

True Step Counseling and Therapy Services, PLLC

NOTICE OF PRIVACY PRACTICES

This notice describes how information about you as a client may be used and disclosed and how you can get access to this information. In 1996 the U.S. Congress passed legislation known as the Health Insurance Portability and Accountability Act or HIPAA. This notice is being provided in compliance with HIPAA.

EFFECTIVE DATE: October 22, 2025

Uses and Disclosures:

The following circumstance may require us to use or disclose your personal information.

Treatment: Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, results of laboratory tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

Payment: Your health information may be used by staff members to in order to bill and collect payment for services and items you have received from us. For example, we may use and disclose your information to obtain payment from third parties that may be responsible for costs, such as family members or bill collectors. Also, we may use your information to bill you directly for services and items.

Health Care Operations: Your health information may be used as necessary to support the day-to-day activities and management of this office. For example, information on the services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality.

Law Enforcement: Your health information may be disclosed to law enforcement agencies, without your permission, to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government mandated reporting.

Public Health Reporting: Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state's public health department.

Safety: Your health information may be disclosed to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. We will only make disclosures to a person or organization able to prevent the threat.

Workers Compensation: We may release your information for workers' compensation and similar programs.

Other uses and disclosures require your authorization: Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision.

Additional Uses of Information:

Appointment reminders: Your health information may be used by our staff to call or send you appointment reminders or scheduling changes.

Information about treatments: Your health information may be used to send you information on the treatment and management of your medical condition that you may find to be of interest. We may also send you information describing other health related goods and services that we believe may interest you.

Individual Rights:

You have certain rights under the federal privacy standards. These include:

- The right to request restrictions on the use and disclosure of your protected health information; we are not required to accept the restrictions. However, if accepted, we will comply with the restrictions.

- The right to receive confidential communications concerning your medical condition and treatment.
- The right to inspect and copy your protected health information.
- The right to amend or submit corrections to your protected health information; amendments to your information may be limited; the Privacy Officer will notify you of any changes that cannot be made and why. If your information is corrected; we will endeavor to identify any party who received the incorrect information and provide them with the corrected information.
- The right to receive an accounting of how and to whom your protected health information has been disclosed. Contact the Privacy Officer so you may fill out a written request, please allow 60 days.
- The right to receive a printed copy of this notice.

Limitations on Individual Access:

Access to your protected health information may be limited or restricted in the following circumstances:

- Psychotherapy notes.
- Information compiled in anticipation of, or for use in, a civil, criminal, or administrative action or proceeding.
- Information compiled during the course of research may be temporarily suspended for as long as the research is in progress; provided that the patient has consented to participate in the research project.
- Information that was obtained from someone other than a health care provider under a promise of confidentiality and release of the information would likely reveal the source.

Should your access to your information be limited or restricted, you may have the denial reviewed by the Privacy Committee.

Our Duties:

We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices.

We also are required to abide by the privacy policies and practices that are outlined in this notice.

Right to Revise Privacy Practices:

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Whatever the reason for these revisions, we will provide you with a revised notice on your next office visit. The revised policies and practices will be applied to all protected health information that we maintain.

Requests to Inspect Protected Health Information:

As permitted by federal regulation, we require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your records by contacting the Medical Records Clerk or this Office's Privacy Officer.

Please know that we are permitted by law to charge a reasonable fee for copying and expenses related a request for protected health information/medical records.

Contact Person for Complaints & Comments:

If you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining your concerns to:

PRIVACY OFFICER:
Alicia Huchingson, MS
Licensed Professional Counselor
Licensed Marriage and Family Therapist
(972) 586-2127 alicia.huchingson@yahoo.com

If you believe that your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern to the same address. In addition, you may contact the Department of Health and Human Services directly.

You will not be penalized or otherwise retaliated against for filing a complaint.