



Healing Springs Counseling and Wellness, PLLC

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Notice of Privacy Practices Your Information. Your Rights. Our Responsibilities.

Adopted from the Texas Department of State Health and Human Services Privacy Notice

(Effective August 25th, 2025)

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.**

This Notice is required by HIPAA (the Health Insurance Portability and Accountability Act of 1996, 42 U.S.C. §1320d, et seq., and regulations adopted under that act).

In this Notice, “HSCW” refers to Healing Springs Counseling and Wellness, PLLC. This Notice tells you about: (1) your privacy rights, (2) HSCW’s duty to protect health information that identifies you, and (3) how HSCW can use or share health information that identifies you without your written permission.

This Notice doesn’t apply to health information that does not identify you or your legally authorized representative. In this Notice, “You” or “your” means you, the individual to whom this Notice is addressed or your legally authorized representative.

In this Notice, “health information” means:

- Medical information or legally protected health information about you whether in oral, paper or electronic form that relates to
 - Your past, present, or future physical or mental health or condition;
 - Health care provided to you; or
 - The past, present, or future payment for providing your health care.
- Genetic information about you, and

- Health Information created or received by a health-care service provider, health plan, public health authority, employer, life insurer, school or university, or health-care clearinghouse.

HSCW reserves the right to change the terms of this Notice. If you are actively receiving services, you will be given a copy of the updated Notice and asked to sign a Consent form. The practices in the new Notice will apply to all the health information HSCW has about you, regardless of when HSCW received or created the information.

HSCW's duty to protect health information that identifies you:

The law requires HSCW to take reasonable steps to protect the privacy and security of your health information. It also requires HSCW to give you this Notice, which describes HSCW's legal duties and privacy practices. In most situations, HSCW can't use or share health information that identifies you without your written authorization, except to carry out treatment, payment for your health care or the agency's health-care operations, or as required by law, as described below. This Notice explains under what circumstances HSCW can use or share health information that identifies you without your permission. The agency is required to abide by the terms of the notice currently in effect.

HSCW affiliates (business associates and contractors) are trained and required to protect your health information. HSCW does not give affiliates access to health information unless they need it for a business reason. Business reasons for needing access to health information include but are not limited to making benefit decisions, paying bills, and planning for the care you need.

HSCW will notify you if your unsecured protected health information is breached, as required by law. HSCW is required to notify you even if there is no reason to suspect any misuse of the protected health information. You will be notified by mail or by phone as soon as reasonably possible. It is your duty, or the duty of your legally authorized individual, to promptly tell HSCW if you have had a change of address.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share.

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

1. Psychotherapy notes.

HSCW must get your authorization, in some cases, to disclose your psychotherapy notes (certain notes that are taken mental health professionals during the course of a counseling session) except:

- To carry out treatment, payment, health-care operations, or as required by law,
- For use by the originator of the psychotherapy notes for treatment,
- For use by HSCW for its own training programs, or
- For use by HSCW to defend itself in a legal action or other proceedings brought by you or your legally authorized representative

2. Marketing purposes

If applicable, HSCW will not use or share your health information without your authorization for marketing communications about a product or services that encourage you to buy or use a product or service, except if the communication is in the form of:

- A face-to-face communication made by HSCW to you, or
- A promotional gift of little value provided by HSCW. If the marketing involves direct or indirect payment to HSCW from a third party, the authorization must state that such payment is involved.
- The following activities are not considered marketing and don't require your authorization: certain treatment and health-care operation activities, except where HSCW gets payment in exchange for making the communication

3. Disclosure of Protected Health Information

HSCW will not disclose your protected health information to any other person in exchange for direct or indirect payment, except:

- To another health care provider, health plan or healthcare clearinghouse for treatment, payment, or health care operations; or
- To perform an insurance or health maintenance organization function authorized by law; or
- As otherwise authorized or required by state or federal law.

4. Fundraising

We may contact you for fundraising efforts, but you can tell us not to contact you again.

How do we typically use or share your health information?

We typically use or share your health information in the following ways. These cases do not typically require your written authorization.

Treat you

HSCW can use or share your health information with other health-care providers involved with your treatment. For example, HSCW may provide your information to other providers so you can be seen by a specialist health-care provider for a consult. Or, if you are in a hospital, you may be treated by multiple health-care providers who have your information. By getting your information, health-care service providers will better understand your health history, which could help them provide your health care.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization

HSCW can use or share health information about you for its health-care operations. The agency's health-care operations include but are not limited to:

- Conducting quality assessment and improvement activities
- Reviewing the competence, qualifications, and performance of health-care professionals or health plans
- Training health-care professionals and others
- Conducting accreditation, certification, licensing, or credentialing activities
- Carrying out activities related to the creation, renewal, or replacement of a contract for health insurance or health benefits
- Providing, receiving or arranging for medical review, legal services, or auditing functions, and
- Engaging in business management or the general administrative activities of the agency. HSCW can also share health information about you with HSCW's business associates (contractors) or business associate's subcontractors, if the business associate or the subcontractor:
 - Needs the information to perform services on behalf of HSCW, and
 - Agrees to protect the privacy of the information according HSCW standards.
- Other examples of uses and disclosures for health-care operations by HSCW include but are not limited to using or disclosing health information for case management; ensuring

HSCW's provider is qualified to treat individuals; or auditing a provider's bill to ensure HSCW has billed for only care you received. HSCW also can contact you to tell you about treatment alternatives or additional benefits you might be interested in.

Bill for your services

We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

Substance Use Disorder Program Information

HSCW is prohibited by law from sharing substance use disorder information about you or information that identifies you as seeking or getting substance use disorder treatment from a substance use disorder provider, program or facility to anyone, including family members, relatives, or friends without your written permission, unless permitted by law, for example in a medical emergency.

Mental Health Information

HSCW will not share information about your mental health (information about your identity, diagnosis, evaluation, or treatment that are created or maintained by a professional for diagnosis, evaluation, or treatment of any mental or emotional condition or disorder, including alcoholism or drug addiction), unless expressly authorized by law.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests

We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Victims of abuse, neglect or domestic violence.

HSCW may disclose protected health information about you if HSCW reasonably believes you to be a victim of abuse, neglect, or domestic violence to a government authority, including a social service or protective services agency authorized by law to receive reports of such abuse, neglect, or domestic violence, to the extent the disclosure is required by law and the disclosure complies with and is limited to what the law allows if:

- You agree to the disclosure;
- A law authorizes disclosure; and o HSCW, in the exercise of professional judgment, believes the disclosure is necessary to prevent serious harm to you or others, or
- If you are unable to agree because you are incapacitated, a law enforcement or other public official authorized to receive the report represents that the protected health information for which disclosure is sought is not intended to be used against you and is needed for immediate action.
- If HSCW makes a report under this section, HSCW will tell you or your legally authorized representative about the report unless:
 - HSCW in good faith believes that telling you would place you at risk of harm; or
 - HSCW reasonably believes your legally authorized representative may be responsible for the abuse and telling that person would not be in your best interests.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.