



## **NOTICE OF PRIVACY PRACTICES**

THIS NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. YOU MAY HAVE ADDITIONAL RIGHTS UNDER STATE AND LOCAL LAW. PLEASE SEEK LEGAL COUNSEL FROM AN ATTORNEY LICENSED IN YOUR STATE IF YOU HAVE QUESTIONS REGARDING YOUR RIGHTS TO HEALTH CARE INFORMATION.

**EFFECTIVE DATE OF THIS NOTICE** This notice went into effect in March 2025.

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

**I. MY PLEDGE REGARDING HEALTH INFORMATION:** I understand that health information about you and your health care is personal. I am committed to protecting health information about you. I create a record of the care and services you receive from me. I need this record to provide you with quality care and to comply with specific legal requirements. This notice applies to all the records of your care generated by this mental health care practice. This notice will tell you how I may use and disclose health information about you. I also describe your rights to the health information I keep about you and describe certain obligations I have regarding the use and disclosure of your health information.

I am required by law to:

- Make sure that the PHI that identifies you is kept private.
- Give you this notice of my legal duties and privacy practices concerning health information.
- Follow the terms of the notice that is currently in effect.
- I can change the terms of this Notice, and such changes will apply to all the information I have about you. The new Notice will be available upon request, in my office, and on my website.

**II. HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:** The following categories describe different ways that I use and disclose health information. For each category of uses or disclosures, I will explain what I mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all the ways I am permitted to use and disclose information will fall within one of the categories.

For Treatment, Payment, or Health Care Operations: Federal privacy rules (regulations) allow healthcare providers who have a direct treatment relationship with the patient/client to use or disclose the patient/client’s personal health information without the patient’s written authorization, to carry out the health care provider’s own

treatment, payment, or health care operations. I may also disclose your PHI for the treatment activities of any healthcare provider. This too can be done without your written authorization. For example, if a clinician were to consult with another licensed healthcare provider about your condition, we would be permitted to use and disclose your PHI, which is otherwise confidential, to assist the clinician in the diagnosis and treatment of your health condition. I may also use your PHI for operations purposes, including sending you appointment reminders, billing invoices, and other documentation.

Disclosures for treatment purposes are not limited to the minimum necessary standard. Because therapists and other health care providers need access to the full record and/or complete information to provide quality care. The word “treatment” includes, among other things, the coordination and management of health care providers with a third party, consultations between health care providers, and referrals of a patient for health care from one health care provider to another.

Lawsuits and Disputes: If you are involved in a lawsuit, I may disclose health information in response to a court or administrative order. I may also disclose health information about you or your minor child(ren) in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

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

1. **Psychotherapy Notes:** I do keep “psychotherapy notes” as that term is defined in 45 CFR § 164.501, and 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 training or supervising mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy.
  - c. For my use in defending myself in legal proceedings instituted by you.
  - d. For use by the Secretary of the Department of Health and Human Services (HHS) to investigate my compliance with HIPAA.
  - e. Required by law and the use or disclosure is 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 without your prior written consent.
3. **Sale of PHI:** I will not sell your PHI.

**IV. USES AND DISCLOSURES THAT DO NOT REQUIRE YOUR AUTHORIZATION:** Subject to certain limitations in the law, I can use and disclose your PHI without your Authorization for the following reasons. I must meet certain legal conditions before I can share your information for these purposes:

1. Appointment reminders and health-related benefits or services.
2. When disclosure is required by state or federal law.
3. For public health activities, including reporting suspected abuse.
4. For health oversight activities.
5. For judicial and administrative proceedings.
6. For law enforcement purposes.
7. To coroners or medical examiners.
8. For research purposes.
9. Specialized government functions.
10. For workers' compensation purposes.
11. For organ and tissue donation requests.

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

**OBJECT:** Disclosures to family, friends, or others: You have the right to tell me that I may provide your PHI to a family member, friend, or another person involved in your care or the payment for your health care.

