



NOTICE OF PRIVACY PRACTICES

THE LEGACY CENTER, PLLC, PO BOX 19711 SUGAR LAND, TX 77496 (832) 930-2716

NOTICE OF PRIVACY PRACTICES

THE LEGACY CENTER, PLLC IS COMMITTED TO PROTECTING YOUR PRIVACY. THIS NOTICE DESCRIBES HOW HEALTH INFORMATION MAY BE USED AND DISCLOSED, HOW YOU CAN GET ACCESS TO THIS INFORMATION, AND TO EXPLAIN OUR ONLINE INFORMATION PRACTICES. TO BETTER PROTECT YOUR PRIVACY AND TO MAKE THIS NOTICE EASY TO FIND, WE MAKE IT AVAILABLE ON OUR WEBSITE. PLEASE REVIEW IT CAREFULLY.

HIPAA OVERVIEW

The Health Insurance Portability and Accountability Act (HIPAA) is a federal law that provides new privacy protections and new patient rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations. HIPAA requires that we provide you with our privacy practices for use and disclosure of PHI for treatment, payment or health care operations. The law requires that we obtain your signature acknowledging that we have provided you with this information before this session. When you sign this document, it will also represent an Agreement between us. You may revoke this Agreement in writing at any time. That revocation will be binding on us unless we have taken action in reliance on it, if there are obligations imposed on us by your health insurer in order to process or substantiate claims made under your policy, or if you have not satisfied any financial obligations you have incurred.

I. INFORMATION COLLECTION AND USE

We may collect information about visitors to our Site so that we can provide an experience that is responsive to our users' and customers' needs. We do not collect medical information or credit card information through our Site. Our Site may use forms in which you give us contact information (including your name, address, telephone number, and email address) so you can request information or support. We receive and store any information you enter on our Site, or give us in any other way, including through email, telephone, or other communications within our customer services department. You do not need to give us any personal information in order to use our Site. We will not sell, share, trade or otherwise use any information you provide unless you expressly provide in writing permission for such use. We collect this information to improve our service, and to help us determine your individual needs so we may serve you better individually, as well as collectively. We will not sell, share, trade or otherwise use any medical information under any circumstances. If you require medical information, you must request it from us directly via a Medical

Release form. We may also collect non-personally identifiable information about you, such as your use of our web sites, communication preferences, aggregated data relative to your Services, and responses to promotional offers and surveys. We may use or disclose aggregate information only where no individual is identified for a number of purposes, including: (a) Compiling aggregate statistics of usage for improving the web site; (b) Developing, maintaining and administering the web site; and (c) Following up on comments and other messages that you submit to us through the web site. Please note, to better safeguard your information, please do not include any credit card information in your electronic communication unless it is specifically required by us as part of Services or transaction fulfillment process sites, or our customer contact process. This Site and our Services may contain links to other websites. Unfortunately, we are not responsible for the privacy practices or the content of such sites.

II. SECURITY

This Site has security measures in place to protect against the loss, misuse or alteration of the information under our control. If our site allows you to enter sensitive information (such as a credit card number) on order forms, we encrypt the transmission of that information using secure socket layer technology (SSL). We may also at times provide information about you to third parties to provide various services on our behalf, such as providers who process credit card payments. We will only share information about you that is necessary for the third party to provide the requested service. These companies are prohibited from retaining, sharing, buying, selling, storing or using your personally identifiable information for any secondary purposes. We follow generally accepted standards to protect the personal information submitted to us, both during transmission and once we receive it. No method of transmission over the Internet, or method of electronic storage, is one hundred percent (100%) secure, therefore, we cannot guarantee its absolute security.

III. GOOGLE ANALYTICS AND COOKIES

We may use a tool called "Google Analytics" to collect information about use of this Site, such as how often users visit the Site, what pages they visit when they do so, and what other sites they used prior to coming to this Site. Google Analytics collects only the IP address assigned to you on the date you visit this Site, rather than your name or other identifying information. Google Analytics plants a permanent cookie on your web browser to identify you as a unique user the next time you visit this Site. This cookie cannot be used by anyone but Google, Inc. The information generated by the cookie will be transmitted to and stored by Google on servers in the United States. We use the information received from Google Analytics only to improve services on this Site. We do not combine the information collected through the use of Google Analytics with personally identifiable information. Google's ability to use and share information collected by Google Analytics about your visits to this Site is restricted by the Google Privacy Policy <http://www.google.com/policies/privacy>. You can prevent Google Analytics from recognizing you on return visits to this Site by disabling the Google Analytics cookie on your browser.

IV. COLLECTION AND USE OF PERSONAL INFORMATION OF CHILDREN UNDER AGE 13

We are committed to protecting the online privacy of children. In accordance with the Children's Online Privacy Protection Act ("COPPA"), we will not knowingly collect any personally identifiable information from children under the age of thirteen (13) without first obtaining parental consent.

