

NOTICE OF PRIVACY PRACTICES

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.

If you have any questions about this Notice of Privacy Practices, please contact Jennifer Aguilar directly.

INTRODUCTION

Jennifer Aguilar Counseling Services PLLC, doing business as Lotus Therapy Center, is required by law to maintain the privacy of Protected Health Information (“PHI”), to provide individuals with notice of our legal duties and privacy practices with respect to PHI, and to notify affected individuals following a breach of unsecured PHI. PHI is information that may identify you and that relates to your past, present, or future physical or mental health or condition and related to the provision of health care for you past, present, or future physical or mental health or condition and related healthcare services. This Notice of Privacy Practices (“Notice”) describe how I may use or disclose PHI to carry out treatment, obtain payment or perform my health care operations and for other specified purposes that are permitted or required by law.

I am required to follow the terms of this Notice currently in effect. I will not use or disclose PHI about you without your written authorization, except as described in this Notice. I reserve the right to change our practices and this Notice and to make the new Notice effective for all PHI we maintain. Upon request, I will provide any revised Notice to you.

MY PLEDGE

The privacy of your PHI is important to me. Your PHI includes, but is not limited to, medical, dental, pharmacy, and mental health information. This Notices describes my privacy practices and tells you about the ways in which we may use and disclose your PHI. It also describes your rights and certain obligations I have regarding the use and disclosure of your PHI. I use and disclose PHI in compliance with all applicable state and federal laws.

HOW PHI MAY BE USED & DISCLOSED

The following categories describe different ways that I use and disclose PHI, however not every use or disclosure in a category will be listed.

(a) For Treatment – We may use or disclose your health information to provide and coordinate the mental health treatment and services you receive.

(b) For Payment – We may use and disclose your health information for various payment-related functions, so that we can bill for and obtain payment for the treatment and services that I provide for you. I may provide PHI to your insurance company so that they will pay claims for your care.

(c) For Healthcare Operations – We may use or disclose your health information for certain operational, administrative and quality assurance activities, in connection with my healthcare operations. These are necessary to run the practice and to make sure that my patients receive quality treatment and services.

(d) For Special Purposes - We are permitted under federal and applicable state law to use or disclose your PHI without your permission only when certain circumstances may arise. We are likely to disclose your PHI without your permission for the following purposes:

-Individuals involved in your care, close family member or personal friend who is involved in your care.

-Disclosures to parents or legal guardians if you are a minor.

-Workers compensation as necessary to comply with laws relating to worker's compensation or other similar programs established by law.

-Public Health and federal, state, and local authorities and entities charged with preventing or controlling disease, injury, disability for public health activities.

-Health Oversight Activities that include audits, investigations, and inspections and in compliance with federal and applicable state law.

-Law Enforcement purposes as required by law in response to court order, subpoena, warrant, summons, or similar process; to identify or locate a suspect, fugitive, material witness, or missing person; about a death resulting from criminal conduct; about crimes on the premises or against a member of our workforce; and in emergency circumstances, to report a crime, the locations, victims, or the identify, description, or location of the perpetrator of a crime.

-Judicial and administrative proceedings in response to a court or administrative order, subpoena, discovery request, or other lawful process.

-United States Department of Health and Human Services

-Research and for research purposes. The research project must be approved by an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI.

-Coroners, medical examiners, and funeral directors to assist in identifying a deceased person or determine a cause of death.

-Organ or tissue procurement organizations or entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

-Notification in the effect of a disaster relief effort or to assist your family, personal representative, or friends of your condition, status, and location.

-Correctional Institution in the event that you are or become an inmate of a correctional institution. I may disclose your PHI necessary for your health and the health and safety of others.

-To Avert a Serious Threat to Health or Safety, I may use or disclose your PHI to appropriate authorities when necessary to prevent a serious threat to your health and safety or to the health and safety of another person or the public. I may disclose your PHI if I reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes.

-Military and Veterans as required by military command authorities or foreign military personnel. I may also release PHI about foreign military personnel to the appropriate military authority.

-National Security, Intelligence Activities, and Protective Services for the President and Others.

-As Required by Law. I must disclose PHI when required to do so by applicable federal or state law.

-Treatment Alternatives or to tell you about or recommend possible alternative treatments, therapies, health care providers, or settings of care that may be of interest to you.

