DECADES COUNSELING

Ellen Johnson Counseling, PLLC, DBA Decades Counseling · 1609 Shoal Creek Blvd, Suite 301, Austin, TX 78701

Notice of Privacy Practices

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.

Effective July 25, 2026 Replaces all prior versions, including the version effective January 1, 2023

FOR YOUR INFORMATION ONLY

Nothing here needs to be signed or returned. This page is posted so you can read our privacy practices at any time. If you would like a paper copy, ask any staff member or your therapist and we will print one for you.

Who follows this Notice

This Notice describes the privacy practices of Ellen Johnson Counseling, PLLC, doing business as Decades Counseling ("Decades Counseling," "we," "us," or "our"). It applies to all clinicians, employees, independent contractors, administrative staff, students, interns, and volunteers who provide services on our behalf, whether services are delivered in our office, at another location, or by telehealth. All of these individuals and entities follow the terms of this Notice and may share your information with one another as needed for treatment, payment, and health care operations.

Our commitment to your privacy

We are required by law to maintain the privacy of your protected health information ("PHI"), to give you this Notice explaining our legal duties and privacy practices, to follow the terms of the Notice currently in effect, and to notify you if a breach occurs that compromises the privacy or security of your information. PHI is information that identifies you and relates to your mental or physical health, the health care we provide to you, or payment for that care. Because we are a mental health practice, the mere fact that you are our client is itself protected information.

How we may use and disclose your information without your written authorization

In the situations described below, we may use or disclose your PHI without obtaining your written authorization, subject to all applicable federal and Texas legal requirements and limitations. Some of these disclosures are permitted; others are required.

Treatment. We may use your information to provide, coordinate, or manage your care. Example: with your consent, your therapist may consult with your psychiatrist about how your medication is affecting your progress in therapy, or coordinate with another provider to whom you are being referred.

Payment. We may use and disclose your information to obtain payment for services. Because we are a private-pay practice, this typically means processing the payment method you have provided, issuing statements, and preparing a superbill at your request. Please see "A note about insurance and superbills" below.

Health care operations. We may use your information for the business activities that support our practice. Examples include internal quality review, clinical supervision and case consultation, staff training, scheduling, and administrative operations. When we consult with other professionals about your care, we make reasonable efforts to protect your identity.

Appointment reminders and practice communications. We may contact you by telephone, text message, email, or through our client portal to remind you of appointments, confirm scheduling changes, or provide information about treatment alternatives and other health-related services that may be of interest to you. You may ask us to limit how and where we contact you; see "Right to request confidential communications" below.

Business associates. We contract with outside vendors who perform services on our behalf and who may need access to your information to do so — for example, our electronic health record and client portal vendor, our billing and payment processor, our secure telehealth platform, and our IT support providers. Each of these vendors is required by written agreement to safeguard your information and to use it only for the purposes we authorize.

When disclosure is required or permitted by law

We may use or disclose your information without your authorization in the following circumstances.

To avert a serious threat to health or safety. If we determine that there is a probability of imminent physical injury by you to yourself or others, or a probability of immediate mental or emotional injury to you, we may disclose information to medical or law enforcement personnel, or to a person you have threatened, to the extent permitted by Texas law.

Suspected abuse or neglect. Texas law requires us to report suspected abuse, neglect, or exploitation of a child, an elderly person, or a person with a disability to the appropriate state agency. We are also required to report suspected sexual exploitation of a client by a previous mental health provider.

As required by law. We will disclose information when federal or Texas law otherwise requires it.

Judicial and administrative proceedings. We may disclose information in response to a court order. We may also disclose information in response to a subpoena, discovery request, or other lawful process, subject to the protections and limitations that Texas and federal law place on mental health records. If you place your mental condition at issue in litigation you initiate, an opposing party may have the right to obtain your records or your therapist's testimony.

Health oversight activities. We may disclose information to the Texas Behavioral Health Executive Council or another oversight agency for activities such as licensure investigations, audits, and disciplinary proceedings, including in connection with a complaint you or another person files.

Law enforcement. In limited circumstances defined by law, we may disclose information to law enforcement officials — for example, in response to a valid court order or warrant, or to report a crime occurring on our premises.

Public health activities. We may disclose information to public health authorities authorized to receive it for purposes such as preventing or controlling disease.

