



NOTICE OF PRIVACY PRACTICES

Effective Date: 02/01/2025

Weltitude Psychology, PLLC is required by law to maintain the privacy of protected health information. In order to provide you with quality care and to comply with certain legal requirements, a record of the care and services you receive are kept in a secure location.

What is Protected Health Information?

Protected Health Information (PHI) refers to any information concerning your identity and your care that relates to your past, present, or future physical or mental health, as well as the health care services associated with it. Your provider will only release PHI about you in accordance with federal and state laws and the highest ethical standards of the American Psychological Association.

This notice outlines the policies regarding the use and disclosure of your Protected Health Information (PHI) in compliance with applicable laws, including the Health Insurance Portability and Accountability Act (HIPAA) and its associated regulations, including the HIPAA Privacy and Security Rule. ***Please review it carefully.***

Our Uses and Disclosures

How do we typically use or share your health information?

Your healthcare provider may utilize and disclose your PHI to facilitate your care and treatment, secure payment for services rendered, and conduct essential healthcare operations, as outlined below. Both state and federal regulations permit the use and disclosure of your PHI by your provider for these specific purposes.

We typically use or share your PHI in the following ways.

Treat you

Your provider may disclose PHI to facilitate treatment and to coordinate and manage your care with other healthcare professionals at Weltitude Psychology, PLLC for purposes of consultation, referral, or clinical supervision. Please note that we will only disclose your PHI to other professionals or outside entities with your explicit authorization.

For Health Care Operations

Your PHI may be used and disclosed to support health care functions related to treatment and business activities. Your PHI may be shared with third parties that perform various business activities (e.g., billing or communication services) provided a written contract between us and the business is in place that requires the business to safeguard the privacy of your PHI. You may be contacted by phone or email to provide you with appointment reminders or information about treatment alternatives or other health-related services that may be of interest to you.

For Billing and Payment

We may use and disclose your PHI for the purpose of receiving payment for the treatment services provided to you. If it becomes necessary to use debt collection processes due to lack of payment for services, only the minimum amount of your PHI necessary for purposes of collection will be disclosed.

How else can we use or share your protected health information?

We are allowed or required to share your information without your authorization in other ways – usually in ways that contribute to the public good, such as public health and safety. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We can share PHI about you for certain situations such as:

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

Victims of Abuse, Neglect, or Domestic Violence

We may share your PHI to a state or local agency that is authorized by law to receive reports of child, elderly, or disabled persons who are experiencing abuse, neglect, or exploitation. Your provider will let you know if they disclose your PHI for this purpose unless they believe that advising you would place you or another person at risk of serious harm.

Sexual Exploitation by a Mental health Provider or Unethical Conduct in a Health Care Facility

We may share your PHI to a state or local agency that is authorized by law to receive reports of sexual exploitation of a person by a mental health provider or concerns of abuse, neglect, and unprofessional or unethical conduct in health care facilities.

Do research

We may utilize or share your information for health research purposes, but only after obtaining your written authorization to do so and only after the use or disclosure of your PHI has been approved by an Institutional Review Board or Privacy Board. We will implement proper safeguards, including the de-identification of your information, to ensure that it cannot be linked back to you when used for research purposes. We will obtain written authorization from you prior to utilizing your PHI for research.

Comply with the law

We will disclose information about you if required by state or federal laws, including to the Department of Health and Human Services for the purposes of ensuring compliance with federal privacy regulations.

Deceased Persons

We may share or disclose the PHI of deceased individuals in compliance with state law and with prior authorization. This may occur for purposes such as billing for services rendered prior to the individual's passing, or to a family member or friend involved in the deceased person's care. Access to information concerning a deceased individual may be limited to the executor or administrator of the estate, or to an individual designated as the next of kin. Additionally, PHI of a deceased individual who passed away more than fifty years ago is not protected by HIPAA.

Address workers' compensation, law enforcement, and other government requests

We can use or share PHI 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

We can share PHI about you in response to a court or administrative order, or in response to a subpoena.

For public health reasons

Your protected health information (PHI) may be utilized or disclosed to a public health authority that is authorized by law to collect or receive information. This may occur when it is necessary for public health activities, such as preventing or controlling diseases, injuries, or disabilities, or when directed to do so by a public health authority to a government agency that is collaborating with that authority.

