

---

# NOTICE OF PRIVACY PRACTICES

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.

## **EFFECTIVE DATE OF THIS NOTICE**

This notice went into effect on February 22, 2025.

## **ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE**

Under the Health Insurance Portability and Accountability Act of 1996 (hereafter, "HIPAA"), you have certain rights regarding the use and disclosure of your protected health information (hereafter, "PHI").

## **Your Privacy Matters**

At Crafted Connections Counseling, PLLC, we understand that your privacy is of utmost importance. This notice describes how your medical and mental health information may be used and disclosed, and how you can access this information. Please read it carefully to understand your rights and how we protect your health information.

## **Who We Are**

I, Katlyn Craft, am a Licensed Professional Counselor Associate (LPC-A), working under the supervision of Rosanne Juarez, Licensed Professional Counselor-Supervisor (LPC-S). As part of Crafted Connections Counseling, PLLC, my commitment is to safeguard your personal health information and ensure confidentiality at all times.

For any concerns or questions regarding my supervision, please feel free to contact:

**Rosanne Juarez, LPC-S**

(832) 766-0995

## **Our Legal Duties**

We are bound by law to maintain the privacy of your protected health information (PHI). We are also required to provide you with this notice that explains our legal duties and privacy practices concerning your PHI. It is important that we comply with the terms outlined in this notice, and we will notify you in the event of any breach involving your unsecured PHI.

## **How We May Use and Disclose Your Information**

Your PHI may be used and disclosed for various purposes. First, for **treatment**, we use your health information to provide, coordinate, or manage your care. This includes communication between healthcare providers to ensure a comprehensive treatment plan is followed. For **payment**, we may use your information to bill for services rendered, and we may disclose this information to third-party payers for the purpose of receiving payment. Additionally, we may use your PHI for **healthcare operations**, such as assessing and improving the quality of care provided.

There are circumstances where we may be required to disclose your PHI for **legal requirements**. This includes, but is not limited to, reporting abuse, neglect, or threats of harm when mandated by law. In cases where it is necessary, we will disclose your health information with your written authorization, which will be obtained in advance.

## **Limits to Confidentiality**

While your privacy is a priority, there are specific situations where confidentiality may be broken, either legally or ethically. These situations include if there is an imminent risk of harm to yourself or others, or if there is suspected abuse or neglect of a child, elderly person, or dependent adult. Additionally, we may be required to disclose your health information in response to a court order or when state or federal law mandates such disclosure. In such cases, we will make every effort to inform you of these disclosures and discuss any concerns you may have.

## **Your Rights**

As a client, you have certain rights concerning your health information. You have the right to request access to your records, request corrections to your information, and request restrictions on certain uses and disclosures of your PHI. You also have the right to request that we communicate with you confidentially, or to receive an accounting of disclosures made from your health record. If you ever feel that your privacy rights have been violated, you have the right to file a complaint, which will not affect your right to receive services.

## **Questions or Complaints**

If you have any questions about your privacy rights, or if you wish to file a complaint, you may contact us directly at:

### **Crafted Connections Counseling, PLLC**

(281) 305-9167

[katlyn@craft-counseling.com](mailto:katlyn@craft-counseling.com)

If you believe that your privacy rights have been violated, you may also file a complaint with the Texas Behavioral Health Executive Council (BHEC). You can reach them at:

### **Texas Behavioral Health Executive Council**

Mailing Address: 1801 Congress Ave., Ste. 7.300, Austin, TX 78701

Phone: (512) 305-7700

Website: [www.bhec.texas.gov](http://www.bhec.texas.gov)

Please be assured that filing a complaint will not affect your right to receive services.

### **Acknowledgement of Receipt of Privacy Notice**

As part of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your PHI. This includes the right to be informed about how your health information is managed and the opportunity to review our practices.

### **My Pledge Regarding Health Information**

I understand that health information about you and your healthcare is personal. I am committed to protecting health information about you. To deliver quality care, I create a record of the services you receive. This record is necessary for both providing care and complying with legal obligations. This notice applies to all records of your care generated by this practice. The notice will inform you of how I may use and disclose health information, as well as describe your rights and the obligations I have concerning your information.

### **How I May Use and Disclose Health Information**

Health information may be used for treatment, payment, and healthcare operations without your written authorization. For example, I may use your PHI to coordinate care with another healthcare provider, or for payment purposes like billing insurance companies. Disclosures for these purposes are not restricted to the minimum necessary standard because it is essential for your healthcare providers to access your full record to provide quality care.

If you are involved in a lawsuit or legal proceeding, I may be compelled to disclose your health information in response to a court order, subpoena, or other lawful process.

### **Certain Uses and Disclosures Require Your Authorization**

There are certain uses and disclosures that require your specific written consent. For example, **psychotherapy notes** are treated separately from other medical records and can only be disclosed with your written authorization, except in certain situations such as for treatment, legal defense, or as required by law.

I will not use or disclose your PHI for marketing purposes without your prior written consent. Additionally, I will not sell your PHI.

### **Uses and Disclosures That Do Not Require Your Authorization**

There are times when I may disclose your PHI without your written consent. These include purposes like appointment reminders, health-related services, legal obligations, and public health activities such as reporting abuse or responding to a serious health threat. I may also disclose your information for administrative purposes, such as audits or investigations.

### **Certain Uses and Disclosures Require You to Have the Opportunity to Object**

In certain cases, you may have the opportunity to object to the disclosure of your PHI. For example, you can tell me if you wish for your information to be shared with a family member or friend involved in your care. In

emergency situations, the opportunity to object may not be available, but your preferences will be respected whenever possible.

### **Your Rights with Respect to Your PHI**

You have several rights related to your PHI, including the right to request limits on the use or disclosure of your information. You may also request how we contact you or ask for copies of your health information. If you believe any information is incorrect or incomplete, you can request corrections. You have the right to receive a list of disclosures, and you may revoke any authorization you have given. You also have the right to file a complaint with the U.S. Department of Health and Human Services if you believe your rights have been violated.

### **Changes to This Notice**

I may change the terms of this notice as needed. Any changes will apply to all records, including those created before the change. The updated notice will be available in my office and on my website. You are always welcome to request a copy of the most current version.

---

### **Acknowledgement of Receipt of Privacy Practices**

By signing below, you acknowledge that you have received and reviewed a copy of this Notice of Privacy Practices. If you have any questions or concerns about the contents of this document or how your health information is handled, please do not hesitate to ask for further clarification.