



NOTICE OF PRIVACY PRACTICES

Developing Hope Counseling Services

400 Academy Street Rusk, Texas 75785

(903)248-5804

Effective Date: September 15, 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.

Our Commitment to Your Privacy

Our practice is dedicated to maintaining the privacy of your Protected Health Information (PHI). In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your PHI.

How We May Use and Disclose Your Health Information

The following categories describe the different ways that we may use and disclose your PHI without your specific written authorization:

- For Treatment: We can use your PHI to provide, coordinate, or manage your mental health treatment. For example, we may disclose PHI to another clinician or healthcare provider involved in your care.
- For Payment: We may use and disclose your PHI so that the services you receive may be billed to and payment collected from you, an insurance company, or another third party. For example, we may need to give your health plan information about clinical sessions you received so they will pay us or reimburse you.
- For Health Care Operations: We may use and disclose your PHI to run our practice, improve your care, and contact you when necessary. For example, we may use health information to review our treatment and services and to evaluate the performance of our staff.

Uses and Disclosures Requiring Your Specific Written Authorization



- **Psychotherapy Notes:** Any use or disclosure of psychotherapy notes (personal notes kept separate from the rest of your medical record) requires your written authorization, unless otherwise permitted or required by law.
- **Marketing and Sale of PHI:** We will never sell your PHI or use it for marketing purposes without your explicit written authorization.
- **Other Uses:** Any other uses and disclosures not described in this notice will be made only with your written authorization, which you may revoke at any time in writing.

Special Situations Where We May Disclose PHI Without Your Consent

We may use or disclose your PHI without your permission only in limited situations permitted or required by federal and Texas law:

- **Abuse and Neglect:** If we have reason to believe that a child, elderly person, or disabled individual has been or may be abused, neglected, or exploited, Texas law mandates that we report this to the appropriate state authorities.
- **Danger to Self or Others:** If we believe you present an imminent danger to your own health or safety, or to the safety of another identifiable person, we may disclose information to protect you or the potential victim.
- **Judicial and Administrative Proceedings:** If you are involved in a lawsuit or a legal dispute, we may disclose your PHI in response to a judge's court order. (A subpoena alone is generally not sufficient under Texas law without your consent or a court order).
- **Law Enforcement / National Security:** We may disclose PHI if required by law enforcement officials under specific legal circumstances, or to federal officials for authorized national security activities.

Your Rights Regarding Your PHI

You have the following rights regarding the health information we maintain about you:

- **Right to Inspect and Copy:** You have the right to inspect and obtain a copy of your mental health and billing records. Under Texas law, we must provide this to you within 15 business days of your written request. We may charge a reasonable, cost-based fee.
- **Right to Amend:** If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information. Your request must be made in writing and provide a reason.
- **Right to an**



Accounting of Disclosures: You have the right to request a list of certain disclosures we have made of your PHI for purposes other than treatment, payment, or healthcare operations. Right to Request Restrictions: You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment, or healthcare operations. We are not required to agree to your request, except if you pay for a service entirely out-of-pocket and ask us not to bill your health plan. Right to Request Confidential Communications: You have the right to request that we communicate with you about medical matters in a certain way or at a certain location (e.g., only calling your cell phone or mailing to a specific address). Right to a Paper Copy of This Notice: You have the right to receive a paper copy of this notice at any time. Right to Notification of a Breach: In accordance with Texas and federal law, you have the right to be notified in the event of a breach of your unsecured PHI.

Changes to This Notice

We reserve the right to change this notice at any time. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of our current notice in our office and on our website (if applicable).

Complaints

If you believe your privacy rights have been violated, you may file a complaint with our practice or with the government. You will not be penalized or retaliated against for filing a complaint.

To file a complaint with our practice, contact:

Developing Hope Counseling Services PLLC, Privacy Officer

(903) 248-5804

To file a complaint with the state or federal government:

- Texas Behavioral Health Executive Council (TBHEC)(The licensing board for Texas LPCs)Website: www.bhec.texas.gov

- U.S. Department of Health and Human Services (OCR)Website: www.hhs.gov/ocr/privacy/hipaa/complaints