



NOTICE OF PRIVACY PRACTICES – TEXAS

Effective Date: 10/06/2025

This Notice describes how your health information ("PHI" = Protected Health Information) may be used or disclosed, and how you can access this information, under **federal (HIPAA)** and **Texas law**. Please review it carefully.

I. MY COMMITMENT TO PRIVACY

I am committed to maintaining the confidentiality of your health information. I create records regarding your care and the services I provide. I need these records to provide you with quality care and to comply with legal requirements under **HIPAA** and **Texas law** (particularly Texas Health & Safety Code Chapter 181). [Texas Statutes+1](#)

This Notice applies to all records of your care maintained by this practice or its business associates.

I am required by law to:

- Keep PHI that identifies you private,
 - Provide you with this Notice,
 - Abide by the terms of this Notice (as currently in effect),
 - If changes are made, make the new Notice available on request, in office, and on my website.
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II. HOW I MAY USE OR DISCLOSE YOUR HEALTH INFORMATION (WITHOUT YOUR AUTHORIZATION)

The federal HIPAA rules permit certain uses/disclosures without your authorization. Texas law also allows some, but may impose additional restrictions. Below are common categories.

1. Treatment, Payment & Health Care Operations

I may use and disclose PHI for your treatment, billing, and operational purposes (e.g. referrals, consultations, billing, scheduling).

Under Texas Chapter 181, a covered entity must still comply with HIPAA's privacy standards.

Note: Under Texas law, **electronic disclosures** of PHI generally require **separate authorization**, unless performed for treatment, payment, operations, or otherwise permitted.

2. Appointment Reminders & Health-Related Communications

I may contact you to remind you of appointments or tell you about health care options, benefits, or services that may interest you.

3. Required by Law / Public Safety / Oversight

I may disclose PHI without authorization when required by federal or state law (for example, reporting suspected abuse or neglect, complying with courts or law enforcement).

4. Judicial / Administrative Proceedings

If you are in a lawsuit or dispute, I may disclose PHI in response to valid court orders, subpoenas, or lawful processes (subject to limits).

5. Law Enforcement, Coroners, and Special Government Functions

I may disclose PHI for law enforcement purposes, to coroners/medical examiners, or for specialized government functions, as allowed by law.

6. Workers' Compensation / Health Oversight

I may disclose PHI to comply with workers' compensation laws or health oversight agencies.

III. USES AND DISCLOSURES THAT REQUIRE YOUR WRITTEN AUTHORIZATION

Unless otherwise permitted by law, I must obtain your **written authorization** for:

- **Psychotherapy Notes**, except in limited permitted cases (treatment, supervision/training, legal defense, HHS oversight).
- **Marketing Uses**: Texas requires clear, unambiguous permission (written or electronic) for marketing purposes unless an exception applies.
- **Sale of PHI**: Under Texas law, sale or exchange of PHI for remuneration is prohibited unless exceptions apply.

- **Electronic Disclosures** outside permitted categories (as noted above).

You may revoke your authorization at any time in writing. After revocation, no further disclosures will occur (except those already made).

IV. DISCLOSURES YOU CAN OBJECT TO / LIMIT

You have the right to request limitations on disclosures of PHI to involved family/friends or for disaster relief. I will attempt to honor reasonable requests, but am not required to do so if doing so would interfere with treatment, payment, or operations.

V. YOUR RIGHTS REGARDING YOUR PHI

Under both HIPAA and Texas law, you have the following rights:

1. **Right to Request Restrictions / Limit Disclosures**

You may request limits on how PHI is used or shared. I am not required to agree, but if I do, I will follow that restriction (unless needed for emergency care).

2. **Right to Receive Confidential Communications**

You may ask me to send PHI to a designated address or via a specific method. I will accommodate reasonable requests.

3. **Right to Inspect & Copy Your PHI**

- Under HIPAA, you generally have 30 days to receive the requested records or a summary.
- Under Texas law, you must be provided your **electronic health record** (if one is used) **within 15 business days** of a written request, unless access is denied under HIPAA exceptions.
- For non-electronic records, Texas law requires furnishing requested copies, summaries or narratives within **15 business days** of receiving a written request.

4. If denied, you will receive a written notice explaining the denial, portions withheld, and how to appeal.

5. **Right to Amend or Correct PHI**

You may request corrections or additions to your PHI. If I deny it, I will give you a written explanation and allow you to submit a statement of disagreement.

6. **Right to Accounting of Disclosures**

You may request a list of non-TPO disclosures over the past six years (or shorter period). I will respond within 60 days (or request a 30-day extension).

7. **Right to Paper or Electronic Copy of This Notice**

You may request a paper version even if you agreed to receive it electronically.

8. **Right to Designate an Authorized Representative**

If you have a legal representative (e.g. under medical power of attorney), that individual can exercise your rights.

9. **Right to Revoke Authorizations**

You may revoke any prior authorization in writing (except for disclosures already made).

10. **Right to Opt Out of Fundraising / Communications**

You may opt out of receiving fundraising communications or promotional materials.

11. **Right to File a Complaint**

If you believe your privacy rights were violated, you may file a complaint with me (using the contact info at page one) or with:

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

200 Independence Ave., S.W.

Washington, D.C. 20201

(877) 696-6775

www.hhs.gov/ocr/privacy/hipaa/complaints