EMPATHETIC INSIGHTS
COUNSELING AND SUPERVISION

Notice of Privacy Practices for HIPAA Covered Health Care Provider

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**.

In this document, "your therapist" refers to the therapist who is currently treating you. "We", "us", and "our" refers to Empathetic Insights Counseling and Supervision, PLLC as an organization.

Unless otherwise specified, requests described in this document should be made in writing. You may submit requests by e-mail to katiebickley@protonmail.com or by completing a form provided by our practice in person or electronically.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can request to see or get an electronic or paper copy of your medical record and other health information your therapist has about you.
- Your therapist will provide a copy or a summary of your health information within 30 days of your request. You may need to pay a reasonable, cost-based fee.

Ask your therapist to correct your medical record

- You can ask your therapist to correct health information about you that you think is incorrect or incomplete.
- Your therapist may say “no” to your request, but your therapist will tell you why in writing within 30 days.

Request confidential communications

- You can ask your therapist to contact you in a specific way (for example, home, office, or cell phone) or to send mail to a different address.
- Your therapist will say “yes” to all reasonable requests. What is a reasonable versus unreasonable request will be determined by your therapist based on practical considerations and applicable law.

Ask your therapist to limit what is used or shared

- You can ask your therapist not to use or share certain health information for treatment, payment, or our operations. Your therapist is not required to agree to your request, and they may say “no” if it could affect your care. If your therapist agrees to your request, your therapist may still share this information in the event that you need emergency treatment.

- If you pay for a session out of pocket without using your insurance, you can ask your therapist not to share that information for the purpose of payment or our operations with your health insurer. Your therapist will say “yes” unless a law requires your therapist to share that information.

Get a list of those with whom your therapist has shared information

- We do not share your information without your written permission except as described in this notice or as required or allowed by law.
- Your therapist will provide one accounting a year for free but we may charge a reasonable, cost-based fee if you ask for another within 12 months. This accounting will not include disclosures made for treatment, payment, or healthcare operations.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. Your therapist will provide you with a paper copy by mail within 7 business days. This will be sent to your address on file.

Choose someone to act for you

- If someone has authority to act as your personal representative, such as if someone has your medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- Your therapist will verify that this person has this authority and can act for you before they take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel your therapist has violated your rights by contacting us at 936-228-9936.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting **https://www.hhs.gov/hipaa/filing-a-complaint/index.html.**
- Your therapist and the organization(s) they work for will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell your therapist your choices about what is shared. If you have a clear preference for how your therapist shares your information in the situations described below, talk to your therapist. Tell them what you want them to do, and they will follow your instructions.

In these cases, you have both the right and choice to tell your therapist to:

- Share information with your family, close friends, or others involved in your care or payment for your care.
- Share information in a disaster relief situation.
- Include your information in a hospital directory.

For the aforementioned requests, it is our practice to require a signed Release Of Information form on file.

Your therapist may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases your therapist never shares your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes
- If we have your substance use disorder patient records, subject to 42 CFR part 2, we will give you clear and obvious notice in advance and a choice about whether to receive fundraising communications that use your Part 2 information.

Our Uses and Disclosures

How does your therapist typically use or share your health information?

Your therapist typically uses or shares your health information in the following ways.

- **Treat you**
  - Your therapist may use your health information to provide, manage, and coordinate your care.

    HIPAA permits us to use and disclose your health information for treatment purposes without written authorization. However, as a matter of our practice policy, we generally require your written permission (with a signed Release of Information form) before sharing your information with other providers, except in limited circumstances such as emergencies.

    Examples:
    • Your therapist may review your record to track progress and guide your treatment.
    • Your therapist may consult with another licensed professional for supervision or professional guidance; identifying information is limited whenever possible.
    • If you request coordination of care with another provider, your therapist will obtain your written permission before sharing information.
    • In a medical or psychiatric emergency, your therapist may share relevant information with emergency providers to ensure you receive appropriate care.
    • Your therapist may share information if necessary to prevent a serious and imminent threat to your health or safety or the safety of others.

