

Brave Young Minds  
Erika J. Vivyan, PhD  
phone: 512-572-4215  
fax: 512-256-9854  
email: info@braveyoungminds.com

#### EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on June 10, 2022.

#### NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you be used and disclosed. It also describes how you can get access to this information. Please review it carefully.

If you have any questions about this Notice of Privacy Practices, please contact the Brave Young Minds Privacy Officer at:

Erika J. Vivyan, PhD

phone: 512-572-4215

fax: 512-256-9854

email: info@braveyoungminds.com

#### INTRODUCTION

In order to provide you care, Erika J. Vivyan, PhD (your “Provider”) must collect, create, and maintain the privacy of Protected Health Information (“PHI”), to provide individuals with notice of legal duties and privacy practices with respect to PHI, and to notify affected individuals following a breach of unsecured PHI. PHI is information that may identify you and that relates to your past, present or future physical or mental health or condition and relates to the provision of health care or payment for the provision of health care for your past, present or future physical or mental health or condition and related healthcare services. Your Provider is required by law to maintain the privacy of this information. This Notice of Privacy Practices (this “Notice”) describes how your health information may be used and disclosed to carry out treatment, obtain payment or perform health care operations and for other specified purposes that are permitted or required by law. The Notice also describes your rights with respect to PHI about you.

Your Provider is required to follow the terms of this Notice currently in effect. Your Provider will not use or disclose PHI about you without your written authorization, except as described in

this Notice. If the terms of the Notice are changed, the new terms will apply to all of your health information, whether created or received by your Provider before or after the date on which the Notice is changed. Any updates to the Notice will be provided to you.

#### I. PLEDGE REGARDING HEALTH INFORMATION:

Health information about you and your health care is personal. Your Provider is committed to maintain the privacy of your PHI. Your PHI includes, but is not limited to, medical, dental, pharmacy, and mental health information. Your Provider creates a record of the care and services you receive from them. Your Provider needs this record to provide quality care and to comply with certain legal requirements. This Notice will tell you about the ways in which your Provider may use and disclose your PHI. This Notice also describes your rights to the PHI your Provider keeps about you, and describes certain obligations your Provider has regarding the use and disclosure of your health information. Your Provider uses and discloses your PHI in compliance with all applicable state and federal laws. Your Provider is required by law to:

- Make sure that protected health information (“PHI”) that identifies you is kept private.
- Give you this Notice of legal duties and privacy practices with respect to health information.
- Follow the terms of the Notice that is currently in effect.
- Your Provider can change the terms of this Notice, and such changes will apply to all information they have about you. The new Notice will be available upon request.

#### II. HOW PHI ABOUT YOU MAY BE USED AND DISCLOSED:

The following categories describe different ways that your Provider uses and discloses health information. Each category of uses or disclosures will be explained with examples. Not every use or disclosure in a category will be listed. However, all of the ways your Provider is permitted to use and disclose information will fall within one of the categories.

1. For Treatment. Your Provider may use or disclose your PHI to provide and coordinate the mental health treatment and services you receive. For example, if your mental health care needs to be coordinated with the medical care provided to you by another physician, your Provider may disclose your PHI to a physician or other healthcare provider, with your permission. Disclosures for treatment purposes are not limited to the minimum necessary standard because therapists and other health care providers need access to the full record and/or full and complete information in order to provide quality care. The word “treatment” includes, among other things, the coordination and management of health care providers with a third party, consultations between health care providers and referrals of a patient for health care from one health care provider to another.
2. For Payment. Your Provider may use and disclose health information about you for your Provider’s payment activities and to assist in the payment activities of other healthcare providers. Payment activities include, without limitation, determining your eligibility for

benefit and obtaining payment from insurers that may be responsible for providing coverage to you, including Federal and State entities. For example, your PHI may be provided to an insurance company so that they will pay claims for your care.

3. For Healthcare Operations. Your Provider may use and disclose health information about you for certain operation, administrative, and quality assurance activities in connection with healthcare operations. These uses and disclosures are necessary to run a healthcare practice and to ensure that patients receive quality treatment and services. For example, healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities. Your Provider may also use and disclose your health information to assist other health care providers in performing health care operations.
4. For Lawsuits and Disputes. If you are involved in a lawsuit or a legal dispute, your Provider may disclose your PHI in response to a court or administrative order, subpoena, discovery request, or other lawful process that meets the requirements of federal regulations 42 CFR Part 2 concerning Confidentiality of Alcohol and Drug Abuse Patient Records. Please note that your records are not actually “patient records” within the meaning of 42 CFR Part 2 (e.g., if your records are created as a result of your participation in the program at another non-treatment setting), and your records may not be subject to the protections of 42 CFR Part 2.