Prior to providing any personally identifiable information (your name, email address, address, phone number etc.), children under the age of thirteen (13) must have a parent or legal guardian complete and return (by email or regular mail) a Parental Consent Form to lmccoy@thepoweroflegacy.org or

The Legacy Center, PLLC
PO Box 19711
Sugar Land, TX 77496

The consent form states that the child's "Parent" or "Legal Guardian", by his or her signature, consents to the collection and transfer of the child's personally identifiable information. Consent may be revoked by completing a "Revocation of Parental Consent Form" and sending it to the email or physical mailing address above.

In compliance with COPPA, We are sensitive about children consulting with parents or guardians before furnishing personal information or ordering anything online. It is also our intention to adhere to the Children's Advertising Review Unit (CARU) Guidelines on Internet advertising with its special sensitivities regarding solicitations to children under thirteen (13). We encourage parents/guardians to supervise and join their children in exploring cyberspace.

V. TRANSFER OF DATA ABROAD

If you are visiting this Site from a country other than the country in which our servers are located, your communications with us may result in the transfer of information across international boundaries. By visiting this Site and communicating electronically with us, you consent to such transfers.

VI. COMPLIANCE WITH LAWS AND LAW ENFORCEMENT

We cooperate with government and law enforcement officials and private parties to enforce and comply with the law. We will disclose any information about you to government or law enforcement officials or private parties as we, in our sole discretion, believe necessary or appropriate to respond to claims and legal process (including without limitation subpoenas), to protect our property and rights or the property and rights of a third party, to protect the safety of the public or any person, or to prevent or stop activity we consider to be illegal or unethical. We will also share your information to the extent necessary to comply with ICANN's rules, regulations and policies.

To the extent we are legally permitted to do so, we will take reasonable steps to notify you in the event that we are required to provide your personal information to third parties as part of the legal process.

VII. OUR PLEDGE REGARDING HEALTH INFORMATION:

We understand that health information about you and your health care is personal. We are committed to protecting health information about you. We create a record of the care and services you receive from us. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by this mental health care practice, also referred to as The Legacy Center, PLLC. This notice will tell you about the

ways in which we may use and disclose health information about you. We also describe your rights to the health information we keep about you, and describe certain obligations we have regarding the use and disclosure of your health information. We are required by law to:

- Make sure that protected health information (“PHI”) that identifies you is kept private.
- Give you this notice of our legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect.
- We reserve the right to change the terms of this Notice, and such changes will apply to all information we have about you. The new Notice will be available upon request, in our office, and through your client portal. Unless we notify you of such changes, however, we are required to abide by the terms currently in effect.

VIII. HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:

The following categories describe different ways that we use and disclose health information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

For Treatment, Payment, or Health Care Operations: Federal privacy rules (regulations) allow health care providers who have direct treatment relationship with the patient/client to use or disclose the patient/client’s personal health information without the patient’s written authorization, to carry out the health care provider’s own treatment, payment or health care operations. We may also disclose your protected health information for the treatment activities of any health care provider. This too can be done without your written authorization. For example, if a clinician were to consult with another licensed health care provider about your condition, we would be permitted to use and disclose your protected health information, which is otherwise confidential, in order to assist the clinician in diagnosis and treatment of your mental health condition. We may use and disclose your medical information for our internal operations, such as business management, and administrative activities, legal and auditing functions, and insurance-related activities. We may use medical information to make sure that all of our patients receive quality care, such as reviewing our processes or to evaluate the performance of those caring for you. We may also disclose information to doctors, nurses, technicians, and other personnel for review and learning purposes. We may remove information that identifies you from this set of information so others may use it to study healthcare and healthcare delivery without learning a specific patient’s identity. Under certain circumstances, we may disclose your medical information for the health care operations of other health care providers.

Disclosures for treatment purposes are not limited to the minimum necessary standard. Because therapists and other health care providers need access to the full record and/or full and complete information in order to provide quality care. The word “treatment” includes, among other things, the coordination and management of health care providers with a third party, consultations between health care providers and referrals of a patient for health care from one health care provider to another. We may participate in the Regional Health Information Organization (“RHIO”) which

arranges for the electronic exchange of health information among health care providers in the state where we are located. We may exchange your health information electronically through RHIO for the purposes described in this Notice. You have the right to request that your information not be included in this exchange.

Lawsuits and Disputes: If you are involved in a lawsuit, we may disclose health information in response to a court or administrative order. We may also disclose health information about your child in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

IX. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:

1. Psychotherapy Notes. We may keep “psychotherapy notes” as that term is defined in 45 CFR § 164.501, and any use or disclosure of such notes requires your Authorization unless the use or disclosure is: a. For our use in treating you. b. For our use in training or supervising mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy. c. For our use in defending ourselves in legal proceedings instituted by you. d. For use by the Secretary of Health and Human Services to investigate our compliance with HIPAA. e. Required by law and the use or disclosure is limited to the requirements of such law. f. Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes. g. Required by a coroner who is performing duties authorized by law. h. Required to help avert a serious threat to the health and safety of others.
2. Clinical charts, or medical records, are kept within our secure Electronic Health Record (EHR) system. You should be aware that pursuant to Texas Law, psychological test data and assessments are not part of a patient’s record. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers.
3. We may use or disclose PHI for the purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. An “authorization” is written permission above and beyond the general consent that permits only specific disclosures. In those instances when we are asked for information for purposes outside of treatment, payment and health care operations, we will obtain an authorization from you before releasing this information. You may revoke all such authorizations (of PHI) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that: a. we have relied on that authorization; or b. if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.
4. Marketing Purposes. As mental health professionals, we will not use or disclose your PHI for marketing purposes without written authorization. In such cases where authorization is obtained for marketing, your protected health information uses and disclosures will be limited to only what is the minimum necessary to accomplish the intended purpose.

