

THE HEALED MIND PSYCHIATRY

NOTICE OF PRIVACY PRACTICES

Effective Date: August 29, 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.

Questions About This Notice

Privacy Contact: Privacy Officer, The Healed Mind Psychiatry

Phone: 972-483-5380

Email: contact@thehealedmindllc.com

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

Your Rights

Access your records. You may ask to inspect or obtain an electronic or paper copy of your medical record and other health information we maintain about you. We will respond as required by law. A reasonable, cost-based fee may apply where permitted.

Ask us to correct your record. You may ask us to amend health information that you believe is incorrect or incomplete. We may deny the request in circumstances permitted by law, and if we do, we will provide a written explanation.

Request confidential communications. You may ask us to contact you in a specific way or at a particular address. We will accommodate reasonable requests.

Ask us to limit certain uses or disclosures. You may ask us not to use or disclose certain health information for treatment, payment, or health care operations. We are not always required to agree. If you pay in full out of pocket for a service, you may ask us not to disclose information about that service to your health plan for payment or health care operations, unless disclosure is required by law.

Request an accounting of certain disclosures. You may ask for a list of certain disclosures of your health information made during the six years before your request. Some disclosures are excluded from an accounting under HIPAA.

Receive a copy of this notice. You may request a paper copy even if you previously agreed to receive the notice electronically.

Choose someone to act for you. A legally authorized personal representative may exercise your privacy rights when appropriate. We may verify that person's authority before acting on a request.

File a privacy complaint. You may complain to us or to the U.S. Department of Health and Human Services if you believe your privacy rights were violated. We will not retaliate against you for filing a complaint.

Your Choices

For certain uses and disclosures, you may tell us your preferences. When applicable, you may ask us to share information with family members, friends, or others involved in your care or payment for your care, or to assist in a disaster-relief situation. If you are unable to tell us your preference, we may use professional judgment and applicable law to determine whether a limited disclosure is in your best interest.

Written authorization is generally required for: marketing uses of protected health information, the sale of protected health information, and most uses or disclosures of psychotherapy notes.

The Healed Mind Psychiatry does not currently use protected health information for fundraising. If that practice changes, you will be given any rights required by law to opt out.

How We May Use and Disclose Your Health Information

Treatment

We may use and disclose health information to provide, coordinate, or manage your care. This may include communication with pharmacies, laboratories, other clinicians, hospitals, therapists, primary care providers, or other health professionals involved in your care when permitted by law.

Payment

We may use and disclose health information to bill for services, obtain payment, verify benefits, process claims, and communicate with health plans or other responsible payers.

Health care operations

We may use and disclose health information to operate the practice, improve quality, conduct compliance and administrative activities, support scheduling and care coordination, and manage our services.

Other Uses and Disclosures Permitted or Required by Law

- Public health and safety activities, such as certain disease reporting, adverse-event reporting, abuse or neglect reporting, or actions needed to prevent or reduce a serious threat to health or safety.
- Health oversight activities authorized by law.
- Research when all legal requirements for the use or disclosure have been satisfied.
- Workers' compensation and similar programs as authorized by law.
- Certain law-enforcement, correctional, military, national-security, or other governmental functions when legally permitted.
- Organ and tissue donation activities.
- Coroners, medical examiners, or funeral directors when legally permitted.
- Judicial or administrative proceedings, including responses to certain court orders, subpoenas, or other lawful process, subject to applicable privacy protections.
- Any other use or disclosure required by federal, state, or local law.

Additional Protections for Mental Health Information

Mental health information may receive protections in addition to HIPAA. Texas law generally treats communications between a patient and a mental health professional, and records concerning a patient's identity, diagnosis, evaluation, or treatment, as confidential and permits disclosure only as authorized by law. New Mexico law also provides confidentiality protections for identifiable health and mental health information and limits disclosure except as permitted by applicable law.

When a state or federal law provides greater privacy protection than HIPAA, The Healed Mind Psychiatry will follow the more protective applicable requirement.

Substance Use Disorder Records and 42 CFR Part 2

To the extent that The Healed Mind Psychiatry creates or maintains substance use disorder patient records that are protected by 42 CFR Part 2, those records receive additional confidentiality protections.

Part 2-protected records will not be used or disclosed in a civil, criminal, administrative, or legislative investigation or proceeding against you unless the disclosure is permitted by applicable law, including when supported by your written consent or by a qualifying court order and subpoena.

If Part 2-protected information were ever proposed for use in fundraising communications, you would receive the notice and choice required by law.

Uses and Disclosures Requiring Your Authorization

Uses or disclosures of your health information that are not otherwise permitted or required by law will be made only with your written authorization. If you give authorization, you may revoke it in writing at any time, except to the extent that we have already acted in reliance on it.

Our Responsibilities

- Maintain the privacy and security of your protected health information.
- Follow the privacy practices described in the notice currently in effect.
- Provide you with a copy of this notice upon request.
- Notify you as required by law if a breach of unsecured protected health information occurs.
- Respect applicable federal and state confidentiality protections and your privacy rights.

Changes to This Notice

We may change the terms of this notice and may make the revised notice effective for health information we already maintain as well as information we receive in the future, as permitted by law. The current notice will be available on our website and upon request from the practice.

Complaints

If you believe your privacy rights have been violated, you may contact the Privacy Officer using the phone number or email address listed at the beginning of this notice.

You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, 200 Independence Avenue, S.W., Washington, D.C. 20201; telephone 1-877-696-6775; or through the HHS Office for Civil Rights complaint process.

The Healed Mind Psychiatry will not retaliate against you for filing a privacy complaint.

Availability of This Notice

The current Notice of Privacy Practices is available on The Healed Mind Psychiatry website and may be requested in paper or electronic form.