### III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION.

Certain uses and disclosures of your health information will be made only with your written authorization, including the following uses and disclosures:

1. Psychotherapy Notes. I do keep “psychotherapy notes” as that term is defined in 45 CFR § 164.501, and any use or disclosure of such notes requires your Authorization unless the use or disclosure is:
  - a. For your Provider’s use in treating you.
  - b. For your Provider’s use in training or supervising mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy.
  - c. For your Provider’s use in defending themselves in legal proceedings instituted by you.
  - d. For use by the Secretary of Health and Human Services to investigate your Provider’s compliance with HIPAA.
  - e. Required by law and the use or disclosure is limited to the requirements of such law.
  - f. Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes.
  - g. Required by a coroner who is performing duties authorized by law.
  - h. Required to help avert a serious threat to the health and safety of others.

2. Marketing Purposes. Your Provider will not use your PHI for marketing purposes.
3. Sale of PHI. Your Provider will not sell your PHI in the regular course of business.

Your Provider will not use or disclose your information for any purpose not specified in this Notice unless they obtain your express written authorization or the authorization of your legally appointed representative. **If you give your Provider your authorization, you may revoke it at any time, in which case your Provider will no longer use or disclose your health information for the purpose you authorized, except to the extent your Provider has relied on your authorization to provide your care.**

#### IV. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION.

Subject to certain limitations in the law, your Provider can use and disclose your PHI without your Authorization for the following purposes:

1. As required by law. Your Provider may use and disclose your health information as required by state, federal, and local law.
2. For public health activities. Your Provider may use and disclose your health information to public authorities or other agencies and organizations conducting public health activities, such as preventing or controlling disease, injury or disability, reporting births, deaths, child abuse or neglect, domestic violence, potential problems with products regulated by the Food and Drug Administration or communicable diseases.
3. For victims of abuse, neglect, or domestic violence. Your Provider may disclose your health information to an appropriate government agency if your Providers believes you are a victim of abuse, neglect, and/or domestic violence and you agree to the disclosure or if the disclosure is required or permitted by law. Your Provider will let you know if they disclose your health information for this purpose unless your Provider believes that advising you or your caregiver would place you or another person at risk of serious harm.
4. For health oversight activities. Your Provider may disclose your health information to federal or state health oversight agencies for activities authorized by law such as audits, investigations, inspections, and licensing surveys.
5. For judicial and administrative proceedings. Your Provider may disclose your health information in the course of any judicial or administrative proceeding in response to an appropriate order of a court or administrative body.
6. For law enforcement purposes. Your Provider may disclose your health information to a law enforcement agency to respond to a court order, warrant, summons, or similar process, to help identify or locate a suspect or missing person, to provide information about a victim of a crime, a death that may be the result of criminal activity, or criminal conduct on our premises, or, in emergency situations, to report a crime, the location of the crime or the victims, or the identify, location, or description of the person who committed the crime.

7. For deceased individuals. Your Provider may disclose health information to a coroner, medical examiner, or funeral director as necessary and as authorized by law.
8. For organ or tissue donations. Your Provider may disclose your health information to organ procurement organizations and similar entities.
9. For research purposes. Your provider may use or disclose your health information for research purposes. Your provider will use or disclose your health information for research purposes only with the approval of an Institutional Review Board, which must follow a special approval process. When required, your Provider will obtain a written consent from you prior to using your health information for research.
10. For health or safety. Your Provider may use or disclose your health information to prevent or lessen a threat to the health or safety of you or the general public. Your provider may also disclose your health information to public or private disaster relief organizations such as the Red Cross or other organizations participating in bio-terrorism countermeasures.
11. For specialized government functions. Your Provider may use or disclose your health information to provide assistance for certain types of government activities. If you are a member of the armed forces of the United States or a foreign country, your Provider may disclose your health information to appropriate military authority as is deemed necessary. Your Provider may also disclose your health information to federal officials for lawful intelligence or national security activities, including, ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counter-intelligence operations; or, helping to ensure the safety of those working within or housed in correctional institutions.
12. For workers' compensation purposes. Your Provider may use or disclose your health information as permitted by the laws governing the workers' compensation program or similar programs that provide benefits for work-related injuries or illnesses.
13. For disclosures to parents or legal guardians. If you are a minor, your Provider may release your PHI to your parents or legal guardians when permitted or required under federal and applicable state law.
14. For appointments, information and services. Your Provider may contact you to provide appointment reminders or information about treatment alternatives or other health care services or benefits that may be of interest to you.
15. For incidental uses and disclosures. Incidental uses and disclosures of your health information sometimes occur and are not considered to be a violation of your rights. Incidental uses and disclosures are by-products of otherwise permitted uses or disclosures which are limited in nature and cannot be reasonably prevented.

#### V. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT.

1. Disclosures to family, friends, or others. Your Provider may disclose your health information to a family member, other relative or close personal friend assisting

you in receiving health care services. If you are available, your Provider will give you an opportunity to object to these disclosures in whole or in part, and will not make these disclosures if you object. If you are not available, your Provider will determine whether a disclosure to your family or friends is in your best interest, taking into account the circumstances and based upon your Provider's professional judgment. The opportunity to consent may be obtained retroactively in emergency situations.

