

Notice of Privacy Practices

The Healing Sanctuary Counseling PLLC

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Austin, TX 78731 (Business registration address only; not a mailing address)

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Therapist: Magan Fontenot Bonner, M.S., M.Ed., LPC–Associate

Licensed to practice counseling in the state of Texas under the supervision of James Rogers, M.Ed., LPC–S.

EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on **October 22, 2025**.

NOTICE OF PRIVACY PRACTICES

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

I. MY PLEDGE REGARDING HEALTH INFORMATION:

I understand that health information about you and your health care is personal, and I am committed to protecting it. I create a record of the care and services you receive from me, which helps me provide quality care and comply with certain legal requirements.

This notice describes how I may use and disclose your health information, your rights, and my responsibilities. I am required by law to:

- Make sure that protected health information (“PHI”) that identifies you is kept private.
- Provide you this notice of my legal duties and privacy practices with respect to your health information.
- Follow the terms of this notice currently in effect.

I may change the terms of this notice at any time, and such changes will apply to all information I have about you. The new notice will be available upon request and through the Client Portal.

II. HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:

Treatment, Payment, and Health Care Operations:

Federal privacy rules allow health care providers to use or disclose your PHI without written authorization for treatment, payment, or health care operations. For example, I may consult with another licensed provider regarding your care or disclose limited information for billing and administrative purposes.

Disclosures for treatment purposes are not limited to the minimum necessary standard, as full information may be needed to ensure quality care.

Lawsuits and Disputes:

If you are involved in a lawsuit, I may disclose information in response to a court or administrative order. I may also disclose information in response to a lawful subpoena, provided reasonable efforts are made to notify you or obtain a protective order.

III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:

Psychotherapy Notes:

I maintain psychotherapy notes as defined by HIPAA, and their use or disclosure requires your authorization except for:

- a. My own use in treating you.
- b. Training or supervision of other mental health professionals.
- c. Defense of myself in legal proceedings brought by you.
- d. Investigations by the U.S. Department of Health and Human Services.
- e. Uses required by law or to avert a serious threat to health or safety.

Marketing and Sale of PHI:

I will not use or disclose your PHI for marketing purposes or sell your PHI.

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

Subject to limitations, I may use or disclose your PHI without your authorization for:

- Compliance with state or federal laws.
- Reporting suspected abuse or neglect of children, elders, or vulnerable adults.
- Health oversight activities, audits, or investigations.
- Judicial or administrative proceedings, if required by law.
- Law enforcement purposes, including reporting crimes on my premises.
- Coroner or medical examiner duties as authorized by law.
- Workers' compensation compliance.
- Appointment reminders or information about services and benefits.

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

I may disclose limited PHI to a family member, friend, or person involved in your care or payment, unless you object. The opportunity to consent may be obtained retroactively in emergencies.

VI. YOUR RIGHTS REGARDING YOUR PHI:

You have the right to:

- **Request limits** on certain uses and disclosures.
- **Request restrictions** for out-of-pocket services paid in full.
- **Choose how I contact you** (phone, email, or address).
- **Inspect and obtain a copy** of your record (excluding psychotherapy notes).
- **Request corrections** to your record if inaccurate or incomplete.
- **Request an accounting of disclosures** made without authorization.
- **Receive a copy** of this notice by email or paper.

I will respond to your requests within the timeframes required by law and may charge a reasonable, cost-based fee for copies or summaries.

VII. ACKNOWLEDGMENT OF RECEIPT OF PRIVACY NOTICE:

Under HIPAA, you have rights regarding the use and disclosure of your health information. By checking the acknowledgment box or signing below, you confirm that you have received and reviewed this Notice of Privacy Practices.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD, AND AGREE TO THE TERMS IN THIS DOCUMENT.