

Notice of Privacy Practices

Your information. Your rights. Our responsibilities.

Effective date: September 20, 2026

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

About this notice

This notice applies to protected health information (PHI) created or maintained by Kristen L. Gordon, M.A., LPC, and by people or services acting on behalf of the practice. PHI is information that identifies you and relates to your past, present, or future physical or mental health, the care you receive, or payment for that care. This notice applies to counseling provided in person or by telehealth, as well as related portal, billing, and administrative records.

Federal law and Texas law both protect health information. When Texas law provides greater privacy protection, the practice will follow the more protective law.

At a glance

Your rights

- See or receive an electronic or paper copy of your health record.
- Ask us to correct information you believe is wrong or incomplete.
- Ask us to contact you in a specific, confidential way.
- Ask us to limit certain uses or disclosures.
- Receive an accounting of certain disclosures.
- Receive a paper copy of this notice and file a privacy complaint without retaliation.

Your choices

- Tell us whether and how to share information with family, friends, or others involved in your care or payment for care.
- Authorize other uses or disclosures not described in this notice, and revoke that authorization in writing for future disclosures.
- Most uses of separately maintained psychotherapy notes, marketing uses, and any sale of PHI require written authorization.

How we typically use or share information

- Provide and coordinate treatment, operate the practice, and bill for services.
- Send appointment reminders and communicate about treatment-related services.
- Meet legal duties involving public health, safety, oversight, and other matters described in this notice.

Your Rights

You may exercise the following rights by contacting the Privacy Officer listed on the final page. Requests should be made in writing when indicated.

1 **Get an electronic or paper copy of your record**

You may ask to inspect or receive an electronic or paper copy of health information in your designated record set. Separately maintained psychotherapy notes are generally not included in this access right. We will respond within the time required by law and may charge only a reasonable, cost-based fee when permitted. We may deny access in limited circumstances; if we do, we will explain the reason in writing and tell you whether the decision may be reviewed.

2 **Ask us to correct your record**

You may ask us in writing to amend information that you believe is incorrect or incomplete and explain why. We may deny the request in limited circumstances, but we will provide a written explanation within the time required by law. You may submit a statement of disagreement if the request is denied.

3 **Request confidential communications**

You may ask us to contact you in a specific way, such as only by cell phone or through the secure portal, or to send mail to a different address. We will agree to reasonable requests. Please tell us which methods are safe and whether messages may identify the practice.

4 **Ask us to limit what we use or share**

You may ask us not to use or disclose certain PHI for treatment, payment, or health care operations. We are not generally required to agree, and we may decline if a restriction could affect care or is not feasible. If we agree, we will honor the restriction except when the information is needed for emergency treatment or disclosure is required by law.

5 **Restrict disclosure to a health plan after full payment**

If you pay out of pocket in full for a specific service, you may ask us not to disclose information about that service to your health plan for payment or health care operations. We will agree unless a law requires the disclosure. Tell us at or before the time of service so billing can be handled correctly.

6 **Get an accounting of certain disclosures**

You may ask for a list of certain disclosures made during the six years before your request, including who received the information and why. The accounting does not include every disclosure, such as many disclosures for treatment, payment, or health care operations, disclosures you authorized, and other disclosures excluded by law. One accounting in any 12-month period is free; a reasonable, cost-based fee may apply to additional requests after advance notice.

7 **Get a copy of this notice**

You may ask for a paper copy at any time, even if you agreed to receive it electronically. The current notice is also available on the practice website.

8 **Choose someone to act for you**

A legally authorized personal representative, such as a legal guardian or a person holding valid medical power of attorney, may exercise your privacy rights. We will verify that person's authority before acting. Rights involving minors and personal representatives are subject to federal and Texas law and limited exceptions intended to protect the client.

Your Choices

For certain health information, you may tell us what you want us to do. If you have a clear preference, tell us and we will follow your instructions when the law allows.

Family, friends, and others involved in your care

You may authorize us to share relevant information with family members, close friends, or others involved in your care or payment for care. If you cannot tell us your preference, such as during an emergency, we may share limited information when permitted by law and when we reasonably believe it is in your best interest. We may also disclose information when necessary to prevent or lessen a serious and imminent threat to health or safety, as allowed by law.

Other uses that require written authorization

Uses or disclosures not described in this notice will be made only with your written authorization unless the law permits or requires otherwise. This includes most uses or disclosures of separately maintained psychotherapy notes, uses for marketing that require authorization, and any sale of PHI. You may revoke an authorization in writing at any time. Revocation will not undo actions already taken in reliance on the authorization.

Documents and coordination you request

At your request and with any authorization required by law, we may provide treatment summaries, school or work documentation, coordinate with another provider, or send records to a person or organization you identify.

Our Routine Uses and Disclosures

The following are the primary ways we use or disclose PHI. Texas mental-health confidentiality law may place additional limits on these disclosures, and those limits will be followed.

