

NOTICE OF PRIVACY PRACTICES

Anchor Psychiatric Care PLLC

4601 Spicewood Springs Road, Ste 2-100, Austin, Texas 78759-7847

Tel: 512-270-1544 — Fax: 866-512-5837

EFFECTIVE DATE OF THIS NOTICE: February 5, 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.

I. ANCHOR PSYCHIATRIC CARE'S PLEDGE REGARDING HEALTH INFORMATION

I understand that health information about you and your health care is personal and I am committed to protecting health information about you. I create a record of the care and services you receive from me. I 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. This notice will tell you about the ways in which I may use and disclose health information about you. I also describe your rights to the health information I keep about you, and describe certain obligations I have regarding the use and disclosure of your health information.

I am required by law to:

- Make sure that protected health information (PHI) that identifies you is kept private.
- Give you this notice of my legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect.
- Notify you if a breach occurs that may have compromised the privacy or security of your information.
- Notify the Texas Attorney General of any breach involving 250 or more Texas residents within 30 days of discovery.

I can change the terms of this Notice, and such changes will apply to all information I have about you. The new Notice will be available upon request, in my office, and on my website.

II. USES AND DISCLOSURES OF HEALTH INFORMATION

The following categories describe different ways that I use and disclose health information. For each category of uses or disclosures I will explain what I mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways I am 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. I 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, I would be permitted to use and disclose your personal health information, which is otherwise confidential, in order to assist in diagnosis and treatment of your mental health condition.

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.

Lawsuits and Disputes: If you are involved in a lawsuit, I may disclose health information in response to a court or administrative order. I may also disclose health information about you 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.

NOTICE OF ELECTRONIC DISCLOSURE OF PROTECTED HEALTH INFORMATION

In accordance with Texas Health and Safety Code Section 181.154, please be advised that your protected health information (PHI) is subject to electronic disclosure. This notice serves as general notice that I may disclose your health information electronically for the purposes of treatment, payment, or healthcare operations, or as otherwise authorized or required by state or federal law. For any other electronic disclosure, I will obtain a separate written authorization from you for each disclosure.

III. USES AND DISCLOSURES REQUIRING YOUR AUTHORIZATION

1. Psychotherapy Notes. I do 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 my use in treating you.
- b. For my 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 my use in defending myself in legal proceedings instituted by you.
- d. For use by the Secretary of Health and Human Services to investigate my 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. Marketing Purposes. As a psychiatric and mental health nurse practitioner, I will not use or disclose your PHI for marketing purposes.

3. Sale of PHI. As a psychiatric and mental health nurse practitioner, I will not sell your PHI in the regular course of my business.

4. Revoking Your Authorization. You may revoke any authorization you have given me at any time by submitting a written request to me. Your revocation will be effective for future uses and disclosures, but will not affect any uses or disclosures that occurred before I received your revocation.

IV. USES AND DISCLOSURES THAT DO NOT REQUIRE YOUR AUTHORIZATION

Subject to certain limitations in the law, I 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 abuse, or preventing or reducing a serious threat to anyone's health or safety.

3. For health oversight activities, including audits and investigations.

4. For judicial and administrative proceedings, including responding to a court or administrative order, although my preference is to obtain an Authorization from you before doing so.

5. For law enforcement purposes, including reporting crimes occurring on my 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 counter-intelligence operations; or helping to ensure the safety of those working within or housed in correctional institutions.

9. For workers'; compensation purposes. Although my preference is to obtain an Authorization from you, I may provide your PHI in order to comply with workers'; compensation laws.

10. Appointment reminders and health related benefits or services. I may use and disclose your PHI to contact you to remind you that you have an appointment with me. I may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that I offer.

V. INDIVIDUAL PRIVACY RIGHTS

IMPORTANT - SELF-PAY PATIENTS: Because Anchor Psychiatric Care operates on a cash-pay basis, you have the right to request that I not disclose your PHI to an insurance health plan for purposes of payment or healthcare operations if you have paid for the services in full, out-of-pocket. I am required to agree to such requests. This provides you with greater control over your mental health information.

1. Disclosures to family, friends, or others: I may provide your PHI to a family member, friend, or other person that you designate and authorize 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.