## **VI. YOU HAVE THE FOLLOWING RIGHTS CONCERNING YOUR PHI:**

1. The Right to Request Limits on Uses and Disclosures of Your PHI.
2. The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full.
3. The Right to Choose How I Send PHI to You.
4. The Right to See and Get Copies of Your PHI.
5. The Right to Get a List of the Disclosures I Have Made.
6. The Right to Correct or Update Your PHI.
7. The Right to Get a Paper or Electronic Copy of this Notice.
8. The Right to Choose Someone to Act for You.
9. The Right to Revoke an Authorization.
10. The Right to opt out of Communications and Fundraising from our Organization.
11. The Right to File a Complaint.

## **VII. TERMS OF SERVICE AND TELECOMMUNICATIONS CONSUMER RIGHTS (TCR) POLICY:**

1. **Information Collection:** I collect personal information such as your name, contact details, and health-related information necessary for providing services.
2. **Information Usage:** The collected information is used solely for the purpose of providing mental health care, appointment scheduling, billing, and customer support.
3. **Information Sharing:** Your data is never sold or shared with third parties for marketing purposes. Any necessary disclosures are strictly in compliance with HIPAA regulations.
4. **Consent:** I obtain both written and verbal consent for the collection, use, and sharing of your personal information. You may withdraw your consent at any time by submitting a written request.
5. **Terms of Service:** By using my services, you agree to abide by my privacy practices, including the conditions outlined in this policy.
6. **Text Message Consent:** If you consent to receive messages or SMS from Truth Heals Counseling PLLC you agree to receive SMS from us. No mobile opt-in or text message consent will be shared with third parties or affiliates for marketing purposes. Reply STOP to opt-out; Reply HELP for support; Message & data rates may apply; Messaging frequency may vary. Visit <https://tasia-hawkins.clientsecure.me/> to see our Privacy Policy and Terms of Conditions.

## **VIII. TRUTH HEALS COUNSELING SMS TERMS AND CONDITIONS:**

### **1. SMS Consent Communication**

No mobile opt-in or text message consent will be shared with third parties or affiliates for marketing purposes.

### **2. Types of SMS Communications**

If you have consented to receive text messages from Truth Heals Counseling, you may receive messages related to the following:

- Appointment reminders
- Follow-up messages after sessions
- Billing inquiries or payment confirmations
- Offers related to counseling services

*Example:* "Hello, this is a friendly reminder of your upcoming appointment at Truth Heals Counseling is on Date at Time. Reply STOP to opt out of SMS messaging at any time."

3. **Message Frequency**

Message frequency may vary depending on the type of communication. You may receive up to **3 SMS messages per week** related to appointments, billing, or follow-ups.

4. **Potential Fees for SMS Messaging**

Standard message and data rates may apply, depending on your mobile carrier's pricing plan. These fees may vary if the message is sent domestically or internationally.

5. **Opt-In Method**

You may opt-in to receive SMS messages from Truth Heals Counseling in the following ways:

- By submitting an online form during client intake

6. **Opt-Out Method**

You can opt out of receiving SMS messages at any time. To do so, simply reply "STOP" to any SMS message you receive. Alternatively, you may contact us directly to request removal from our messaging list by email or text.

7. **Help**

If you are experiencing any issues, you can reply with the keyword "HELP" for assistance. You may also reach us directly at **919- 588-3114** or email my **assistant@truthhealscounseling.org**.

8. **Standard Messaging Disclosures**

1. Message and data rates may apply.
2. You can opt-out at any time by replying "STOP."
3. For assistance, reply "HELP" or visit our Privacy Practices and the Terms and Conditions at <https://tasia-hawkins.clientsecure.me/>.
4. Message frequency may vary based on your communication preferences.

Truth Heals Counseling cannot guarantee the confidentiality of text messages and requests that clients avoid using SMS for therapeutic content. Text messaging is intended only for scheduling, cancellations, or administrative purposes.

**VIII. CHANGES TO THIS NOTICE** I can change the terms of this Notice, and such changes will apply to all the information I have about you. The new Notice will be available upon request, in my office and on my website.