



HIPAA NOTICE OF PRIVACY PRACTICES

I. THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. II. IT IS MY LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI). By law, Foundations Counseling is required to insure that your PHI is kept private. The PHI constitutes information created or noted by this office that can be used to identify you. It contains data about your past, present, or future health or condition, the provision of health care services to you, or the payment for such health care. We are required to provide you with this Notice about our privacy procedures. This Notice must explain when, why, and how we would use and/or disclose your PHI. Use of PHI means when we share, apply, utilize, examine, or analyze information within the practice; PHI is disclosed when we release, transfer, give, or otherwise reveal it to a third party outside the practice. With some exceptions, we may not use or disclose more of your PHI than is necessary to accomplish the purpose for which the use or disclosure is made; however, we are always legally required to follow the privacy practices described in this Notice. Please note that we reserve the right to change the terms of this Notice and privacy policies at any time as permitted by law. Any changes will apply to PHI already on file with the practice. Before any important policy changes are made, this Notice will be changed and posted in the office and on the website. You may also request a copy of this Notice, or you can view a copy of it in the office or on the website, which is located at www.YourNewFoundation.com.

II. HOW WILL YOUR PHI BE USED AND DISCLOSED. It will be used and disclosed for many different reasons. Some of the uses or disclosures will require your prior written authorization; others, however, will not. Below you will find the different categories of the uses and disclosures, with some examples. A. Uses and Disclosures Related to Treatment, Payment, or Health Care Operations Do Not Require Your Prior Written Consent: we may use and disclose your PHI without your consent for the following reasons: 1. For treatment: PHI can be used and disclosed within the practice to provide you with mental health treatment, including discussing or sharing your PHI with trainees and interns. PHI may be disclosed to physicians, psychiatrists, psychologists, and other licensed health care providers who provide you with health care services or are otherwise involved in your care. Please see the consent for treatment form for more details about this standard of practice. 2. For health care operations: PHI may be disclosed to facilitate the efficient and correct operation of the practice. Examples: Quality control - Your PHI may be used in the evaluation of the quality of health care services that you have received or to evaluate the performance of the health care professionals who provided you with these services. PHI may also be disclosed to the practice's attorneys, accountants, consultants, and others to make sure we are in compliance with applicable laws. 3. To obtain payment for treatment: PHI may be used and disclosed to bill and collect payment for the treatment and services provided. Example: PHI might be sent to your insurance company or health plan in order to get payment for the health care services provided. PHI may also be disclosed to business associates, such as billing companies, claims processing companies, and others that process health care claims. 4. Other disclosures: Examples: Your consent isn't required if you need emergency treatment. In the event that you are unable to communicate (for example, if you are unconscious or in severe pain) but we believe that you would consent to such treatment if you could, PHI may be disclosed. B. Certain Other Uses and Disclosures Do Not Require Your Consent. PHI may be used and/or disclosed without your consent or authorization when certain circumstances come into play. Those circumstances include, but are not limited to, disclosures made to or in connection with a health oversight agency for audits and investigations, a threat to public safety, and situations involving victims of abuse or neglect. Also, if you are incapacitated or in an emergency, PHI may



be used or disclosed without your authorization if, in the exercise of medical judgment, it is determined it is in your best interests. Your PHI may also be disclosed without your authorization if the disclosure is required by law, including a subpoena or court order. Please see the consent for treatment form for a more detailed review of these circumstances. C. Certain Uses and Disclosures Require You to Have the Opportunity to Object. 1. Disclosures to family, friends, or others. PHI may be provided to a family member, friend, or other individual who you indicate is involved in your care or responsible for the payment for your health care, unless you object in whole or in part. Retroactive consent may be obtained in emergency situations. D. Other Uses and Disclosures Require Your Prior Written Authorization. In any other situation not described in Sections IIIA, IIIB, and IIIC above, your written authorization will be obtained before using or disclosing any of your PHI. Even if you have signed an authorization to disclose your PHI, you may later revoke that authorization, in writing, to stop any future uses and disclosures of your PHI.

