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

Our Legal Duty

I am required by applicable federal and state law to maintain the privacy of your health information. I am also required to give you this Notice about privacy practices, my legal duties, and your rights concerning your health information. I must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect March 23, 2015 and will remain in effect until I replace it.

I reserve the right to change my privacy practices and the terms of the Notice at any time, provided such changes are permitted by applicable law. I reserve the right to make the changes in my privacy practices and the new terms of my Notice effective for all health information that we maintain, including health information I created or received before I made the changes. Before I make a significant change in my privacy practices, I will change this Notice and make a new Notice available upon request.

You may request a copy of our notice at any time. For more information about my practices or for additional copies of this Notice, please contact me using the information listed at the end of this Notice.

USES AND DISCLOSURES OF HEALTH INFORMATION

** Treatment, Payment, and Healthcare Operations: **I may use or disclose your health information to a physician or other healthcare provider providing treatment for you. I may use and disclose your health information to obtain payment for services I provide to you, including to obtain managed care authorizations. I may use or disclose your healthcare information to provide quality assessment and improvement activities, to review the competence or qualifications of healthcare professionals, for evaluation of practitioner and provider performance, for conducting training programs, accreditation, certification, licensing, or credentialing activities.

**Your Authorization: **You may give me written authorization to use your health information or to disclose it to anyone for any purpose. If you give me authorization, you may revoke it in writing at any time. Your revocation will not affect any use of disclosures permitted by your authorization while it was in effect. Without written authorization, I will not disclose health information in psychotherapy notes, for marketing purposes, in the sale of private health information, or any other uses not described in this Notice.

**Persons Involved in Your Care: **I may use or disclose health information to notify, or assist in the notification of a family memter, your personal representative, or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, I will provide

you with an opportunity to object to such use or disclosures. In the event of your incapacity or emergency circumstances, I will disclose health information based on a determination using my professional judgment, disclosing only health information that is directly relevant to the person's involvement in your healthcare. I will also use my professional judgment and my experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up health information.

**Marketing Health Related Services: **I will not use your health information for marketing communication.

**Required by Law: **I may use or disclose your health information when I am required by law to do so, or if a court of law orders your records.

**Abuse, Neglect, or Threats of Harm: **I may disclose your health information to appropriate authorities if I reasonably believe that you are a possible victim of abuse, neglect or domestic violence or the possible victim of other crimes. I may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

**National Security: **I may disclose to military authorities the health information of Armed Forces under certain circumstances. I may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. I may disclose to correctional institutions or law enforcement officials having lawful custody of protected health information of inmates or patients in certain circumstances.

**Appointment Reminders: **I may disclose your health information to provide you with appointment reminders (such as voicemail messages, postcards, or letters) as requested.

Patient Rights

**Access: **In most cases, you have the right to inspect and obtain a copy your medical and billing records. You must submit your request in writing. You have the right to request your records in electronic form. If you request a copy of information, I may charge a fee for the costs and time of completing your request. I may deny your request to inspect and copy information in some circumstances.

**Disclosure Accounting: **You have the right to receive an accounting of disclosures of your health information. You must submit a written request for this account. I may charge a fee for the costs and time of completing your request.

**Restriction: **You have the right to request that I place additional restrictions on my use or disclosure of your health information. I am not required to agree to these additional restrictions, but if I do, I will abide by our agreement (except in an

emergency). If paying out of pocket for services, you may restrict the release of information to your insurance company.

**Alternative Communication: **You have the right to request in writing that I communicate with you about your health information by alternative means or to alternative locations. You must provide satisfactory explanation of how payments will be handled under the alternative means or locations.

**Amendment: **You have the right to request in writing that I amend your health information. I may deny your request under certain circumstances.

**Right to a Copy of This Notice: **You have a right to a paper copy of this notice and may request this at any time. If you received this Notice electronically, you have the right to receive it in writing.

**Breach of Private Health Information (PHI): **You will be notified in the case of any breach of unsecured health information.

Questions and Complaints

If you want more information about my privacy practices or if you have any questions, please contact me. If you are concerned that I may have violated your privacy rights or you disagree with a decision I made about your health information, you may file a complaint in writing using the contact information at the end of this Notice. You may also submit a written complain to the US Department of Health and Human Services. I support your right to privacy and will not retaliate if you file a complaint.

Contact Information:

Therapist: Shannon Rueter, LCSW

Address: 8700 Menchaca Rd., Ste. 306, Austin, TX 78748

Phone: (512) 981-7046

Email: shannon@regeneratecounseling.com

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