



LIFEWORX CLARITY

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Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

Your client record may contain personal information about your health. This information may identify you and relate to your past, present or future physical or mental health condition and related health care services and is called Protected Health Information (PHI).

This Notice of Privacy Practices describes how I may use and disclose your PHI in accordance with applicable law. It also describes your rights regarding how you may gain access to and control your PHI.

I am required by law to maintain the privacy of PHI and to provide you with notice of my legal duties and privacy practices with respect to PHI. I am required to abide by the terms of this Notice of Privacy Practices.

I reserve the right to change the terms of my Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that I maintain at that time. I will provide you with a copy of the revised Notice of Privacy Practices by posting a copy on my website, sending a copy to you in the mail upon request or providing one to you at your next appointment.

How I may use and disclose health care information about you

For Treatment: Your PHI may be used and disclosed to any parties that are involved in your care for the purpose of providing, coordinating or managing your health care treatment and related services. I may disclose your PHI to physicians, psychiatrists, psychologists, and other licensed health care providers who provide you with health care services or are otherwise involved in your care. Example: If a psychiatrist is treating you, I may disclose your PHI to her/him in order to coordinate your care. Your authorization is required to disclose PHI to any care provider not currently involved in your care.

For Payment: Your PHI may be used and disclosed to any parties that are involved in payment for care or treatment. If you pay for your care or treatment completely out of pocket with no use of any insurance, you may restrict the disclosure of your PHI for payment. If it becomes necessary to use collection processes due to lack of payment for

services, I will only disclose the minimum amount of PHI necessary for purposes of collection.

For Health Care Operations: I may use or disclose, as needed, your PHI in order to support our business activities including, but not limited to, quality assessment activities, licensing, and conducting or arranging for other business activities. I may also disclose PHI for the purposes of arranging appointment times or leaving messages on your phone or at your home about questions you asked.

Required by Law: Under the law, I must make disclosures of your PHI available to you upon your request. In addition, I must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining our compliance with the requirements of the Privacy Rule, if so required.

Without Authorization: Applicable law and ethical standards permit me to disclose information about you without your authorization only in a limited number of other situations. Examples of some of the types of uses and disclosures that may be made without your authorization are those that are:

- Required by Law, such as the mandatory reporting of child abuse or neglect or mandatory government agency audits or investigations or legally required disclosures regarding deceased clients
- Required by Court Order
- Necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. If information is disclosed to prevent or lessen a serious threat it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat

Verbal Permission: I may use or disclose your information to family members that are directly involved in your receipt of services with your verbal permission.

With Authorization: Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked at any time, except to the extent that I have already made a use or disclosure based upon your authorization. Your explicit authorization is required to release psychotherapy notes.

Your Rights regarding Your PHI

You have the following rights regarding PHI I maintain about you. To exercise any of these rights, please submit your request in writing to our Privacy Officer at 4441 Sacred Arrow Drive, Austin, Texas 78735:

- **Right of Access to Inspect and Copy.** You have the right, which may be restricted only in exceptional circumstances or with documents released to me, to inspect and copy PHI that may be used to make decisions about service provided. I may charge a reasonable, cost-based fee for copies.
- **Right to Amend.** If you feel that the PHI I have about you is incorrect or incomplete, you may ask me to amend the information although I am not required to agree to the amendment. If I deny your request for amendment, you have the right to file a statement of disagreement with me. I may prepare a rebuttal to your statement and will provide you with a copy. Please contact the Privacy Officer with any questions.
- **Right to an Accounting of Disclosures.** You have the right to request an accounting of certain of the disclosures that I make of your PHI. I may charge you a reasonable fee if you request more than one accounting in any 12-month period.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. I am not required to agree to your request unless the request is to restrict disclosure of PHI to a health plan for purposes of carrying out payment or health care operations, and the PHI pertains to a health care item or service that you paid for out of pocket.
- **Right to Request Confidential Communication.** You have the right to request that I communicate with you about PHI matters in a specific manner (e.g., telephone, email, postal mail, etc.).
- **Right to a Copy of this Notice.** You have the right to a copy of this notice.

Website Privacy

Any personal information that you provide to me, including your e-mail address, will never be sold or rented to any third party without your express permission. If you provide me with any personal or contact information in order to receive anything from me, I may collect and store that personal data. I do not collect your personal e-mail address simply because you visit my site. While I may track the volume of visitors on specific pages of my website and download information from specific pages, these numbers are only used in the aggregate. This demographic information is not linked to any personal information that can identify you or any visitor to my site.

My site may contain links to other outside websites. I cannot take responsibility for the privacy policies or practices of these sites and I encourage you to check the privacy practices of all Internet sites you visit. While I make every effort to ensure that all the information provided on my website is correct and accurate, I make no warranty, express or implied, as to the accuracy, completeness or timeliness of the information available on

my site. I am not liable to anyone for any loss, claim or damages caused in whole or in part, by any of the information provided on my site.

Breach Notification

If there is a breach of unsecured PHI concerning you, I may be required to notify you of this breach, including what happened and what you can do to protect yourself.

Complaints:

If you believe I have violated your privacy rights, you have the right to file a complaint in writing with the Privacy Officer at 4441 Sacred Arrow Drive, Austin, Texas 78735 or with the Secretary of Health and Human Services at 200 Independence Avenue, S.W., Washington, D.C. 20201 or by calling (202) 619-0257. I will not retaliate against you for filing a complaint.

The effective date of this Notice is August 18, 2023.