

Notice of Privacy Practices

Sipping Tea Psychological Therapeutic Consulting Services (Sipping Tea PTCS)

945-212-1489

April 1, 2023

NOTICE OF PRIVACY PRACTICES

Effective Date: April 1, 2023

(Revised: March 3, 2026)

THIS NOTICE DESCRIBES HOW MEDICAL AND MENTAL HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I. MY LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI)

As a licensed psychologist in the State of Texas, I am required by federal and state law to protect the privacy of your Protected Health Information ("PHI"), which includes information that identifies you and relates to your past, present, or future mental or physical health condition.

I am required to:

- Maintain the privacy and security of your PHI
- Provide you with this Notice of my legal duties and privacy practices
- Abide by the terms of this Notice currently in effect
- Notify you following a breach of unsecured PHI as required by law

This Notice applies to all records of your care created or maintained by this practice, whether in paper, electronic, or other form.

I comply with:

- The Health Insurance Portability and Accountability Act of 1996 (HIPAA)
- The Texas Medical Records Privacy Act
- Texas Health & Safety Code Chapter 611 (Mental Health Records)
- Applicable professional ethical standards, including those of the American Psychological Association

I reserve the right to change this Notice at any time. Any revised Notice will apply to all PHI I maintain and will be made available upon request and on my website.

II. HOW I MAY USE AND DISCLOSE YOUR PHI WITHOUT YOUR WRITTEN AUTHORIZATION

Under federal and Texas law, I may use or disclose your PHI without your written authorization for the following purposes:

A. Treatment

I may use and disclose your PHI to provide, coordinate, or manage your psychological care. For example, I may consult with another licensed healthcare provider regarding your diagnosis or treatment.

Disclosures for treatment purposes are not limited to the "minimum necessary" standard under HIPAA because providers need full information to provide appropriate care.

B. Payment

I may use and disclose PHI to obtain payment for services provided to you, unless you have paid in full out-of-pocket and requested a restriction as described below.

C. Health Care Operations

I may use PHI for practice operations, including supervision, quality assessment, licensing compliance, audits, accreditation, and professional consultation.

D. Required by Law

I will disclose PHI when required by federal or Texas law, including:

- Reporting suspected child abuse or neglect
 - Reporting abuse, neglect, or exploitation of elderly or disabled persons
 - Responding to court orders
 - Complying with governmental health oversight activities
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E. Duty to Warn / Serious Threat

Under Texas law and professional ethical standards, I may disclose PHI to prevent or lessen a serious and imminent threat to the health or safety of you or another person.

F. Judicial and Administrative Proceedings

I may disclose PHI in response to:

- A court order
- A lawfully issued subpoena
- Other lawful legal process

When appropriate, I will make reasonable efforts to notify you or seek a protective order before disclosure unless legally prohibited.

G. Law Enforcement

I may disclose PHI to law enforcement when required by law or to report a crime occurring on the premises.

H. Public Health and Oversight Activities

I may disclose PHI to public health authorities or oversight agencies for audits, investigations, licensure actions, or disciplinary proceedings.

I. Workers' Compensation

I may disclose PHI as necessary to comply with workers' compensation laws.

J. Appointment Reminders and Treatment Alternatives

I may contact you to remind you of appointments or inform you about treatment alternatives or services that may benefit you.

III. USES AND DISCLOSURES REQUIRING YOUR WRITTEN AUTHORIZATION

I will obtain your written authorization before:

- Releasing PHI for purposes not described in this Notice
- Disclosing PHI for marketing purposes
- Selling PHI (but will never sell PHI)
- Releasing psychotherapy notes (with limited exceptions listed below)

You may revoke an authorization in writing at any time, except to the extent I have already relied upon it.

IV. PSYCHOTHERAPY NOTES

I maintain psychotherapy notes as defined in 45 CFR § 164.501.

Psychotherapy notes will not be disclosed without your written authorization except:

- For my use in treating you
- For supervision or training of mental health professionals
- To defend myself in legal proceedings initiated by you
- As required by law
- For health oversight activities
- To avert a serious and imminent threat
- To the Secretary of Health and Human Services for HIPAA investigations

Psychotherapy notes are kept separate from your clinical record.

V. ELECTRONIC COMMUNICATIONS AND TELEHEALTH

If you communicate with me by email, text message, patient portal, or telehealth platform, there are inherent privacy risks despite reasonable security safeguards. By choosing electronic communication, you acknowledge these risks.

I take reasonable administrative, technical, and physical safeguards to protect electronic PHI in compliance with federal and Texas law.

VI. DISCLOSURES TO FAMILY MEMBERS OR OTHERS INVOLVED IN YOUR CARE

I may disclose relevant PHI to a family member, legal guardian, or person involved in your care or payment for care unless you object.

In cases involving minors, I will comply with Texas law regarding parental rights, managing conservatorship, and minor consent provisions.

In situations involving divorced or separated parents, I may require court documentation establishing legal authority before releasing records.

VII. YOUR RIGHTS REGARDING YOUR PHI

You have the following rights:

1. Right to Inspect and Copy

You may request access to your clinical record (excluding psychotherapy notes). I will respond within 30 days. I may charge a reasonable cost-based fee.

2. Right to Request Amendment

You may request correction of PHI. I may deny the request but will provide written explanation within 60 days.

3. Right to Request Restrictions

You may request limits on disclosures. I am not required to agree except:

If you pay in full out-of-pocket, you may require me not to disclose information to your health plan regarding that service.

4. Right to Confidential Communications

You may request that I communicate with you in a specific manner or at a specific location.

5. Right to an Accounting of Disclosures

You may request a list of disclosures made in the previous six years (excluding treatment, payment, and operations).

6. Right to a Copy of This Notice

You may receive a paper or electronic copy at any time.

VIII. BREACH NOTIFICATION

If a breach of unsecured PHI occurs, I will notify you in writing as required by federal and Texas law.

IX. COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with:

Shakesha (Shai) Evans
610 Uptown Blvd, STE2000
Cedar Hill, TX 75104
shaievans@sippingteaptcs.com

You may also file a complaint with:

U.S. Department of Health and Human Services
Office for Civil Rights
200 Independence Avenue, S.W.
Washington, D.C. 20201
www.hhs.gov/ocr

You will not be retaliated against for filing a complaint.

ACKNOWLEDGMENT OF RECEIPT

By signing below, you acknowledge that you have read, understand and have received a copy of this Notice of Privacy Practices.

Signature: _____

Date: _____