- **Run our organization**
  - Your therapist can use and share your health information to run their practice, improve your care, and contact you when necessary.
  - *Example: We use health information about you to manage your treatment and services.*

- **Bill for your services**
  - Your therapist can use and share your health information to bill and get payment from health plans or other entities.
  - *Example: We give information about you to your health insurance plan so it will pay for your services.*

How else can your therapist use or share your health information?

Your therapist may be allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. Your therapist has to meet many conditions in the law before she can share your information for these purposes.

In all cases, including those listed below, if we have substance use disorder patient records about you, subject to 42 CFR part 2, your therapist cannot use or share information in those records in civil,

criminal, administrative, or legislative investigations or proceedings against you without (1) your consent or (2) a court order and a subpoena.

Help with public health and safety issues
Your therapist may be able to share health information about you for certain situations such as:

- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Comply with the law
Your therapist will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that your therapist is complying with federal privacy law.

Address workers' compensation, law enforcement, and other government requests
Your therapist may be able to use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

- Your therapist can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- Your therapist is required by law to maintain the privacy and security of your protected health information.
- Your therapist will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- Your therapist must follow the duties and privacy practices described in this notice and give you a copy of it.
- Your therapist will not use or share your information other than as described in this notice unless you tell us we can in writing. If you tell your therapist they can, you may change your mind at any time. Let your therapist know in writing if you change your mind.
- For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Privacy Related to Substance Use Records

Use and Disclosure of Substance Use Disorder Records Subject to 42 CFR Part 2: If applicable, your substance use disorder ("SUD") records are protected by federal law under 42 CFR Part 2 ("Part 2"). This law provides extra confidentiality protections and requires a separate client consent for the use and disclosure of SUD counseling notes. Each disclosure made with client consent must include a copy of the consent or a clear explanation of the scope of your consent. It must also be accompanied by a written notice containing the language in 42 CFR Part 2.32(a). Disclosure of these records requires your explicit written consent, except in limited circumstances such as: (a) Medical Emergencies: to the extent necessary to treat you, (b) Reporting Crimes on Program Premises (c) Child Abuse Reporting: in connection with incidents of suspected child abuse or neglect to appropriate state or local authorities, and (d) Fundraising: We will provide you with an opportunity to decline to receive any fundraising

communications prior to making such communications. You may revoke this consent at any time.

Prohibitions on Use and Disclosure of Part 2 Records:
SUD records received from programs subject to Part 2, or testimony relaying the content of such records, shall not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you unless based on your written consent, or a court order after notice and an opportunity to be heard is provided to you or the holder of the record, as provided in Part 2. A court order authorizing the use or disclosure must be accompanied by a subpoena or disclosure before the requested SUD records is used or disclosed. If SUD records are disclosed to us or our business associates pursuant to your written consent for treatment, payment, and healthcare operations, we or our business associates may further use and disclose such health information without your written consent to the extent that the HIPAA regulations permit such uses and disclosures consistent with the other provisions in this notice regarding PHI. (https://www.ecfr.gov/current/title-42/chapter-I/subchapter-A/part-2).

Changes to the Terms of this Notice

Your therapist can change the terms of this notice, and the changes will apply to all information your therapist has about you. The new notice will be available upon request.

Other Information

- Effective March 26th, 2026
  - Your therapist will never market or sell your personal information.
  - If you have questions about this notice or believe that your privacy rights may have been violated, please contact Empathetic Insights Counseling and Supervision, PLLC at 936-228-9936.
  - Your therapist will not share your mental health treatment records without your written consent unless it is for treatment or another law requires them to share the information.
  - The third party Electronic Health Record your therapist and/or our organization utilizes may have access to your health information. It is HIPAA compliant Business Associate that is bound by a Business Associate Agreement (BAA) and you can request records through that platform if applicable. We will limit uses and disclosures of your information to the minimum necessary to accomplish the intended purpose(s), when applicable.
  - This notice applies to Empathetic Insights Counseling and Supervision, PLLC in Texas and all therapists practicing for this therapy service.