

NOTICE OF PRIVACY PRACTICES

L. Whitman Counseling Services

Effective Date: October 1, 2026

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.

L. Whitman Counseling Services is committed to protecting the privacy of your health information. This Notice of Privacy Practices (“Notice”) describes how I may use and disclose your protected health information (“PHI”), your rights regarding your PHI, and my legal duties concerning your PHI.

This Notice applies to information about your health, treatment, and payment for services that identifies you or could reasonably be used to identify you.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the following rights regarding your PHI:

Right to Inspect and Obtain a Copy of Your PHI

You have the right to inspect and obtain a copy of your PHI maintained by L. Whitman Counseling Services, subject to certain legal limitations.

You may request your records in writing. I may charge a reasonable, cost-based fee where permitted by law.

Right to Request an Amendment

If you believe information in your records is incorrect or incomplete, you may request that it be amended. Your request must be made in writing and explain why you believe the information should be changed.

I may deny a request in certain circumstances permitted by law. If your request is denied, you have the right to submit a written statement of disagreement.

Right to Request Confidential Communications

You may request that I communicate with you about your health information in a particular way or at a particular location. For example, you may request that I contact you only by email or only at a particular telephone number.

I will accommodate reasonable requests when permitted by law.

Right to Request Restrictions

You may request restrictions on how your PHI is used or disclosed for treatment, payment, or health care operations. I am not required to agree to every requested restriction.

If you pay for a service entirely out of pocket and request that the information concerning that service not be disclosed to your health plan for payment or health care operations, I will honor that request unless disclosure is otherwise required by law.

Right to an Accounting of Disclosures

You have the right to request a list of certain disclosures of your PHI made by L. Whitman Counseling Services during the six years preceding your request, subject to exceptions established by law.

Right to a Paper Copy of This Notice

You may request a paper copy of this Notice at any time, even if you have previously received it electronically.

HOW YOUR HEALTH INFORMATION MAY BE USED OR DISCLOSED

The law permits me to use or disclose your PHI without your written authorization in certain circumstances.

Treatment

I may use or disclose your PHI to provide, coordinate, or manage your behavioral health treatment. This may include communicating with other health care providers involved in your care when permitted by law.

Payment

I may use or disclose your PHI as necessary to obtain payment for services. This may include providing information to an insurance company or other third-party payer when applicable.

Health Care Operations

I may use or disclose your PHI for health care operations, such as quality assessment, business management, compliance activities, or other activities permitted by law.

When Required by Law

I may disclose your PHI when federal, state, or local law requires disclosure.

Public Health Activities

I may disclose PHI for certain public health activities permitted or required by law, such as reporting certain diseases, injuries, or other conditions to public health authorities.

Abuse, Neglect, or Domestic Violence

I may disclose PHI when required or permitted by law to report suspected child abuse, elder abuse, dependent adult abuse, or domestic violence.

Health Oversight Activities

I may disclose PHI to an appropriate government agency for activities authorized by law, such as audits, investigations, inspections, licensing actions, and other oversight activities.

Judicial and Administrative Proceedings

I may disclose PHI in response to a court or administrative order, subpoena, discovery request, or other lawful process when the applicable legal requirements have been satisfied.

Law Enforcement

I may disclose PHI to law enforcement when permitted or required by applicable law.

Serious Threat to Health or Safety

I may disclose PHI when necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public, when permitted by applicable law.

Workers' Compensation

I may disclose PHI as authorized by and to the extent necessary to comply with laws relating to workers' compensation and similar programs.

Other Uses and Disclosures Required or Permitted by Law

I may use or disclose PHI in other circumstances when permitted or required by federal or Texas law.

USES AND DISCLOSURES REQUIRING YOUR AUTHORIZATION

Most uses and disclosures of psychotherapy notes, uses and disclosures for marketing purposes, and certain other uses and disclosures require your written authorization.

If you provide written authorization, you may revoke that authorization in writing at any time, except to the extent that I have already acted in reliance upon it.

L. Whitman Counseling Services does not sell your PHI.

PSYCHOTHERAPY NOTES

Psychotherapy notes are maintained separately from the remainder of your clinical record when applicable. Most uses and disclosures of psychotherapy notes require your written authorization unless a specific legal exception applies.

CONFIDENTIALITY AND COMMUNICATION

Because counseling is provided through telehealth, electronic communication may be used as part of your care. I may communicate with you through telephone, voicemail, email, text messaging, or telehealth platforms when appropriate.

Electronic communications may carry privacy or security risks. You may request alternative methods of communication when reasonable.

Please do not use email, text messaging, or other electronic communication to communicate an emergency or urgent safety concern.

TELEHEALTH

L. Whitman Counseling Services provides counseling services through telehealth when clinically appropriate and legally permitted.

Reasonable administrative, technical, and physical safeguards are used to protect your PHI. However, no electronic communication or technology can be guaranteed to be completely secure.

You are encouraged to participate in telehealth sessions from a private location and to take reasonable steps to protect the privacy of your communications.

MINORS AND PERSONAL REPRESENTATIVES

Texas and federal law determine when a parent, legal guardian, or other personal representative may exercise rights or make decisions concerning a minor's PHI.

In some circumstances, a minor may have legal authority to consent to certain health care services and may have corresponding privacy rights. L. Whitman Counseling Services will follow applicable federal and Texas law when determining access to and disclosure of a minor's PHI.

SPECIAL PROTECTIONS FOR CERTAIN INFORMATION

Certain types of health information may receive additional protections under federal or Texas law, including information relating to substance use disorder treatment, HIV/AIDS,

genetic information, reproductive health care, and mental health or other specially protected information.

Where applicable, L. Whitman Counseling Services will comply with the additional requirements governing such information.

BREACH OF YOUR HEALTH INFORMATION

If a breach occurs involving your unsecured PHI, I will provide notification as required by applicable federal and state law.

Notification will include information required by law regarding the nature of the breach, the information involved, steps you can take to protect yourself, and the steps taken to investigate and address the breach.

MY DUTIES REGARDING YOUR HEALTH INFORMATION

L. Whitman Counseling Services is required by law to:

- Maintain the privacy of your PHI.
- Provide you with this Notice describing legal duties and privacy practices.
- Follow the terms of the Notice currently in effect.
- Notify affected individuals following a breach of unsecured PHI when required by law.

I reserve the right to change my privacy practices and this Notice. If my privacy practices materially change, I will make the revised Notice available as required by law.

YOUR RIGHT TO FILE A COMPLAINT

If you believe your privacy rights have been violated, you may file a complaint with L. Whitman Counseling Services.

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

You will not be retaliated against for filing a privacy complaint.

Practice Contact Information

L. Whitman Counseling Services

Phone: **972-666-9798**

Email: lwhitmancounselingservices@gmail.com

QUESTIONS ABOUT THIS NOTICE

If you have questions about this Notice or would like additional information about your privacy rights, please contact L. Whitman Counseling Services using the contact information above.

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