), we may disclose your PHI to family, friends, or others involved in your care. You may object or limit these disclosures at any time.

## VI. YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

- **Request Limits:** Ask us to limit what we share. We may deny the request but will consider it.
- **Confidential Communications:** You can request that we contact you in a specific way (e.g., only by phone).
- Access Your Records: You can view or get copies of your PHI, typically within 30 days of your request. Fees may apply.
- **Request Amendments:** You may request corrections to your health record.
- Accounting of Disclosures: Ask for a list of disclosures made in the past six years.
- Copy of This Notice: Available on request in print or by email.

- **Choose a Representative:** Someone with legal authority (e.g., guardian or medical power of attorney) may act on your behalf.
- **Revoke Authorization:** You may revoke any prior authorization in writing.
- File a Complaint: If you believe your privacy rights have been violated, contact our office or the U.S. Department of Health & Human Services at <a href="http://www.hhs.gov/ocr/privacy/hipaa/complaints">www.hhs.gov/ocr/privacy/hipaa/complaints</a>. We will not retaliate against you.

# **VII. CHANGES TO THIS NOTICE**

We may update this Notice at any time. Any changes will apply to existing and future PHI. You may request a current version at any time from our office or view it on our website.

## **ACKNOWLEDGEMENT OF RECEIPT**

You will be asked to sign a form acknowledging receipt of this Notice. This acknowledgment does not waive any of your rights.

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