

HIPAA NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

THERAMEND THERAPY COLLECTIVE, PLLC
(469) 222-7225
5121 Collin McKinney Pkwy, McKinney, TX 75070
<https://chris-nelms.clientsecure.me>

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 our Privacy Officer at **(469) 222-7225** or the specified contact information listed at the end of this document.

I. INTRODUCTION

We understand that medical information about you and your healthcare is personal. Theramend Therapy Collective, PLLC is required by law to maintain the privacy of Protected Health Information ("PHI"), provide individuals with notice of our legal duties and privacy practices with respect to PHI, and notify affected individuals following a breach of unsecured PHI.

This **Notice of Privacy Practices** ("Notice") describes how we may use and disclose PHI to carry out treatment, obtain payment, or perform our healthcare operations and for other specified purposes permitted or required by law. It also describes your rights with respect to PHI about you. Theramend Therapy Collective, PLLC is required to follow the terms of this Notice currently in effect.

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

II. OUR PLEDGE

The privacy of your PHI is important to us. This Notice describes our privacy practices and applies to all employees, contractors, and staff of Theramend Therapy Collective, PLLC. It explains how we may use and disclose your PHI, as well as your rights regarding the use and disclosure of your PHI. We comply with all applicable state and federal laws in our handling of your information.

III. PROTECTED HEALTH INFORMATION IN CONNECTION WITH ALCOHOL OR DRUG SERVICES

If you are applying for or receiving services for drug or alcohol abuse, your health information is protected under **42 C.F.R. Part 2**, which restricts our ability to acknowledge your participation in our services or disclose any information identifying you as an alcohol or drug abuser, except under specific circumstances outlined in this Notice.

IV. HOW PHI ABOUT YOU MAY BE USED AND DISCLOSED

We may use and disclose PHI in the following circumstances:

- **For Treatment:** To coordinate the mental health services you receive, including consultation with other healthcare providers.
- **For Payment:** To obtain payment from insurance companies or third-party payers for services rendered.
- **For Healthcare Operations:** To assess and improve our services, manage administrative tasks, and ensure quality care.
- **Individuals Involved in Your Care:** To family members, friends, or caregivers directly involved in your treatment, unless you object.
- **Disclosures to Parents or Legal Guardians:** If you are a minor, certain PHI may be shared with parents or guardians per federal and state law.
- **Public Health and Legal Requirements:** To comply with public health reporting, legal proceedings, and law enforcement requests.
- **Health Oversight Activities:** For audits, compliance monitoring, and other legally authorized inspections.
- **Judicial and Administrative Proceedings:** In response to legal orders, subpoenas, or discovery requests.
- **Research:** With appropriate authorization or Institutional Review Board approval.
- **Organ or Tissue Donation:** To facilitate donation and transplantation processes.
- **Military and National Security Purposes:** As required by military or national security authorities.
- **As Required by Law:** When mandated by federal, state, or local regulations.

V. OTHER USES AND DISCLOSURES OF PHI

- **Marketing and Sale of PHI:** We will not use or disclose PHI for marketing or sell your PHI without your written authorization.
- **Breach Notification:** You have the right to be notified if there is an impermissible use or disclosure of your PHI that compromises its privacy or security.

VI. YOUR HEALTH INFORMATION PRIVACY RIGHTS

You have the following rights regarding your PHI:

1. **To Request Restrictions:** You can request limitations on how we use or disclose your PHI, though we are not required to agree to all restrictions.
2. **To Request Confidential Communications:** You may ask to receive communications via alternative means (e.g., mail instead of phone calls).
3. **To Access and Obtain Copies of Your PHI:** You can inspect and request a copy of your PHI, with certain legal exceptions.
4. **To Request an Amendment:** If you believe your PHI is inaccurate or incomplete, you may request corrections.
5. **To Receive an Accounting of Disclosures:** You have the right to request a list of disclosures of your PHI made outside of treatment, payment, and healthcare operations.
6. **To Obtain a Paper Copy of this Notice:** You can request a physical copy of this Notice at any time.
7. **To File a Complaint:** If you believe your privacy rights have been violated, you can file a complaint with our Privacy Officer or the U.S. Department of Health and Human Services. You will not face retaliation for filing a complaint.

VII. CHANGES TO THIS NOTICE

We reserve the right to update this Notice and make the revised Notice applicable to all PHI we maintain. You may request a copy of the updated Notice at any time.

VIII. CONTACT INFORMATION

Privacy Officer: Christopher Nelms

Theramend Therapy Collective, PLLC
5121 Collin McKinney Pkwy, Ste 500 PMB 1061, McKinney, TX 75070
Phone: (469) 222-7225
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For further questions regarding this Notice, your rights, or to file a complaint, please contact our Privacy Officer at the information above.