

NOTICE OF PRIVACY PRACTICES

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Connect and Restore Therapy, LLC

Effective Date: January 1, 2025

THIS NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO 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 HEALTH CARE INFORMATION.

I. My Pledge Regarding Your Health Information

I understand that health information about you and your health care is personal. I am committed to protecting your health information. 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 certain legal requirements. This notice applies to all records of your care generated by this mental health care practice, whether provided in person or via telehealth. This notice explains how I may use and disclose your health information. I also describe your rights regarding the health information I keep about you and my obligations regarding its use and disclosure.

I am required by law to:

- Maintain the privacy of protected health information (PHI) that identifies you.
- Provide you with this notice of my legal duties and privacy practices regarding health information.
- Follow the terms of the notice currently in effect.
- Notify you in the event of a breach of your unsecured PHI.

I may change the terms of this Notice at any time. Any changes will apply to all information I have about you. The updated Notice will be available upon request, at 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. Not every use or disclosure in a category will be listed. However, all permitted uses and disclosures will fall within one of these categories.

For Treatment, Payment, or Health Care Operations

Federal privacy rules allow health care providers who have a direct treatment relationship with a patient to use or disclose protected health information without written authorization for treatment, payment, or health care operations. For example, if I consult with another licensed health care provider about your condition, I may share your PHI to assist in your diagnosis and treatment. I may also use your PHI for operational purposes such as sending appointment reminders, billing invoices, and other administrative communications.

Disclosures for treatment purposes are not limited to the minimum necessary standard, as therapists and other health care providers need access to complete information to provide quality care.

Insurance Billing and Coordination of Benefits

As a participating provider with several insurance plans — including Medicare, Blue Cross Blue Shield, Aetna, Cigna, UnitedHealth, AARP, and UMR — I may disclose your PHI to these payers as necessary to obtain payment for services rendered. This includes submitting claims, responding to coverage inquiries, and coordinating benefits when you have more than one insurance plan. I disclose only the minimum information necessary for billing and payment purposes.

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 in response to a subpoena, discovery request, or other lawful process, but only if efforts have been made to notify you about the request or to obtain a protective order.

III. Certain Uses and Disclosures Require Your Authorization

- **Psychotherapy Notes.** I keep “psychotherapy notes” as defined in 45 CFR § 164.501. Any use or disclosure of such notes requires your written authorization unless the use or disclosure is:
 - For my use in treating you.
 - For training or supervising mental health practitioners to improve their skills.
 - For my use in defending myself in legal proceedings instituted by you.
 - For use by the Secretary of the Department of Health and Human Services (HHS) to investigate my compliance with HIPAA.
 - Required by law, and limited to those requirements.
 - Required for certain health oversight activities.
 - Required by a coroner performing duties authorized by law.
 - Required to help avert a serious threat to the health and safety of others.
 - **Marketing Purposes.** I will not use or disclose your PHI for marketing purposes without your prior written authorization. If I request a review from you and intend to share it publicly, I will provide a HIPAA authorization for your signature before doing so. You may withdraw this consent at any time in writing.
 - **Sale of PHI.** I will not sell your protected health information.
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IV. Uses and Disclosures That Do Not Require Your Authorization

Subject to certain legal limitations, I may use and disclose your PHI without your authorization for the following reasons:

- **Appointment reminders and health-related services.** I may contact you to remind you of appointments or to tell you about treatment alternatives or health care services I offer.
 - **Required by law.** When disclosure is required by state or federal law and is limited to the requirements of such law.
 - **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.
 - **Health oversight activities.** Including audits and investigations.
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- **Judicial and administrative proceedings.** Including responding to a court or administrative order or subpoena. My preference is to obtain your authorization first whenever permitted.
 - **Law enforcement purposes.** Including reporting crimes occurring on my premises.
 - **Coroners or medical examiners.** When performing duties authorized by law.
 - **Research purposes.** Including studying and comparing mental health outcomes across different treatment approaches.
 - **Specialized government functions.** Including military missions, national security, or the safety of those in correctional institutions.
 - **Workers' compensation.** I may disclose your PHI to comply with workers' compensation laws, though I prefer to obtain your authorization when possible.
 - **Organ and tissue donation.** As required by law.
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V. Certain Uses and Disclosures Require You to Have the Opportunity to Object

Disclosures to family, friends, or others: You have the right to tell me that I may share your PHI with a family member, friend, or other person involved in your care or the payment for your care. The opportunity to consent may be obtained after the fact in emergency situations to address a serious and immediate threat to your health or safety, or if you are unable to communicate.

VI. Your Rights With Respect to Your Health Information

- **The Right to Request Limits on Uses and Disclosures.** You may ask me not to use or disclose certain PHI for treatment, payment, or health care operations. I am not required to agree, and may decline if I believe it would affect your care.
 - **The Right to Request Restrictions for Out-of-Pocket Expenses.** If you pay for a service entirely out of pocket, you have the right to request that I not disclose that PHI to your health plan for payment or operations purposes.
 - **The Right to Choose How I Contact You.** You may ask me to contact you in a specific way or send mail to a different address. I will honor all reasonable requests.
 - **The Right to See and Get Copies of Your PHI.** You have the right to receive an electronic or paper copy of your health record. I will provide your record, or a summary if you agree, within 30 days of receiving your written request. A reasonable fee may apply.
 - **The Right to an Accounting of Disclosures.** You may request a list of disclosures I have made for purposes other than treatment, payment, or operations. I will respond within 60 days. The list covers the prior six years. The first request each year is free; additional requests may incur a reasonable fee.
 - **The Right to Correct or Update Your PHI.** If you believe information in your record is incorrect or incomplete, you may request a correction. I may decline, but I will provide a written explanation within 60 days.
 - **The Right to a Paper or Electronic Copy of This Notice.** You may request a paper copy of this Notice at any time, even if you have agreed to receive it electronically.
 - **The Right to Choose Someone to Act for You.** If you have granted medical power of attorney or have a legal guardian, that person may make decisions about your health information on your behalf.
 - **The Right to Revoke an Authorization.** You may revoke any written authorization you have given me at any time by submitting a written request.
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- **The Right to File a Complaint.** If you believe I have violated your privacy rights, you may contact me directly or file a complaint with the HHS Office for Civil Rights at 200 Independence Avenue, S.W., Washington, D.C. 20201, by calling (877) 696-6775, or by visiting www.hhs.gov/ocr/privacy/hipaa/complaints. I will not retaliate against you for filing a complaint.
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VII. Your Additional Rights Under Texas Law

As a resident of Texas, you may have additional privacy rights beyond those provided by federal HIPAA law. The Texas Medical Records Privacy Act (Texas Health & Safety Code, Chapter 181) and related statutes provide additional protections for your health information. In some cases, Texas law may be more restrictive than federal law, in which case I will follow the Texas standard. These rights may include additional restrictions on certain disclosures and additional remedies for violations.

If you have questions about your rights under Texas law, I encourage you to seek guidance from an attorney licensed in the State of Texas.

VIII. Changes to This Notice

I may change the terms of this Notice at any time. Changes will apply to all health information I maintain about you. The updated Notice will be available upon request, at my office, and on my website.

Questions or Concerns?

Please contact me directly:

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