Treatment

We may use your PHI and, when permitted by law, share it with professionals involved in your care to provide, coordinate, or manage treatment. Example: With applicable permission, we may consult with a physician or another treating clinician about symptoms that affect your care.

Payment

We may use and disclose PHI to obtain payment, verify benefits, submit claims, respond to insurer questions, collect amounts due, and coordinate billing services, as allowed by law. Example: We may send diagnosis and service information to your health plan so it can process a claim.

Health care operations

We may use and disclose PHI to run the practice and improve services, including scheduling, appointment reminders, quality review, credentialing, compliance, auditing, legal and accounting services, and secure records administration. We may also communicate about treatment alternatives or health-related services. Example: We may use appointment information to manage scheduling or share the minimum necessary information with a contracted billing service. Vendors that handle PHI for us are required to protect it as required by law. Tell us if a communication method is not safe or should not identify the practice.

Other Uses and Disclosures Allowed or Required by Law

We may use or disclose PHI in the circumstances below only when applicable legal requirements are satisfied. We will limit information when required and will follow any more protective federal or Texas law.

- Required by law. We will disclose information when a federal or Texas law requires it, including to the U.S. Department of Health and Human Services when it reviews our HIPAA compliance.
- Public health and safety. We may make reports or disclosures permitted or required for disease prevention, product safety, suspected abuse or neglect, domestic violence, or preventing or reducing a serious threat to a person or the public. Mandatory reporting duties will be followed.
- Health oversight. We may disclose PHI for legally authorized audits, inspections, licensing or disciplinary matters, investigations, and other oversight activities.
- Judicial and administrative proceedings. We may disclose information in response to a valid court or administrative order or, when the law allows, a subpoena or other lawful process after required notice or safeguards. We will follow applicable privileges and the special protections for mental-health records.
- Law enforcement and government requests. We may disclose information for law-enforcement purposes, correctional health, military or national-security functions, or other government activities only to the extent permitted or required by law.
- Workers' compensation. We may disclose information as authorized by and necessary to comply with workers' compensation or similar programs.
- Decedents and donation. When applicable, we may disclose information to a coroner, medical examiner, funeral director, or organ-procurement organization as permitted by law.
- Research. We may use or disclose PHI for research only with your authorization or when a legally authorized review process approves a waiver and all required safeguards are met.

Special Confidentiality Protections

Texas mental-health records

Texas law provides added confidentiality protections for communications between a client and a mental-health professional and for mental-health records. We will obtain written authorization when required and will disclose such information without authorization only when a specific law permits or requires it.

Psychotherapy notes

If we create and maintain psychotherapy notes separately from the rest of the health record, most uses or disclosures require your written authorization. Limited exceptions apply, including certain uses by the note's author for treatment, training or supervision as allowed by law, defense in a legal action you bring, oversight of the note's author, compliance review by HHS, and uses or disclosures otherwise specifically permitted or required by law.

Substance use disorder records protected by 42 CFR Part 2

To the extent we receive or maintain substance use disorder patient records protected by 42 CFR Part 2, those records, or testimony describing their content, will not be used or disclosed in a civil, criminal, administrative, or legislative proceeding against you unless based on your written consent or on a court order entered after notice and an opportunity to be heard. A court order must be accompanied by a subpoena or other legal requirement compelling disclosure.

Our Responsibilities

- We are required by law to maintain the privacy and security of your PHI.
- We will notify affected individuals as required by law if a breach of unsecured PHI may have compromised the privacy or security of their information.
- We must follow the duties and privacy practices described in the notice currently in effect.
- We will not use or disclose your information other than as described in this notice unless you authorize us in writing or the law permits or requires it.
- We will use reasonable safeguards and require business associates that handle PHI for the practice to protect it as required by law.

Changes to This Notice

We may change the terms of this notice and make the revised terms effective for all PHI we maintain, including information created or received before the revision. When a material change is made, the revised notice will identify its effective date and will be available on request, at the practice office, and on the practice website.

Questions, Requests, or Complaints

If you have questions, want to exercise a privacy right, or believe your privacy rights were violated, contact the Practice Privacy Officer below. Requests may be delivered by mail or through the secure client portal. Please do not include sensitive health information in a general website contact form.

Practice Privacy Officer

Kristen L. Gordon, M.A., LPC
506 Honea Egypt Rd.
Magnolia, TX 77354

Phone: 903-229-1178
Website and secure client portal:
kristen-gordon.clientsecure.me

Federal Privacy Complaint

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

Phone: 1-877-696-6775
hhs.gov/hipaa/filing-a-complaint

No retaliation

You will not be denied care or retaliated against for filing a complaint, asking a question, or exercising a privacy right.

Respecting privacy is part of providing a safe and trustworthy therapeutic relationship.