## VI. YOUR HEALTH INFORMATION PRIVACY RIGHTS

You have privacy rights under federal and state laws that protect your health information. These rights are important for you to know. You can exercise these rights, ask questions about them, and file a complaint if you think that your rights are being denied or your health information isn't being protected. Providers and health insurers who are required to follow federal and state privacy laws must comply with the following rights:

1. **The Right to Request Limits on Uses and Disclosures of Your PHI.** You have the right to request restrictions on the use or disclosure of your PHI by sending a written request. Your Provider is not required to agree to those restrictions. Your Provider cannot agree to restrictions on uses or disclosures that are legally required, or that are required to administer the practice.
2. **The Right to Request Restrictions.** You have the right to request restrictions on the ways in which your Provider uses and discloses your health information for treatment, payment, and health care operations, or disclose this information to disaster relief organizations or individuals who are involved in your care. Your Provider is required to comply with your request if it relates to a disclosure to your health plan regarding health care items or services for which you, or another individual other than a health plan on behalf of you, have paid for out-of-pocket in full. However, in other instances, your Provider may not agree to the restrictions you request.
3. **The Right to Request Confidential Communications.** You have the right to request that PHI be communicated to you by alternative means or at alternative locations. Your request for an alternative form of communication should also specify where and/or how your Provider should contact you. For example, you can ask that you only be contacted at work or by mail. Your Provider will accommodate all reasonable requests.
4. **The Right to Access PHI.** You have the right of access to inspect and/or request a copy of your PHI. Your request should describe the information you want to review and the format in which you wish to review it. Your Provider may refuse to allow you to inspect or obtain copies of this information in certain limited cases. Your Provider may also deny a request for access to health information under certain circumstances if there is a potential for harm to yourself or others. If your Provider denies a request for access for this purpose, you have the right to have the denial reviewed in accordance with the requirements of applicable law. Your Provider may charge you a fee of up to \$0.75 per page for copies or the rate established by the

Department of Health. Your Provider may also charge you a reasonable fee for printing, mailing, and supplies that are necessary to fulfill your request. Your copy of the records will be provided to you within fifteen (15) calendar days of the receipt of the request.

5. The Right to Obtain an Electronic Copy of Your PHI. In accordance with Texas law, you have the right to obtain a copy of your PHI in electronic form for records that I maintain using an Electronic Health Records (HER) system capable of fulfilling the request. Where applicable, I must provide those records to you or your legally authorized representative in electronic form within fifteen (15) calendar days of receipt of the receipt of your written request and a valid authorization for electronic disclosure of PHI. You may request a copy of an authorization form from me at any time.
6. The Right to Notification in the Event of a Breach. In the event that there is a breach of your unsecured health information, you have a right to be notified of an impermissible use or disclosure that compromises the security or privacy of your PHI. Your Provider will provide notice to you as soon as is reasonably possible and no later than sixty (60) calendar days after discovery of the breach and in accordance with federal and state law.
7. The Right to Receive an Accounting of Disclosures. You have the right to request a list of instances in which your Provider has disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided an Authorization. Your Provider will respond to your request for an accounting of disclosures within 60 calendar days of receiving your request. Your request should specify the time period covered by your request, which cannot exceed six years. Your Provider will provide the list to you at no charge, but if you make more than one request in the same 12-month period, you may be charged a reasonable cost-based fee for each additional request.
8. The Right to Request Changes to Your Medical Record. You have the right to request changes to any health information your Provider maintains about you if you state a reason why this information is incorrect or incomplete. Your Provider might not agree to make the changes in your request. If your Provider does not agree with the requested changes, they will notify you in writing within 60 days of receiving your request (with a possible 30-day extension). In the response, your Provider will either (i) agree to make the amendment, or (ii) inform you of denial, explain the reason, and outline appeal procedures. If denied, you have the right to file a statement of disagreement with the decision. Your Provider will provide a rebuttal to your statement and maintain appropriate records of your disagreement and your Provider's rebuttal.
9. The Right to Get a Paper or Electronic Copy of this Notice. You have the right get a paper copy of this Notice, and you have the right to get a copy of this notice by e-mail. And, even if you have agreed to receive this Notice via e-mail, you also have the right to request a paper copy of it. A reasonable fee may be charged for the costs of printing, mailing, or other supplies associated with your request.

10. The Right to File a Complaint. If you believe your privacy rights have been violated, you may file a complaint. You may file a complaint directly with your Provider or with any or all of the following federal and state agencies: the Secretary of the Department of Health and Human Services, Office of the Attorney General of Texas, or Texas State Board of Examiners of Psychologists. Your Provider will provide you with the addresses to file your complaint with The Secretary, the Office of the Attorney General, and the applicable Board of the Texas Department of Health and Human Services: Texas Board of Examiners of Psychologists upon request. You will not be penalized or retaliated against by your Provider for filing a complaint.

To make a request as described in any of the above, please contact your Provider.

Violation of federal law and regulations on Confidentiality of Alcohol and Drug Abuse Patient Records is a crime and suspected violations of 42 CFR Part 2 may be reported to the United States Attorney in the district where the violation occurs.

#### ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By checking the box below, you are acknowledging that you have received a copy of HIPAA Notice of Privacy Practices.

BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.