Preventing or reducing a serious threat to anyone's health or safety

We may disclose your PHI if it is necessary to prevent or mitigate a serious and imminent threat to the health or safety of an individual or the public. In such cases, information will be shared with individuals who are deemed capable of addressing or reducing the threat, including the individual who is the target of the threat.

Family or Friend Involvement in Care

Your PHI may be shared with close family members or friends directly involved in your care, contingent upon your authorization, or when necessary to avert serious harm to yourself or others. For instance, your healthcare provider may reach out to an emergency contact you have designated in the event of an emergency situation.

Incidental disclosures of your protected health information

Incidental uses and disclosures of your PHI may occasionally occur and are not regarded as breaches of your rights. These incidental occurrences are secondary results of otherwise authorized uses or disclosures, which are inherently limited and cannot be reasonably avoided. For example, this may include a situation where an individual inadvertently overhears a conversation between you and your provider during an appointment.

We will minimize the chances of incidental uses and disclosures by implementing appropriate safeguards to protect your privacy. These measures may include the use of sound machines and maintaining a suitable volume during appointments or while making phone calls in public areas.

Verbal Permission.

We may utilize or disclose your PHI to family members who are directly involved in your treatment, provided we have your verbal consent. In such cases, a written authorization may not be required for us to use or share your PHI.

Fundraising & Marketing.

We will never use your PHI for fundraising activities or for marketing purposes.

Your Rights

When it comes to your protected 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 health record

In most cases, you have the right to obtain a copy of your health and billing records, including the psychotherapy notes written by your provider, unless there are exceptional circumstances that pose a risk to your safety. Please be aware that these professional records may be misinterpreted or cause distress to individuals without appropriate training. Therefore, it is advisable to review these documents with your provider or seek the assistance of another mental health professional to discuss their contents.

If your request to access your psychotherapy notes is denied, you have the right to request a review of your provider's decision by another mental health professional. Additionally, you may request that a copy of your record be shared with other healthcare providers. Your provider will gladly assist you with this once you provide written authorization. Please be aware that reasonable fees for copying and postage may apply. Your provider is committed to responding to your request within 30 days of receipt.

Information about where your health record is stored

Your records will be retained for a minimum of 7 years after the last date of you receiving treatment from a provider at Weltitude Psychology, PLLC. If you are undergoing treatment for a sexual behavior concern, your records will be maintained for a minimum of 10 years.

Your records are maintained using an online HIPAA compliant electronic health record (EHR) software called "TherapyAppointment" by the company Psych Select Software, LLC. All data that is shared with TherapyAppointment is stored and processed by secure servers in North America. Your records are stored securely and confidentially in accordance with HIPAA regulations. TherapyAppointment ensures record data is backed up nightly in multiple locations in compliance with HIPAA disaster recovery mandates.

TherapyAppointment uses a complex system of monitoring, including regular integrity testing, to keep data safe. Weltitude Psychology, PLLC reserves the right to change third-party EHR services. In the event that your health record data is transferred to a different service provider, this Privacy Notice will be updated and you will be provided with an updated and revised notice by email if you consented to electronic communication and/or through the client portal for your review. You retain the right to request and obtain a paper copy of the notice.

Ask us to correct your health record

- You can ask us to correct protected health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

You have the right to request that your provider change (i.e., make an amendment) to your designated health record that is maintained by us if you believe the information is inaccurate or incomplete. To make this request, please contact your provider directly. If your request is granted, your provider will make reasonable efforts to provide the amendment. If the request is denied, your provider will provide you with a written denial within 60 days and allow you to submit a statement of disagreement for inclusion in your record.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain protected health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your protected health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

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. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your protected health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us.
- 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 www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

If you have any questions, concerns, or comments regarding this Notice of Privacy Practices, please contact Dr. Seth Savoie at Weltitude Psychology, PLLC by phone at **512-222-4686** or email at Privacy@weltitudepsychology.com.

Your Choices

For certain protected health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

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

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

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

You may be asked to provide a written request detailing the specific restriction you want placed on your PHI. Please note that the HIPAA Privacy Rule generally allows us to decide whether or not to agree to a requested restriction. Therefore, requests from you to restrict your health record may or may not be granted depending on the details of the request.

Our Responsibilities

- We are required by law to maintain the privacy and security of your PHI.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you access to a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request and on our web site.

Thank you,

Dr. Seth Savoie
Owner and Privacy Officer
Licensed Psychology TX# 40182
Weltitude Psychology, PLLC

Your signature on this form acknowledges receipt of our privacy practices.