

Notice of Privacy Practices

Abundant Life Counseling Services, P.A.

Effective Date: March 2026

Your Privacy Matters to Us

At Abundant Life Counseling Services, P.A., we understand that your health information is personal. We are committed to protecting your privacy and keeping your information secure.

This Notice explains:

- How we may use and share your health information
- Your rights regarding your information
- How you can ask questions or file a complaint
- We are required by law to provide you with this Notice and to follow the privacy practices described here.

How We Use and Share Your Information

In order to provide you with counseling services, we may use or share your Protected Health Information (PHI) in the following ways:

1. For Treatment

We may use your information to provide therapy services. For example:

- Your therapist documents session notes in our secure electronic health record.
- Your therapist may consult with another licensed clinician within our practice for professional guidance regarding your case (your identity will be protected).
- With your written consent, your therapist may consult with another licensed clinician within our practice who is caring for other members of your family to discuss your case and coordinate care, or to meet jointly with you and other family members.
- With your written consent, your session notes may be transferred from one therapist within our practice to another in order to provide continuity of care.
- We may coordinate care with another provider at your request and with your written permission.

2. For Payment

Although we are a private-pay practice and do not accept insurance directly, we may:

- Provide you with a superbill so you may seek out-of-network reimbursement.
- Share limited necessary information if you request documentation for reimbursement purposes.
- Send you billing statements electronically at your request.
- We do not submit claims directly to insurance companies.

3. For Healthcare Operations

We may use your information to:

- Improve the quality of our services
- Conduct supervision (for LPC-Associates, LMFT-Associates, LMSWs)
- Ensure compliance with professional and legal standards
- Maintain our secure electronic systems
- Appointment Reminders & Electronic Communication

- Our HIPAA-compliant electronic health record system may send:
 - Appointment reminders via text or email
 - Secure messages through the client portal
 - While we take reasonable steps to protect your privacy, electronic communication carries some risk. You may request limitations on how we contact you.

Telehealth Services

If you participate in telehealth services:

- Sessions are conducted through secure, HIPAA-compliant platforms.
- We take reasonable precautions to protect confidentiality.
- You are responsible for choosing a private location on your end.

Situations Where We May Share Information Without Your Written Permission

In certain situations, the law requires or permits us to share information, including:

- If there is suspected child abuse, elder abuse, or abuse of a vulnerable person
- If there is a serious threat of harm to you or others
- If we are required by a court order or subpoena
- For public health or safety reporting
- For health oversight activities
- We will only disclose the minimum necessary information required by law.

Uses That Require Your Written Authorization

We will not:

- Release your records to others
- Share psychotherapy notes
- Disclose information for marketing purposes

Unless you give us written permission.

You may revoke your authorization at any time in writing.

Your Rights Regarding Your Health Information

You have the right to:

1. Access Your Records

You may request a copy of your record. Requests must be made in writing. We may charge a reasonable fee for copies.

2. Request an Amendment

If you believe information in your record is incorrect, you may request a correction in writing.

3. Request Restrictions

You may ask us to limit how we use or share your information. While we will consider your request, we may not always be able to agree.

4. Request Confidential Communication

You may ask us to contact you in a specific way (for example, only by phone or only at a certain number).

5. Receive an Accounting of Disclosures

You may request a list of certain disclosures we have made of your information.

6. Receive a Paper Copy of This Notice

You may request a printed copy at any time.

Our Responsibilities

We are required by law to:

- Maintain the privacy and security of your health information
- Notify you if a breach occurs that may have compromised your information
- Follow the terms of this Notice
- Abide by the terms of the Notice of Privacy Practices currently in effect
- We reserve the right to update this Notice at any time. Updated versions will be posted in our office and on our website.

Questions or Complaints

If you have questions about this Notice or believe your privacy rights have been violated, you may contact:

Privacy Officer

Abundant Life Counseling Services, P.A.

Phone: 512-258-5100

Address: 13740 N Hwy 183, Suite S-1

Austin, TX 78750

You may file a complaint with us or directly with the Secretary of the U.S. Department of Health and Human Services.

You may also file a complaint with:

U.S. Department of Health & Human Services

Office for Civil Rights

www.hhs.gov/ocr

You will not be penalized for filing a complaint.