

Notice of Privacy Practices

Balcones Counseling

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Client Portal: <https://balconescounseling.clientsecure.me/>

This Notice of Privacy Practices is effective January 1, 2026.

I. ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

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

This notice describes how your PHI may be used and disclosed, and how you can access it. Please review it carefully.

II. MY LEGAL DUTIES REGARDING RECORDS OF CARE

I pledge to protect your PHI. I create records of the care and services I provide to you, which are necessary for quality care and legal compliance. This notice informs you about how I may use and disclose your PHI and your rights and obligations regarding your PHI. This notice applies to all records of your care generated by Balcones Counseling. I am required by law to:

- a. Ensure that PHI that identifies you is kept private.
- b. Provide you with this notice of my legal duties and privacy practices with respect to PHI.
- c. Follow the terms of the notice that is currently in effect.
- d. Notify you if a breach occurs that may have compromised the privacy or security of your PHI.
- e. Notify you if I change the terms of this notice. Such changes will apply to all PHI.

The following sections list ways I use and disclose your PHI. These sections are not exhaustive, but all permitted uses and disclosures fall within these categories.

III. CERTAIN USES AND DISCLOSURES **REQUIRE** YOUR AUTHORIZATION

Certain uses and disclosures of your protected health information **REQUIRE** your authorization. If you provide authorization for the use or disclosure of your PHI, you have the right to revoke that authorization at any time, in writing. Revocation will not apply to information that has already been released based on your prior authorization.

1. Psychotherapy Notes. I keep “psychotherapy notes”, as defined in the HIPAA Privacy Rule.

Any use or disclosure of such notes requires your authorization unless the use or disclosure is:

- a. For my use in treating you.
- b. For my use in consultation with my supervisor.
- c. For my use in defending myself in legal proceedings initiated by you.

- d. For use by the Secretary of Health and Human Services to investigate my compliance with HIPAA.
- e. Required by law and limited to the requirements of such law.
- f. Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes.
- g. Required by a coroner who is performing duties authorized by law.
- h. Required to help avert a serious threat to the health and safety of others.
 - 2. Marketing Purposes. I will not use or disclose your PHI for marketing purposes.
 - 3. Sale of PHI. I will not sell your PHI in the regular course of my business.

When using or disclosing PHI, I make reasonable efforts to limit the information to the minimum necessary to accomplish the intended purpose.

IV. CERTAIN USES AND DISCLOSURES **DO NOT REQUIRE YOUR AUTHORIZATION**

Certain uses and disclosures of your protected health information **DO NOT REQUIRE** your authorization, subject to legal limitations.

1. When disclosure is required by state or federal law (e.g. in response to a court order) and the use or disclosure complies with and is limited to the relevant requirements of such law.
2. For public health activities, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone's health or safety
3. For purposes of treatment, consultation, or health care operations, including professional consultation, as permitted by law.
4. In certain circumstances, I may be required by law or professional regulations to report serious misconduct by another healthcare provider, such as sexual exploitation or therapeutic deception.
5. For health oversight activities, including audits, investigations, and disciplinary actions.
6. For law enforcement purposes, including reporting crimes occurring on my premises.
7. To coroners or medical examiners, when such individuals are performing duties authorized by law.
8. For research purposes, including studying and comparing the mental health of patients who received one form of therapy versus those who received another form of therapy for the same condition.
9. Specialized government functions, including, ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counter-intelligence operations; or helping to ensure the safety of those working within or housed in correctional institutions.
10. For workers' compensation purposes. Although my preference is to obtain an Authorization from you, I may provide your PHI in order to comply with workers' compensation laws.
11. Appointment reminders and health-related benefits or services. I may use and disclose your PHI to contact you to remind you that you have an appointment with me. I may also use

and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that are available to you.

12. For treatment payment or health care operations: Federal privacy rules allow health care providers with a direct treatment relationship to use or disclose your PHI without your written authorization to carry out treatment, payment, or health care operations. I may also disclose your PHI for the treatment activities of any health care provider without your written authorization. For example, if I consult with another licensed health care provider about your condition, I can use and disclose your confidential PHI to assist me in diagnosing and treating your mental health condition. Disclosures for treatment purposes are not limited to the minimum necessary standard (see above) because counselors and other healthcare providers need access to the full record and complete information to provide quality care. The word “treatment” includes coordinating healthcare providers with third parties, consultations, and referrals.

13. For lawsuits and disputes: For judicial and administrative proceedings, including responding to a court or administrative order, I may also disclose your health information in response to subpoenas, discovery requests, or other lawful processes. In these circumstances, my preference is to obtain an Authorization from you before doing so.

V. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT

Certain uses and disclosures require you to object.

1. Disclosures to family, friends, or others. I may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

Special Rule for Family/Couple Treatment When I am providing services to a couple or family, the “client” is the couple/family as a unit rather than any individual member. As a result, I generally require Authorization from all participating members before releasing PHI to any one member or to third parties. This is a stricter standard than what is otherwise permitted under HIPAA for individual treatment. Therefore, although I may disclose information to persons involved in care or payment unless you object, this provision does not override my policies for couple/family treatment, except in situations involving safety concerns, legal requirements (e.g., court orders or subpoenas), or other exceptions required by law.

VI. YOUR RIGHTS WITH RESPECT TO PROTECTED HEALTH INFORMATION

You have the following rights regarding your PHI:

- a. The right to see and get copies of your PHI. Other than “psychotherapy notes,” you have the right to get an electronic or paper copy of your health record and other information that I have about you. I will provide you with a copy of your record, or a summary of it, if you agree to receive a summary, within 30 days of receiving your written request, and I may charge a reasonable, cost-based fee for doing so (see Fee Schedule and Financial Agreement).

- b. The right to choose how I send PHI to you. You have the right to ask me to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and I will agree to reasonable requests.
- c. The right to correct or update your PHI. If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that I correct the existing information or add the missing information. I may say “no” to your request, but I will tell you why in writing within 60 days of receiving your request.
- d. The right to get a list of the disclosures I have made. You have the right to request a list of instances in which I have disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided me with an Authorization. I will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list I will give you will include disclosures made in the last six years unless you request a shorter time. I will provide the list to you at no charge, but if you make more than one request in the same year, I will charge you a reasonable cost-based fee for each additional request.
- e. The right to request limits on uses and disclosures of your PHI. You have the right to ask me not to use or disclose certain PHI for treatment, payment, or health care operations purposes. I am not required to agree to your request, and I may say “no” if I believe it would affect your health care.
- f. The right to request restrictions for out-of-pocket expenses paid for in full. You have the right to request restrictions on disclosures of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full.
- g. The right to receive a paper or electronic copy of this Notice. You have the right to receive a paper copy of this Notice, and you have the right to get a copy of this notice by e-mail. Even if you have agreed to receive this Notice via e-mail, you also have the right to request a paper copy of it. To exercise any of your rights described in this Notice, you must submit a written request to the designated privacy officer for your care (Counselor), unless otherwise specified. Requests should be sent to Counselor at Email of Counselor. I will respond within the timeframes required by law. In some cases, I may deny a request as permitted by law; if this occurs, I will provide you with a written explanation and information regarding any rights regarding appealing the decision I provide. If a review is available, it will be conducted by a licensed healthcare professional who was not involved in the original decision. I will comply with the outcome of that review. Some denials are not subject to review under applicable law; in such cases, this will be explained in writing. Electronic communications (e.g., voicemail, phone call, email, text messaging) may carry some risk to confidentiality. By choosing to communicate through these methods, you acknowledge and accept these risks.

VII. COMPLAINT PROCESS

If you believe your privacy rights have been violated, you have the right to file a complaint with me and/or with the U.S. Department of Health and Human Services (HHS).

VIII. CONTACT INFORMATION

You may file a complaint with me by contacting: Brendan King, Balcones Counseling (512) 893-1252 balconescounseling@gmail.com

You may also file a complaint with the U.S. Department of Health and Human Services at: Office for Civil Rights U.S. Department of Health and Human Services

Complaints can be submitted online at: <https://www.hhs.gov/ocr/privacy/hipaa/complaints/>

You will not be retaliated against for filing a complaint.

If you have questions about this notice, please contact me at (512) 893-1252

or balconescounseling@gmail.com

Reference the Professional Disclosure and Informed Consent for information on the complaints process for ethics, discrimination, and standard of care violations.

IX. CHANGES TO THIS NOTICE

I reserve the right to change this Notice at any time. Any changes will apply to protected health information I maintain. The current version will always be available upon request, on the client secure page, and in the client portal.

X. ACKNOWLEDGMENT OF RECEIVING PRIVACY NOTICE

Under HIPAA, you have rights regarding the use and disclosure of your PHI. By signing below, you acknowledge receiving a copy of HIPAA Notice of Privacy Practices.

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

(If you decline to sign this acknowledgement, I will document that this Notice of Privacy Practices was provided to you, along with the date and method of delivery.)