2. The Right to Inspect and Copy: Other than psychotherapy notes, you have the right to get an electronic or paper copy of your medical record and other information that I have about you. Under Texas Law, if I maintain your records in an electronic format, I will provide you with those records within 15 business days of your written request.

3. The Right to Request Limits: You may ask me not to use or disclose certain PHI for treatment or payment. I am not required to agree unless it pertains to a service you paid for out-of-pocket in full.

4. The Right to Choose How I Send PHI to You: You have the right to ask me to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and I will agree to all reasonable requests.

5. The Right to Amend: You may request a correction to your record if you believe it is incorrect or incomplete. I will respond to your request within 60 days.

6. The Right to an Accounting of Disclosures: You may request a list of certain instances where I have shared your PHI for reasons other than treatment or payment.

7. The Right to Get a Paper or Electronic Copy of this Notice: You have the right to get a paper copy of this Notice, and you have the right to get a copy of this notice by e-mail. Even if you have agreed to receive this Notice via e-mail, you also have the right to request a paper copy of it.

8. The Right to Receive Breach Notification: You have the right to be notified if a breach occurs that may have compromised the privacy or security of your unsecured protected health information. I will notify you within 60 days of discovering a breach.

VI. SPECIAL PROTECTIONS FOR SUBSTANCE USE DISORDER RECORDS

For patients receiving treatment for substance use disorders, the confidentiality of your records is protected by federal law and regulations (42 CFR Part 2) in addition to HIPAA. These protections are generally more stringent than standard healthcare privacy rules.

1. Prohibition on Use in Legal Proceedings: I will not use or disclose your SUD

treatment records—or any testimony describing those records—to initiate or substantiate any criminal charges against you or to conduct any investigation of you, unless you provide express written consent or a court order is issued in compliance with 42 CFR Part 2.

2. Requirement for Specific Authorization: Most uses and disclosures of SUD records for purposes outside of treatment, payment, or healthcare operations (TPO) require your specific written authorization. Once you provide a single consent for TPO, I may share that information among other providers, clearinghouses, and health plans as permitted by HIPAA, until such time as you revoke that consent.

2. Notice of Redisclosure: Each disclosure made with your written consent will be accompanied by a written statement notifying the recipient that federal law (42 CFR Part 2) prohibits them from making any further disclosure of the information unless further disclosure is expressly permitted by your written consent or otherwise permitted by the regulations.

3. Your Right to Restrict: You have the right to request a restriction on the disclosure of your SUD records to your health plan for the purposes of payment or healthcare operations if you have paid for the services in full, out-of-pocket.

VII. COMPLAINTS

If you believe that Anchor Psychiatric Care has violated your privacy rights, you have the right to file a complaint. Anchor Psychiatric Care will not retaliate against you if you file a complaint. You may complain by contacting:

- Anchor Psychiatric Care: 4601 Spicewood Springs Rd, Ste 2-100, Austin, Texas 78759. Phone: 512-270-1544. Email: chele@anchorpsychcare.com
- Texas Medical Board (TMB): 1801 Congress Avenue, Suite 9.200, P.O. Box 2018, Austin, TX 78768-2018. Phone: 1-800-201-9353.
- Texas Attorney General: P.O. Box 12548, Austin, Texas 78711. Phone: (800) 463-

2100 (toll free).

- U.S. Department of Health and Human Services: 1301 Young Street, Suite 106,
Dallas, Texas 75202. Hotline: (800) 368-1019 (toll free).

You must file your complaint within 180 days of when you knew or should have known about the event that you think violated your privacy rights. All complaints should be submitted in writing.

VIII. HOW TO EXERCISE YOUR RIGHTS

To exercise any of the rights described in this Notice, please submit a written request to:

Privacy Contact: Michele (Chele) Frizell, MSN, APRN, PMHNP-BC

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4601 Spicewood Springs Road, Ste 2-100

Austin, Texas 78759-7847

Phone: 512-270-1544

Email: chele@anchorpsychcare.com

I will respond to most requests within 30 days. Requests for access to records will be fulfilled within 15 business days as required by Texas law.

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information.