Coroners, medical examiners, and funeral directors. We may disclose information as necessary for these officials to carry out their duties.

Workers' compensation. We may disclose information as authorized by laws relating to workers' compensation or similar programs.

Specialized government functions. In narrow circumstances defined by law, we may disclose information for military and veterans activities, national security and intelligence activities, or protective services for the President and others.

Deceased clients. We may disclose information about a deceased client to the extent permitted or required by Texas and federal law, including to a personal representative of the estate.

Video security recording at our office

For the safety and security of clients and staff, our office suite is monitored by a video security camera covering the entry area. This camera records video only and does not record audio. It does not cover therapy rooms or any area in which sessions take place. Recorded footage may show that you entered our office and may therefore identify you as a person who received or sought services from a mental health provider. We treat such recordings as protected health information under this Notice. Footage is stored on a secure, access-restricted system, is retained for approximately 30 days before being automatically overwritten, and is accessible only to authorized practice personnel. Footage is used solely for facility security and for responding to a safety or security incident. It is not used for any clinical purpose, is not part of your clinical record, and will not be disclosed except as permitted or required by law, or as necessary to respond to a security incident. If you have concerns about the camera, please raise them with your therapist. We will discuss your concerns and, where feasible, alternative arrangements for your arrival and departure.

Custodian of records

As required by Texas law, your therapist has designated a custodian of clinical records in the event of the therapist's death or incapacity. That custodian has been instructed regarding confidential storage and secure destruction of records in accordance with Texas law, and is bound to protect the confidentiality of your information.

Uses and disclosures that require your written authorization

Other than the uses and disclosures described above, we will not use or disclose your information without your specific, written authorization. In particular, the following always require your written authorization.

Psychotherapy notes. Psychotherapy notes are notes your therapist keeps documenting or analyzing the contents of a counseling session, maintained separately from the rest of your record. Most uses and disclosures of psychotherapy notes require your written authorization. Limited exceptions exist under the law, such as use by the therapist who created them, certain training programs, our defense in a legal action you bring against us, and specific oversight or safety situations.

Marketing. We will not use or disclose your information for marketing purposes without your written authorization.

Sale of your information. We will never sell your protected health information. Any disclosure that would constitute a sale of PHI requires your written authorization, and Texas law separately prohibits the sale of PHI in most circumstances.

Fundraising. We do not use client information for fundraising.

You may revoke an authorization at any time by submitting your revocation in writing to our Privacy Officer. A revocation stops any future use or disclosure under that authorization, but it cannot undo any use or disclosure we already made while the authorization was in effect.

A note about insurance and superbills

Decades Counseling is a private-pay practice. We are not contracted with any health insurance plan, and we do not submit claims to insurance companies on your behalf. We therefore do not routinely disclose your information to any health plan. If you request a superbill so that you may seek out-of-network reimbursement from your insurer, we will provide it to you, and it will include a mental health diagnosis and procedure codes. You — not Decades Counseling — submit that document to your insurer. Once you submit it, your information becomes subject to your insurer's policies and is no longer within our control. Submitting a mental health claim carries a degree of risk to your privacy, and you may choose not to request a superbill at all.

Your rights regarding your information

You have the following rights with respect to the protected health information we maintain about you. To exercise any of these rights, submit a written request to our Privacy Officer at the address listed at the end of this Notice.

Right to inspect and obtain a copy. You have the right to inspect and obtain a copy of your record, including your clinical record and billing records. If you request an electronic copy and we maintain your record electronically, we will provide it in the electronic form and format you request if it is readily producible, or in another agreed-upon electronic format. We may charge a reasonable, cost-based fee for copying, mailing, and supplies. We will respond within the timeframes required by federal and Texas law; Texas law may require us to act more quickly than federal law for mental health records. Psychotherapy notes are not subject to this right of access. In limited circumstances, we may deny access — for example, if your therapist determines that release would be harmful to your

physical, mental, or emotional health. If we deny your request, we will tell you in writing, and you may have the right to have the denial reviewed by another licensed professional who was not involved in the original decision.

