

NOTICE OF PRIVACY PRACTICES

This notice applies to the professional practice of Angela Gallo, LMFT (TX License #203072).

This notice describes how counseling information about you may be used and disclosed and how you can get access to this information. Please review it carefully. The privacy of your health information is important.

Legal Duty

We are committed to safeguarding your health information in accordance with the HIPAA regulations and other applicable privacy laws. We are required by federal and state law to maintain the privacy of your health information and to give you this notice about our privacy practices, our legal duties, and your rights. This notice takes effect on 8/27/2019 and remains in effect until replaced.

We reserve the right to change our privacy practices and the terms of this Notice at any time, as permitted by applicable law. Changes will apply to all existing and future health information. We will make the revised Notice available upon request.

Uses and Disclosures of Counseling Information

We collect health information and maintain it in written or electronic form. This information is used for:

TREATMENT: We may share your information with healthcare providers involved in your care.

PAYMENT: We may use your information to bill and collect payment for services.

HEALTHCARE OPERATIONS: This includes internal quality control, staff training, and licensing activities.

YOUR AUTHORIZATION: With your written consent, we may use or share your information for purposes not listed here. You may revoke this authorization in writing at any time.

TO FAMILY AND FRIENDS: With your permission, we may share relevant information to assist with your care or payment.

PERSONS INVOLVED IN CARE: We may use or disclose counseling information to notify or assist in the notification of (including or locating) a family member, your personal representative, or another person responsible for your care, of your location, or your general condition. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses of disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our

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professional judgment disclosing only counseling information that is directly relevant to the person's involvement in your healthcare.

MARKETING: We will not use your information for marketing without your explicit written permission.

REQUIRED BY LAW: We will disclose information when required by law.

ABUSE OR NEGLECT: We may report suspected abuse, neglect, or domestic violence to appropriate authorities.

NATIONAL SECURITY: We may disclose information for national security, lawful intelligence, or to correctional institutions under applicable conditions.

APPOINTMENT REMINDERS: We may use your contact details to send appointment reminders.

Patient Rights

ACCESS: You have the right to view or request copies of your information. A written request is required. Copies may incur a reasonable fee.

DISCLOSURE ACCOUNTING: You may request a list of disclosures for non-treatment, payment, or operations purposes from the past 6 years (not before Jan 1, 2019). A fee may apply for multiple requests within 12 months.

RESTRICTIONS: You may request restrictions on our uses or disclosures. We are not required to agree but will comply if we do.

ALTERNATIVE COMMUNICATION: You may request communications via alternate means or locations in writing.

AMENDMENT: You may request in writing to amend your records. We may deny this request with justification.

ELECTRONIC NOTICE: If you received this electronically, you are entitled to a paper copy.

Questions and Complaints

If you have questions or believe your privacy rights have been violated, contact:

Angela Gallo, LMFT

Email: info@gallotherapy.com

Phone: 817-435-1374

You may also file a complaint with the U.S. Department of Health and Human Services. We will not retaliate against you for filing a complaint.