-Health-Related Benefits and Services that may be of interest to you.

-Appointment Reminders and examples include voicemail messages, postcards, or letters. You have a right to request restrictions or limitations on the PHI we disclose and the right to request how that information is communicated to you and its location.

YOUR AUTHORIZATION

I will obtain your written authorization before using or disclosing your PHI for purposes other than those described above. If you provide me with an authorization, you may revoke it by submitting a written notice at the address listed below. Your revocation will become effective upon my receipt of your written notice. If you revoke your authorization, I will no longer use or disclose health information about you for the reasons covered by the written authorization. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give me written authorization, I cannot use or disclose your PHI for any reason except those described in this Notice.

I will not use or disclose your protected health information for marketing communications without your written authorization, and only as permitted by law. I will not sell your protected health information without your written authorization, and only as permitted by law.

CHANGES TO THIS NOTICE

I reserve the right to change my privacy practice and the terms of this Notice at any time, provided such changes are permitted by applicable law. I reserve the right to make the changed

Notice effective for all health information that I maintain, including health information I created or received before I made the changes. When I make a change in my privacy practice, I will change this Notice and make the new Notice available to you.

YOUR HEALTH INFORMATION PRIVACY RIGHTS

You have privacy rights under federal and state laws that protect your health information, and these rights are important for you to know. You can exercise these rights, ask questions about them, and file a complaint if you think that your rights are being denied or your PHI isn't being protected.

(1) **To Request Restrictions on Certain Uses and Disclosures of PHI:** You have the right to request restrictions on our use or disclosure of your PHI by sending written request to me directly. I am not required to agree to those restrictions. I cannot agree to restrictions on uses or disclosures that are legally required, or which are necessary to administer my business. I must agree to the request to restrict disclosure of PHI to a health plan if the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law, and the PHI pertains solely to a health care item or service for which you has paid us in full.

(2) **To Request Confidential Communication:** You have the right to request that PHI be communicated to you by alternative means or locations.

(3) **To Access PHI:** You have the right of access to inspect and obtain a copy of your PHI. You may not be able to obtain all of your information in a few special cases. In most cases, your copies must be given to you within fifteen (15) days. I may charge you a reasonable fee for the costs of copying, mailing, and supplies that are necessary to fulfill your request, and I am generally not required to provide the requested records until the fee is paid. In accordance with Texas law, you have the right to obtain a copy of your PHI in electronic form.

(4) **To Obtain a Paper Copy of the Notice Upon Request:** You are entitled to receive a paper copy or electronic copy of this Notice.

(5) **To Request an Amendment of PHI:** If you feel that the PHI I have about you is incorrect or incomplete, you may request an amendment to the information. Requests must include which information you seek to amend, what corrections you would like to make, and why the information needs to be amended. I will respond to your request in writing within 60 days. In my response, I will either agree to make the amendment or inform you of my denial, explain my reason, and outline appeal procedures. All this documentation including rebuttals and your statements will be included in my records.

(6) **To Receive an Accounting of Disclosures:** You have the right to request an accounting of your PHI disclosures for purposes other than treatment, payment, or healthcare operations. Your request must state a time period which must be less than 6 years from the date of request. I will respond in writing within 60 days of receipt, and an accounting of a 12-month period will be provided at no cost.

(7) Notification in the Event of a Breach: You have the right to be notified of an impermissible use or disclosure that compromises the security or privacy of your PHI. We will provide notice to you as soon as is reasonably possible but no later than 60 calendar days after the discovery of the breach.

(8) To File a Complaint: If you believe your privacy rights have been violated, you may file a complaint directly with me, the Privacy Officer, listed below. You may also file a complaint directly with any or all of the following federal and state agencies: the Secretary of the Department of Health and Human Services, the Office of the Attorney General of Texas, or the Texas State Board of Examiners of Licensed Professional Counselors. I will provide you with the addresses to file your complaint upon request. You will not be penalized in any way for filing a complaint. However, if you file a complaint, our professional ethics and board rules may require me to terminate our therapeutic relationship with you and refer you to other providers.

Please contact me if you have any questions or concerns or require additional information.

Jennifer Aguilar, MS, LPC License #66943

Jennifer Aguilar Counseling Services, PLLC

Doing Business As Lotus Therapy Center

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BY CLICKING ON THE CHECKBOX BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.