



TheCenterCounseling.org | North Texas 214.526.4525 | Central Texas 254.732.2006

## **The Center | Notice of Privacy Practices (HIPAA)**

This notice tells you how we The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a law requiring The Center to make sure your personal medical and other treatment information is kept private. This notice tells you how we treat your protected health information (PHI), how we might disclose your PHI to others, and how you can get access to the same information in addition to your rights regarding your PHI. your health information, how we might disclose your health information to others, and how you can get access to the same information.

Please review this notice carefully and feel free to ask for clarification about anything in this material you might not understand. The privacy of your PHI is very important to us and we want to do everything possible to protect that privacy.

We have a legal responsibility under the laws of the United States and the State of Texas to keep your PHI private. Part of our responsibility is to give you this notice about our privacy practices. Another part of our responsibility is to follow the practices in this notice.

This notice takes effect on (January 1, 2026) and will be in effect until we replace it.

We have the right to change any of these privacy practices as long as those changes are permitted or required by law.

Any changes in our privacy practices will affect how we protect the privacy of your PHI. This includes PHI we will receive about you or that we create at The Center. These changes could also affect how we protect the privacy of any of your PHI we had before the changes.

When we make any of these changes, we will also change this notice and give you a copy of the new notice.

If you request a copy of this notice now or at any time in the future, we will give you a copy at no charge to you. If you have any questions or concerns about the material in this document, please ask for assistance which we will provide at no charge to you.

### **Here are some examples of how we may use and disclose your PHI:**

- A. To you at your request
- B. To your physician or other healthcare provider who is also treating you.
- C. In our electronic health record (EHR) system to store and retrieve your health information.
- D. To anyone on our staff involved in your treatment program.
- E. To any person required by federal, state, or local laws to have lawful access to your treatment program.
- F. To receive payment from a third party for services we provide for you.
- G. To be in compliance with Utilization Management/ Quality Improvement Plans by third parties.
- H. We may use the PHI to remind you of your upcoming appointments for treatment or other necessary health care.
- I. To our own staff in connection with The Center's operations. Examples of this include, but are not limited to the following: evaluating the effectiveness of our staff, supervising our staff, improving the quality of our services, meeting accreditation standards, and in connection with licensing, credentialing, or certification activities.
- J. To anyone you give us written authorization to have your PHI, for any reason you want.
- K. **Uses and Disclosures of Your Substance and Alcohol Use Disorder Records:** Your records related to substance use disorder (SUD) are protected by federal law under 42 CFR Part 2. This law provides extra confidentiality protections and requires a separate patient consent for the use and disclosure of SUD counseling notes. Each disclosure made with patient consent must include a copy of the consent or a clear explanation of the scope of the consent. 42 CFR Part 2 allows patients to sign a single consent form for all future uses and disclosures for SUD treatment, payment, and other health care operations. Disclosure of these records requires your explicit written consent, except in limited circumstances. You may revoke this consent at any time.
- L. To a family member, a person responsible for your care, or your personal representative in the event of an emergency. If you are present in such a case, we will give you an opportunity to object. If you object, or are not present, or are incapable of responding, we may use our professional judgment, in light of the nature of the

emergency, to go ahead and use or disclose your PHI in your best interest at that time. In so doing, we will only use or disclose the aspects your PHI that are necessary to respond to the emergency.

- M. Allegations of Abuse, Neglect, or Exploitation: We may share your PHI information with government agencies to report suspected abuse, neglect, or exploitation. We will only disclose this information if the law requires us to do so, or when it is necessary to protect someone from serious harm.
- N. To Stop a Serious Threat to Health or Safety: We may use or disclose your PHI if we believe it is necessary to prevent a serious threat to your health or safety or to someone else's health or safety.
- O. Defend Self in Legal Matters: The clinician and/or The Center may disclose protected PHI to defend itself in a legal action (civil, criminal, and/or licensure related) initiated by the client.

We will not use your PHI in any of The Center's marketing, development, public relations, or related activities without your written authorization.

We may not use or disclose your PHI in any ways other than those described in this notice unless you give us written permission.

**As a client of The Center, you have these important rights:**

- A. With limited exceptions, you can make a written request to inspect your PHI that is maintained by us for our use.
- B. You can ask us for photocopies, or you may take photographs of the information in part "A" above.
- C. We will charge you a reasonable fee per page for making these photocopies.
- D. You have a right to a copy of this notice at no charge.
- E. You can make a written request to have us communicate with you about your PHI by alternative means, at an alternative location. (An example would be if your primary language is not spoken at The Center, and we are treating a child of whom you have lawful custody.) Your written request must specify the alternative means and location.
- F. You may make a written request that we place other restrictions on the ways we use or disclose your PHI. We may deny any or all of your requested restrictions. If we agree to these restrictions, we will abide by them in all situations except those which, in our professional judgment, constitute an emergency.
- G. You may make a written request that we amend the information in part "A" above.
- H. If we approve your written amendment, we will change our records accordingly. We will also notify anyone else who may have received this information and anyone else of your choosing.
- I. If we deny your amendment, you may place a written statement in our records disagreeing with our denial of your request.
- J. You may make a written request that we provide you with a list of those occasions where we or our business associates disclosed your health information for purposes other than treatment, payment, or our Center's operations. This can go back as far as six years.
- K. If you request the accounting in "J" above more than once in a 12-month period, we may charge you a fee based on our actual costs of tabulating these disclosures.
- L. If you believe we have violated any of your privacy rights, or you disagree with a decision we have made about any of your rights in this notice, you may complain to us in writing to the following person:

Compliance Officer(s): Clinical Director or CEO

Telephone: 214.526.4525      Fax: 214.520.6468

Email: [compliance@TheCenterCounseling.org](mailto:compliance@TheCenterCounseling.org)

Address:      The Center

        4305 MacArthur Ave

        Dallas, TX 75209

- M. You may also submit a written complaint to the United States Department of Health and Human Services at [www.hhs.gov/hipaa/filing-a-complaint/index.html](http://www.hhs.gov/hipaa/filing-a-complaint/index.html)
- N. Once you agree to release information to a 3rd party per HIPAA it is no longer considered protected and we have no control of how that information is used or shared.
- O. You have the right to revoke your written authorization to use and disclose your PHI at any time. You must inform

us of the revocation in writing. If you revoke your written authorization, we will stop sharing your PHI. However, any information already used or shared while the authorization was valid cannot be taken back. The Center is required by law to keep a record of the medical treatment you receive, regardless of whether you give us written permission to use or share it. You do not have the right to have information removed from your record.

P. You have the right to opt out of receiving fundraising communications. You may exercise this right at any time by emailing [compliance@TheCenterCounseling.org](mailto:compliance@TheCenterCounseling.org)