

BrightWay Counseling & Development, PLLC

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NOTICE OF PRIVACY PRACTICES

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

I. OUR PLEDGE REGARDING PROTECTED HEALTH INFORMATION (PHI)

BrightWay Counseling & Development, PLLC is committed to protecting the privacy of your Protected Health Information (PHI). PHI includes information that identifies you and relates to your physical or mental health condition, the provision of health care, or payment for health care services.

This practice is required by law to:

- Maintain the privacy of your PHI
- Provide you with this Notice of Privacy Practices
- Abide by the terms of the Notice currently in effect
- Notify you following a breach of unsecured PHI

This practice reserves the right to change the terms of this Notice at any time. Any revised Notice will apply to all PHI maintained. Updated copies will be available upon request and on the practice website.

II. HOW YOUR PHI MAY BE USED AND DISCLOSED WITHOUT AUTHORIZATION

Treatment, Payment, and Health Care Operations (TPO)

PHI may be used or disclosed without your written authorization for the following purposes:

Treatment

To provide, coordinate, or manage your health care. This may include consultation with another licensed health care provider.

Payment

To obtain payment for services provided. This may include submitting claims to your insurance company.

Health Care Operations

For practice operations, including quality assessment, case review, compliance activities, credentialing, and training.

Legal and Administrative Disclosures

PHI may be disclosed when required or permitted by law, including:

- Court Orders & Subpoenas
 - Law Enforcement Requests
 - Public Health & Safety Reporting
 - , including suspected child abuse, elder abuse, or abuse of a disabled individual (mandatory reporting under Texas law)
 - Health Oversight Activities
 - , including audits and investigations by the Texas Behavioral Health Executive Council (BHEC)
 - Workers' Compensation Claims
 - Medical Examiners or Coroners
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Appointment Reminders & Health Services

PHI may be used to contact you regarding appointments or to provide information about treatment-related services.

III. USES AND DISCLOSURES REQUIRING YOUR WRITTEN AUTHORIZATION

The following uses and disclosures require your written authorization:

- Psychotherapy Notes
- (with limited exceptions allowed by law)
- Marketing Communications
- Sale of PHI

You may revoke your authorization at any time in writing. Revocation will not apply to actions already taken in reliance upon your authorization.

IV. DISCLOSURES WITH OPPORTUNITY TO AGREE OR OBJECT

PHI may be shared with family members, friends, or others involved in your care or payment for care, unless you object. If you are unavailable or unable to agree, professional judgment will be used to determine whether disclosure is in your best interest.

V. YOUR RIGHTS REGARDING YOUR PHI

You have the following rights:

Right to Request Restrictions

You may request limits on how PHI is used or disclosed. The practice is not required to agree, except when you pay in full out-of-pocket and request that information not be shared with your health plan.

Right to Confidential Communications

You may request communications in a specific manner or location. Reasonable requests will be accommodated.

Right to Access and Copies

You have the right to inspect and obtain a copy of your PHI (excluding psychotherapy notes). Requests must be made in writing. Copies will be provided within 30 days (with a possible 30-day extension if permitted by law). A reasonable fee may apply.

Right to Amend

You may request correction of inaccurate or incomplete PHI. Requests must be made in writing. If denied, you will receive written notice explaining the reason.

Right to an Accounting of Disclosures

You may request a list of certain disclosures made within the previous six (6) years, excluding disclosures for treatment, payment, health care operations, or those authorized by you.

Right to a Copy of This Notice

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

VI. BREACH NOTIFICATION

You will be notified if there is a breach of unsecured PHI that may compromise the privacy or security of your information.

VII. COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with:

BrightWay Counseling & Development, PLLC

Natalie Phillips, M.Ed., LPC-S
P.O. Box 349
Orange Grove, TX 78372
Phone: (210) 401-3896
Email: Brightwaycounseling@mail.com

You may also file a complaint with:

U.S. Department of Health & Human Services

Office for Civil Rights

www.hhs.gov/ocr

or

Texas Behavioral Health Executive Council (BHEC)

333 Guadalupe Street, Tower 3, Room 900
Austin, TX 78701
Phone: (512) 305-7700

www.bhec.texas.gov

You will not be penalized or retaliated against for filing a complaint.

ACKNOWLEDGMENT OF RECEIPT

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