III. WHAT RIGHTS YOU HAVE REGARDING YOUR PHI: A. The Right to See and Get Copies of Your PHI. In general, you have the right to see your PHI that is in our possession, or to get copies of it; however, you must request it in writing and pay a \$25 charge for copy and preparation expenses on files 35 pages or less. Copy costs for files longer than 35 pages will be \$25 plus \$.50 per page over the 35th page. You will receive a response within 15 days of your written request. Under certain circumstances, it may be in your best interest to deny your request. If this happens, you will be given reasons for the denial. You may be provided with a synopsis of the course of treatment and outcome in lieu of the entire treatment record, charging a preparation fee based on time needed to prepare the synopsis. B. The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask that we limit how we use and disclose your PHI. While we will consider your request, we are not legally bound to agree. If we do agree to your request, those limits will be in writing and abided by except in emergency situations. You do not have the right to limit the uses and disclosures we are legally required or permitted to make. C. The Right to Choose How PHI is Sent to You. It is your right to ask that your PHI be sent to you at an alternate address or by an alternate method (for example, via email instead of by regular mail). We are obligated to agree to your request providing that the PHI can be given in the format you requested without undue inconvenience. D. The Right to Get a List of the Disclosures. You are entitled to a list of disclosures of your PHI. The list will not include uses or disclosures to which you have already consented, i.e., those for treatment, payment, or health care operations, sent directly to you, or to your family; neither will the list include disclosures made for national security purposes, to corrections or law enforcement personnel, or disclosures made before April 15, 2003. After April 15, 2003, disclosure records will be held for six years. The request will be responded to within 15 days of receiving your request. The list given will include disclosures made in the previous six years unless you indicate a shorter period. The list will include the date of the disclosure, to whom PHI was disclosed (including their address, if known), a description of the information disclosed, and the reason for the disclosure. E. The Right to Amend Your PHI. If you believe that there is some error in your PHI or that important information has been omitted, it is your right to request that existing information is corrected or add the missing information. Your request and the reason for the request must be made in writing. You will receive a response within 60 days of the receipt of your request. Your request may be denied, in writing, if it is found that: the PHI is (a) correct and complete, (b) forbidden to be disclosed, (c) not part of the records, or (d) written by someone not in this practice. The denial must be in writing and must state the reasons for the denial. It must also explain your right to file a written statement objecting to the denial. If you do not file a written objection, you still have the right to ask that your request



and the denial be attached to any future disclosures of your PHI. If your request is approved, the change(s) to your PHI will be made. Additionally, you will be notified that the changes have been made, and all others who need to know about the change(s) to your PHI will be advised. F. The Right to Get This Notice by Email. You have the right to get this notice by email. You have the right to request a paper copy of it, as well.

IV. HOW TO COMPLAIN ABOUT PRIVACY PRACTICES If, in your opinion, your privacy rights have been violated by the practice, or if you object to a decision made about access to your PHI, you are entitled to file a complaint with the person listed in Section VI below. You may also send a written complaint to the Secretary of the Department of Health and Human Services at 200 Independence Avenue S.W. Washington, D.C. 20201. Under the Texas Medical Records Privacy Act, you also have the right to file a consumer complaint with the Texas Attorney General. If you file a complaint about the privacy practices, no retaliatory action will be taken against you.

V. PERSON TO CONTACT FOR INFORMATION ABOUT THIS NOTICE OR TO COMPLAIN ABOUT PRIVACY PRACTICES If you have any questions about this notice or any complaints about the privacy practices, or would like to know how to file a complaint with the Secretary of the Department of Health and Human Services, please contact the practice at: Foundations Counseling 2301 W Eldorado Pkwy, Suite 150 McKinney, TX 75070

VI. NOTIFICATIONS OF BREACHES In the case of a breach, we are required to notify each affected individual whose unsecured PHI has been compromised. If the breach involves more than 500 persons, OCR must be notified in accordance with instructions posted on its website. The practice bears the ultimate burden of proof to demonstrate that all notifications were given or that the impermissible use or disclosure of PHI did not constitute a breach and must maintain supporting documentation, including documentation pertaining to the risk assessment.

VII. PHI AFTER DEATH Generally, PHI excludes any health information of a person who has been deceased for more than 50 years after the date of death. PHI may be disclosed to non-family members, as well as family members, who were involved in the care or payment for healthcare of the decedent prior to death; however, the disclosure must be limited to PHI relevant to such care or payment and cannot be inconsistent with any prior expressed preference of the deceased individual. IX. EFFECTIVE DATE OF THIS NOTICE This notice went into effect on January 1, 2017; revised October 15, 2019.