

## **NOTICE OF PRIVACY PRACTICES**

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Effective Date: June 1, 2026

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

### **IMPORTANT: SERVICES COVERED BY THIS NOTICE**

This Notice of Privacy Practices applies only to counseling and psychotherapy services provided by Tie Counseling Services, PLLC.

Tie Counseling Services may also offer coaching, consultation, educational, or training services. Coaching and consulting services are not mental health treatment, do not establish a therapist-client relationship unless otherwise specified, and are not subject to HIPAA privacy protections. Records related to coaching or consulting services are maintained separately and are governed by the applicable service agreement.

### **I. MY PLEDGE REGARDING HEALTH INFORMATION**

Your health information is personal, and I am committed to protecting it. I create and maintain records of the care and services you receive in order to provide quality treatment and comply with legal requirements.

This Notice applies to all psychotherapy and counseling records maintained by Tie Counseling Services, PLLC.

I am required by law to:

- Maintain the privacy of your protected health information ("PHI").
- Provide you with this Notice of Privacy Practices.
- Follow the terms of this Notice currently in effect.
- Notify you following a breach of unsecured PHI when required by law.
- Provide notice of your rights and my legal duties regarding records protected by 42 C.F.R. Part 2, which governs certain substance use disorder treatment records.

I reserve the right to revise this Notice at any time. Any revised Notice will apply to all records maintained by this practice. Updated versions will be available upon request and on the practice website.

## II. HOW HEALTH INFORMATION MAY BE USED AND DISCLOSED

### Treatment

I may use and disclose your PHI to provide, coordinate, or manage your care.

Examples include:

- Consultation with other healthcare providers.
- Referrals to specialists or other treatment providers.
- Coordination of care.
- Clinical supervision required for licensure.

### Payment

I may use and disclose your PHI to obtain payment for services when applicable.

Examples include:

- Processing payments.
- Preparing billing records.
- Responding to payment-related inquiries.

### Health Care Operations

I may use and disclose your PHI for practice operations.

Examples include:

- Quality improvement activities.
- Compliance reviews.
- Administrative functions.
- Professional consultation.

Disclosures for treatment purposes are not limited by the "minimum necessary" standard because healthcare providers may require complete information to provide safe and effective care.

If records are protected under 42 C.F.R. Part 2, certain disclosures otherwise permitted under HIPAA may be subject to additional restrictions.

### Lawsuits and Legal Proceedings

If you are involved in a legal proceeding, I may disclose health information in response to a court or administrative order or other lawful process when permitted by law.

Records protected under 42 C.F.R. Part 2 may not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you unless you provide specific written consent or a court order is issued in accordance with applicable federal regulations.

### III. USES AND DISCLOSURES REQUIRING YOUR WRITTEN AUTHORIZATION

#### Psychotherapy Notes

I maintain psychotherapy notes as defined by federal law. Any use or disclosure of psychotherapy notes requires your written authorization except:

- For treatment.
- For training or supervision.
- For legal defense initiated by you.
- For HIPAA compliance investigations.
- When required by law.
- To prevent a serious threat to health or safety.

#### Substance Use Disorder (SUD) Counseling Notes

I may maintain SUD counseling notes documenting the contents of substance use disorder counseling sessions. Any use or disclosure of these notes requires a separate written authorization and may not be combined with authorization for other records.

You may revoke your authorization at any time except to the extent action has already been taken based on the authorization.

#### Marketing and Sale of PHI

I will not use or disclose your PHI for marketing purposes or sell your PHI without your written authorization.

#### Other Uses and Disclosures

Any use or disclosure not described in this Notice will require your written authorization.

### IV. USES AND DISCLOSURES NOT REQUIRING AUTHORIZATION

I may use or disclose PHI without authorization when permitted or required by law, including:

- Reporting suspected child abuse, elder abuse, or abuse of a vulnerable person.
- Preventing serious threats to health or safety.

- Public health activities.
- Health oversight activities.
- Judicial and administrative proceedings.
- Law enforcement purposes.
- Coroners or medical examiners.
- Workers' compensation claims.
- National security and specialized government functions when legally required.

#### Appointment Reminders and Treatment Information

I may contact you regarding appointments, scheduling, treatment recommendations, or services that may be relevant to your care.

#### V. DISCLOSURES WHERE YOU HAVE THE OPPORTUNITY TO OBJECT

##### Family Members and Others Involved in Your Care

I may share relevant information with a family member, friend, or other person involved in your care or payment for your care unless you object.

#### VI. YOUR RIGHTS REGARDING YOUR PHI

You have the right to:

##### Request Restrictions

You may request restrictions on certain uses and disclosures of your PHI. I am not required to agree to every request but will consider each request carefully.

##### Request Confidential Communications

You may request that I contact you in a specific way or at a specific location.

##### Restrict Disclosures to Health Plans

If you pay for a service entirely out-of-pocket, you may request that information related to that service not be disclosed to a health plan.

##### Inspect and Obtain Copies of Records

You may inspect or obtain copies of your records, excluding psychotherapy notes and SUD counseling notes, within the timeframes required by law.

##### Request Amendments

You may request corrections or amendments to your records if you believe information is inaccurate or incomplete.

### Receive an Accounting of Disclosures

You may request a list of disclosures made during the previous six years that were not made for treatment, payment, or healthcare operations.

You may also request an accounting of disclosures specifically related to records protected under 42 C.F.R. Part 2.

### Receive a Copy of This Notice

You may request a paper or electronic copy of this Notice at any time.

### VII. COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint without fear of retaliation.

Tie Counseling Services, PLLC

[support@tiēcounseling.com](mailto:support@tiēcounseling.com)

You may also file a complaint with:

U.S. Department of Health and Human Services

Office for Civil Rights

Filing a complaint will not affect your treatment or services.

### ACKNOWLEDGEMENT OF RECEIPT

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