5. Sale of PHI. As mental health professionals, we will not sell your PHI in the regular course of our business.

X. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR CONSENT OR AUTHORIZATION.

Subject to certain limitations in the law, we can use and disclose your PHI without your Authorization for the following reasons:

1. When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.
2. For public health activities, including reporting suspected child, elder, or dependent adult (i.e., person with a mental or physical disability) abuse, neglect, or preventing or reducing a serious threat to anyone's health or safety. If we have cause to believe that a child has been, or may be physically or sexually abused, and/or neglected, we must make a report of such within 24 hours to the Texas Department of Protective and Regulatory Services, the Texas Youth Commission, or to any local or state law enforcement agency. If we have cause to believe that an elderly or disabled person is in a state of abuse, neglect, or exploitation, we must immediately report such to the Department of Protective and Regulatory Services. If we determine that there is a probability of imminent physical injury by you to yourself or others, or there is a probability of immediate mental or emotional injury to you, we may disclose relevant confidential mental health information to medical or law enforcement personnel.
3. For health oversight activities, including audits and investigations. If a complaint is filed against us with the Texas State Board of Examiners of Professional Counselors or Psychologists, they have the authority to subpoena confidential mental health information from us relevant to that complaint.
4. For judicial and administrative proceedings, including responding to a court or administrative order. If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment and the records thereof, such information is privileged under state law, and we will not release information, without written authorization from you or your personal or legally appointed representative, or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case, as our preference is to obtain an Authorization from you before doing so.
5. For law enforcement purposes, including reporting crimes occurring on our premises.
6. To coroners or medical examiners, when such individuals are performing duties authorized by law.

7. For research purposes, including studying and comparing the mental health of patients who received one form of therapy versus those who received another form of therapy for the same condition.
8. Specialized government functions, including, ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counterintelligence operations; or, helping to ensure the safety of those working within or housed in correctional institutions.
9. For workers' compensation purposes. Although our preference is to obtain an Authorization from you, if you file a worker's compensation claim, we may provide or disclose your PHI in order to comply with workers' compensation laws to your employer's insurance carrier.
10. Appointment reminders and health related benefits or services. we may use and disclose your PHI to contact you to remind you that you have an appointment with us. We may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that we offer.

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

1. Disclosures to family, friends, or others. We may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

XII. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI:

1. The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to request restrictions on the use or disclosure of certain PHI for treatment, payment, or health care operations purposes. However, we are not required to agree to a restriction you request, and may say "no" if we believe it would affect your health care.
2. The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full. You have the right to request restrictions on disclosures of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full.
3. The Right to Choose How We Send PHI to You. You have the right to request and receive confidential communication or PHI by alternative means and/or at alternative locations. You may request for us to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and we will agree to all reasonable requests.
4. The Right to Inspect and Obtain Copies of Your PHI. You have the right to inspect or obtain (or both) an electronic or paper copy of your medical record and billing information used to

make decisions about you for as long as the PHI is maintained in the record. We may deny access to PHI under certain circumstances, but in some cases you may have this decision reviewed. You may examine and/or receive a copy of your psychotherapy notes unless we determine that release would be harmful to your physical, mental or emotional health. On your request, we will discuss with you the details of the request and denial process. We will provide you with a copy of your record, or a summary of it, if you agree to receive a summary, within 30 days of receiving your written request, and we may charge a reasonable, cost based fee for doing so.

5. **The Right to an Accounting of the Disclosures We Have Made.** You generally have the right to request an accounting of disclosures of PHI for purposes other than treatment, payment, or health care operations, neither provided consent nor authorization (as described in section IV of this Notice), or for which you provided us with an Authorization. We will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list we will give you will include disclosures made in the last six years unless you request a shorter time. We will provide the list to you at no charge, but if you make more than one request in the same year, we will charge you a reasonable cost based fee for each additional request.
6. **The Right to Amend or Update Your PHI.** You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. We may deny your request. We will advise you of the details of the amendment process upon request and any amendment denial in writing within 60 days of receiving your request.
7. **The Right to a Paper or Electronic Copy of this Notice.** You have the right to obtain a paper copy of this Notice, and you have the right to obtain a copy of this notice by email. Even if you have agreed to receive this Notice electronically, you also have the right to request a paper copy of it.

XIII. COMPLAINTS

If you are concerned that we have violated your rights, or you disagree with a decision we made about access to your records, you may contact Leah McCoy, LPC-S, NCC, Owner of and Clinical Director for The Legacy Center, PLLC by telephone at (832) 930-2716 or in writing to PO BOX 19711, SUGAR LAND, TX 77496.

EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on April 1, 2016 and was **last updated April 9, 2020.**