

Notice of Privacy Practices

Therya, LLC

Notice of Privacy Practices (HIPAA) Alexandria Williams, Licensed Professional Counselor (LPC) License #81959 – Texas State Board of Examiners of Professional Counselors Phone: 346-588-3832 • Email: hello@therya.co

Your Rights and My Responsibilities

This Notice describes how your health information may be used and disclosed, and how you can access this information. Please review it carefully.

I am committed to protecting your privacy and the confidentiality of your health information. I create and maintain a record of the services you receive, which is needed to provide you quality care and to meet legal requirements.

By law, I must:

- Keep your protected health information (PHI) private.
 - Provide you with this Notice of Privacy Practices.
 - Follow the terms of the most current Notice.
 - Notify you if a breach of your health information occurs.
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How I May Use and Share Your Information Without Written Authorization

I may use or share your PHI for the following purposes:

For treatment, payment, and health care operations

- To coordinate care with other providers (e.g., consulting with another professional).
- To bill and receive payment from your health plan or EAP.
- To run my practice, improve services, and contact you when necessary.

As required or permitted by law

- If you are at risk of serious harm to yourself or others.
- If I suspect child, elder, or dependent adult abuse or neglect.
- For public health or health oversight activities.
- In response to a court order or lawful subpoena.
- To law enforcement for crimes occurring on practice premises.
- For workers' compensation claims.
- To a coroner or medical examiner.
- For specialized government functions (such as military or national security purposes).

Appointment reminders and services I may use your contact information to send appointment reminders, or to inform you of treatment alternatives or services that may benefit you.

Uses and Disclosures That Require Your Written Authorization

Certain uses of your PHI will require your written permission before I can disclose them:

- **Therapy notes** (except for treatment, legal defense, or as otherwise required by law).
- **Marketing purposes.**
- **Sale of PHI.**

If you provide authorization, you may revoke it at any time in writing.

Disclosures You May Object To

With your permission, I may share information with a family member, friend, or caregiver involved in your care. You may object to this at any time. In emergencies, I may share limited information if it is in your best interest.

Your Rights Regarding Your PHI

You have the right to:

1. **Request restrictions** on how your information is used or shared. I am not required to agree if it would affect your care.
 2. **Request restrictions for self-pay services.** If you pay in full out-of-pocket, you may request that I not disclose that information to your health plan.
 3. **Choose how I communicate with you.** You may request contact at a certain number, email, or mailing address, and I will honor reasonable requests.
 4. **See or get a copy of your records.** You may request an electronic or paper copy (except therapy notes). I must provide this within 15 days of your written request.
 - Texas law requires records be kept **at least 7 years after your last session, or until a minor turns 21**, whichever is later.
 - A reasonable cost-based fee may apply (e.g., \$2 per page).
 5. **Request corrections** if you believe information is incomplete or inaccurate. If I deny your request, I will explain why in writing.
 6. **Receive a paper or electronic copy** of this Notice, even if you agreed to receive it electronically.
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Effective Date & Complaints

This Notice is effective as of the date signed.

If you believe your privacy rights have been violated, you may file a complaint with: **U.S. Department of Health and Human Services, Office for Civil Rights** Email: OCRMail@hhs.gov You will not be penalized for filing a complaint.

Acknowledgment

By signing below (or checking the consent box electronically), you acknowledge that you have received and reviewed this Notice of Privacy Practices.