HER Psychotherapy
5900 Balcones Drive, STE 100
Austin, TX 78731
(512) 436-3884
evalette@herpsychotherapy.com

# Notice of Privacy Practices

*THIS NOTICE DESCRIBES HOW MEDICAL AND PSYCHOTHERAPY INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.*

EFFECTIVE AUGUST 29, 2026

## Our Commitment to Your Privacy

HER Psychotherapy is dedicated to protecting the privacy of your health information. We are required by law to maintain the privacy of your protected health information ("PHI"), to provide you with this notice describing our legal duties and privacy practices, and to abide by the terms of this notice while it is in effect.

This notice applies to all records of care generated by our practice, whether made by a person now or previously affiliated with our practice.

## How We May Use and Disclose Your Health Information Without Your Written Authorization

The following categories describe the ways we may use and disclose PHI without first obtaining your written authorization, as permitted by the HIPAA Privacy Rule:

**Treatment.** We may use and disclose your PHI to provide, coordinate, or manage your treatment and any related services, and to consult with other health care providers involved in your care.

**Payment.** We may use and disclose your PHI to obtain payment for services we provide to you, including verifying benefits, submitting claims, and billing.

**Health Care Operations.** We may use and disclose your PHI for activities necessary to run our practice, such as quality assessment, staff training, licensing, and business management.

**As Required by Law.** We will disclose PHI when required to do so by federal, state, or local law.

**Public Health and Safety.** We may disclose PHI to prevent or lessen a serious and imminent threat to the health or safety of you or another person, and for public health activities as permitted by law.

**Health Oversight, Judicial and Administrative Proceedings.** We may disclose PHI to a health oversight agency for activities authorized by law, and in response to a court or administrative order, subpoena, or other lawful process.

**Law Enforcement and Legal Requirements.** We may disclose PHI to law enforcement officials as required by law or in compliance with a court order.

**Workers' Compensation.** We may disclose PHI to the extent necessary to comply with workers' compensation or similar programs.

## Special Protections for Psychotherapy Notes

If your clinician keeps separate “psychotherapy notes” (personal notes documenting or analyzing the contents of a counseling session, kept separate from the rest of your clinical record), these notes receive extra protection under HIPAA. With very limited exceptions — such as your own treatment by the originating clinician, our own training programs, defense in a legal action you bring against us, health oversight activities related to the originating clinician, or where required to avert a serious and imminent threat — we will not use or disclose psychotherapy notes without your specific written authorization.

## Uses and Disclosures Requiring Your Written Authorization

Other than the uses and disclosures described above, we will not use or disclose your PHI without your written authorization. This includes most uses and disclosures of psychotherapy notes, marketing communications, and any sale of PHI. You may revoke a written authorization at any time, except to the extent we have already relied on it.

## Your Rights Regarding Your Health Information

**Right to Request Restrictions.** You have the right to request a restriction on the PHI we use or disclose for treatment, payment, or health care operations. We are not required to agree to every request, except that we must agree to a restriction on disclosure to a health plan if the disclosure is for payment or operations (not treatment) and you have paid for the service in full, out of pocket.

**Right to Request Confidential Communications.** You may request that we communicate with you about your health matters in a certain way or at a certain location.

**Right to Inspect and Copy.** You have the right to inspect and obtain a copy of your PHI, with limited exceptions, generally within 30 days of a written request. We may charge a reasonable, cost-based fee.

**Right to Amend.** You have the right to request that we amend your PHI if you believe it is incorrect or incomplete. We may deny the request under certain circumstances.

**Right to an Accounting of Disclosures.** You have the right to receive a list of certain disclosures of your PHI made in the six years prior to your request, subject to certain exceptions.

**Right to a Paper Copy.** You have the right to obtain a paper copy of this notice at any time, even if you agreed to receive it electronically.

**Right to Notification of a Breach.** You have the right to be notified in the event that we (or a business associate) discover a breach of your unsecured PHI.

## Changes to This Notice

We reserve the right to change this notice and to make the revised notice effective for PHI we already have as well as any information we receive in the future. The current notice will be available at our office, posted on our website, and provided to you upon request.

## Complaints

If you believe your privacy rights have been violated, you may file a complaint with our Privacy Officer at the contact information below, or with the U.S. Department of Health and Human Services, Office for Civil Rights, by mail at 200 Independence Avenue, S.W., Washington, D.C. 20201, by calling 1-800-368-1019, or online at www.hhs.gov/ocr/privacy/hipaa/complaints. You will not be retaliated against for filing a complaint.

## Contact Information

> HER Psychotherapy
> Attn: Privacy Officer
> 5900 Balcones Drive, STE 100
> Austin, TX 78731
> Phone: (512) 436-3884
> Email: evalette@herpsychotherapy.com