



Notice of Privacy Practices

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

I. Our Commitment to Your Privacy

At Nesting Minds Psychiatry, PLLC, we understand that your health and mental health information is private and personal. We are committed to protecting your Protected Health Information (“PHI”) in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), applicable federal regulations, and state privacy laws in Texas and Colorado.

We create and maintain records of your care to:

- Provide quality treatment
 - Support billing and healthcare operations
 - Comply with legal and regulatory requirements
- We are required by law to:
- Protect the privacy and security of your PHI
 - Provide this Notice of Privacy Practices
 - Follow the terms currently in effect
 - Notify you of any breach of unsecured PHI as required by law

We may update this Notice at any time. The current version will be available in our office and on our website.

II. How We May Use and Disclose Your Health Information

We may use or disclose your PHI without your written authorization for the following purposes:

Treatment, Payment, and Healthcare Operations

We may use and share your information to:

- Provide, coordinate, or manage your mental health care
 - Consult with other healthcare professionals
 - Obtain payment from insurers or third-party payers
 - Improve quality, training, and administrative functions
- For example, we may share information with your primary care provider or pharmacy when appropriate.

Legal and Regulatory Requirements

- We may disclose PHI when required by federal or state law, including:
- Texas and Colorado mental health and public health reporting laws
 - Mandatory reporting of suspected abuse, neglect, or exploitation

Court orders, subpoenas, or lawful administrative requests
We attempt to limit disclosures to the minimum necessary.

Public Safety and Health

We may disclose PHI to:

Prevent or reduce a serious threat to health or safety
Report communicable diseases
Comply with public health and safety regulations

Health Oversight

We may share PHI with regulatory agencies for licensing, audits, or investigations.

Law Enforcement and Specialized Government Functions

We may disclose PHI as permitted by law for law enforcement, military, national security, or correctional institution purposes.

Workers' Compensation

We may disclose PHI to comply with workers' compensation laws.

Appointment Reminders and Care Coordination

We may contact you regarding appointments, treatment options, or health services.

III. Uses and Disclosures That Require Your Authorization

We will obtain your written authorization before:

Sharing psychotherapy notes (as defined by federal law)
Using or disclosing PHI for marketing
Selling your PHI
You may revoke authorization at any time in writing.

IV. State-Specific Privacy and Mental Health Laws (Texas and Colorado)

In addition to HIPAA, we comply with:

Texas Health and Safety Code and Texas Medical Privacy laws
Colorado mental health confidentiality statutes
Federal and state substance use confidentiality laws (including 42 CFR Part 2, when applicable)
These laws may:
Provide additional privacy protections
Limit disclosure of mental health or substance use records

Allow minors to consent to certain mental health or substance use treatment
Require stricter confidentiality in some situations
When state law is more protective than federal law, we follow the stricter standard.

V. Disclosures to Family, Friends, and Caregivers

We may share limited information with individuals involved in your care or payment unless you object. In emergencies, we may use professional judgment to determine appropriate disclosures.

VI. Your Rights Regarding Your Health Information

You have the right to:

1. Request Restrictions

You have the right to ask us not to use or share certain parts of your health information for treatment, payment, or healthcare operations. We will carefully consider your request, but we may not always be able to agree, especially if it could affect your care. However, if you pay for a service in full out of pocket and ask us not to share that information with your insurance company, we will honor that request unless we are required by law to disclose it.

2. Confidential Communications

You may request that we contact you in a specific way or location. We will honor reasonable requests.

3. Access and Copies

You may request a paper or electronic copy of your record (excluding psychotherapy notes). We will respond within required timeframes and may charge a reasonable cost-based fee.

4. Amendments

You may request correction of your PHI. If we deny your request, we will explain why in writing.

5. Accounting of Disclosures

You may request a list of certain disclosures made in the past six years.

6. Breach Notification

You will be notified if your unsecured PHI is compromised.

7. Copy of This Notice

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

VII. Questions or Complaints

If you believe your privacy rights have been violated, you may contact our office or file a complaint with the U.S. Department of Health and Human Services. Filing a complaint will not affect your care.