Right to request an amendment. If you believe information in your record is incorrect or incomplete, you may ask us to amend it for as long as we maintain the record. Your request must be in writing and must state a reason supporting the requested change. We may deny your request if the information was not created by us, is not part of the record we keep, is not information you would be permitted to inspect and copy, or is accurate and complete. If we deny your request, we will explain why in writing and you may submit a statement of disagreement to be included with your record.

Right to an accounting of disclosures. You have the right to request a list of certain disclosures we have made of your information. This accounting does not include disclosures made for treatment, payment, or health care operations, disclosures you authorized, or certain other categories excluded by law. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. The first accounting in any twelve-month period is free; we may charge a reasonable, cost-based fee for additional requests and will tell you the cost in advance so that you may withdraw or modify your request.

Right to request restrictions. You have the right to request that we limit how we use or disclose your information for treatment, payment, or health care operations, or that we limit disclosures to someone involved in your care. We are not required to agree to your request, but if we do agree, we will honor it unless the information is needed to provide you emergency treatment.

Right to restrict disclosure to a health plan when you pay out of pocket. You have the right to require us not to disclose information about a service to a health plan if you pay for that service in full, out of pocket, and the disclosure is for payment or health care operations and is not otherwise required by law. We must honor this request. In practice, because we do not contract with or submit claims to any health plan, we do not make such disclosures at all. If you request a superbill and submit it to your insurer yourself, this restriction does not apply to that submission.

Right to request confidential communications. You have the right to ask us to communicate with you about treatment matters in a particular way or at a particular location — for example, only by cell phone, only at a specific email address, or with no message left on voicemail. We will accommodate all reasonable requests and will not ask you the reason for the request.

Right to be notified of a breach. You have the right to be notified if we discover a breach of your unsecured protected health information, in accordance with federal and Texas law.

Right to a paper copy of this Notice. You have the right to a paper copy of this Notice at any time upon request, even if you agreed to receive it electronically. A current copy is also posted in our office and available on our website.

Right to choose someone to act for you. If you have given someone a medical power of attorney, or if someone is your legal guardian, that person may exercise your rights and make choices about your information. We will verify that the person has this authority before we act.

Additional Texas requirements

Notice regarding electronic disclosure. Texas law requires us to inform you that your protected health information is subject to electronic disclosure. We maintain your records electronically and may disclose your information electronically — for example, through our electronic health record system, our secure telehealth platform, or secure electronic transmission to another provider with your authorization. Except as permitted by law, we will not electronically disclose your PHI to any person without your separate written authorization.

Mental health records. In addition to HIPAA, your records are protected by Chapter 611 of the Texas Health and Safety Code, which governs the confidentiality of mental health records. Where Texas law provides you greater protection or greater rights than federal law, we follow Texas law.

Record retention. We retain client records for the period required by Texas law and the rules of the Texas Behavioral Health Executive Council. Records are securely destroyed at the end of the retention period in a manner that protects your confidentiality.

Changes to this Notice

We reserve the right to change this Notice and to make the revised Notice effective for information we already have about you as well as information we receive in the future. Whenever we materially revise this Notice, we will post the current version in our office with its effective date, make it available on our website, and provide a copy to you upon request.

Complaints

If you believe your privacy rights have been violated, or if you have questions about our privacy practices, you may file a complaint with our Privacy Officer or with the federal government. You will not be penalized, retaliated against, or denied services in any way for filing a complaint.

DECADES COUNSELING

Privacy Officer
1609 Shoal Creek Blvd,
Suite 301
Austin, TX 78701
512-522-1964
ellen@decadescounseling.com

FEDERAL GOVERNMENT

Office for Civil Rights
U.S. Department of Health and
Human Services
200 Independence Avenue, S.W.
Room 509F, HHH Building
Washington, D.C. 20201
1-877-696-6775
hhs.gov/ocr/privacy/hipaa/complaints

TEXAS BHEC

Texas Behavioral
Health Executive
Council
1801 Congress
Ave., Ste. 7.300
Austin, TX 78701
(512) 305-7700

Questions about this Notice

If you have any questions about this Notice or would like more information about our privacy practices, please contact our Privacy Officer, Ellen Johnson, MA, LPC and Clinical Director, at the contact information listed above.

This web version is provided for reading only — there is nothing to sign or return. A laminated copy is kept in our waiting room, and we are glad to print a copy for you on request.