

# Notice of Privacy Practices

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**Present Tense Therapy, PLLC**

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**Email:** casie@presenttensetherapy.com

**Phone:** (936) 337-2215

**Effective Date:** February 16, 2026

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**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.**

Present Tense Therapy, PLLC ("Present Tense Therapy," "we," "us," or "our") understands that information about your health and health care is personal. We are committed to protecting the privacy and security of your protected health information ("PHI").

We create and maintain records of the care and services you receive from us. Health information may exist or be handled in paper, electronic, or other forms as necessary for treatment, payment, health care operations, and other purposes permitted or required by law.

This Notice describes:

- how we may use and disclose your health information;
- your rights regarding your health information;
- our responsibilities for protecting your information; and
- how you may ask questions or file a complaint about our privacy practices.

This Notice applies to health information maintained by Present Tense Therapy, PLLC.

Mental health information receives additional confidentiality protection under Texas law. When Texas law or another applicable law provides greater privacy protection than HIPAA, we will follow the more protective requirement.

To the extent that Present Tense Therapy creates, receives, or maintains records protected by **42 C.F.R. Part 2**, those records also receive the additional protections described in this Notice and required by federal law.

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## **I. YOUR RIGHTS**

When it comes to your health information, you have certain rights. This section explains those rights and our responsibilities to help you exercise them.

### **1. The Right to Inspect and Obtain Copies of Your Health Information**

You generally have the right to inspect and obtain a copy of health information about you that is maintained in a designated record set, subject to limitations permitted by federal and Texas law.

Copies may be provided in paper or electronic form as required or permitted by applicable law. We will respond to your request within the time required by federal and Texas law. We may charge a reasonable, cost-based fee when permitted by law.

Certain information may not be subject to the ordinary right of access, including psychotherapy notes as defined by HIPAA and other information that applicable law permits or requires us to withhold.

If we deny access to information, in whole or in part, we will explain the reason for the denial in writing and will inform you of any available rights to have that decision reviewed.

## **2. The Right to Request Correction or Amendment of Your Health Information**

If you believe health information we maintain about you is incorrect or incomplete, you may ask us to amend it.

We may deny your request in circumstances permitted by law. If we deny the request, we will explain the reason in writing, generally within 60 days of receiving your request, and explain any additional rights you may have regarding the disputed information.

## **3. The Right to Request Confidential Communications**

You may ask us to communicate with you in a particular way or at a particular location. For example, you may ask us to contact you only at a certain telephone number or to send correspondence to a different address.

We will accommodate reasonable requests.

## **4. The Right to Request Restrictions on Uses and Disclosures**

You may ask us not to use or disclose certain health information for treatment, payment, or health care operations.

Except as described below, we are generally not required to agree to your request. If we do agree, we will comply with the restriction except when disclosure is needed to provide emergency treatment or when disclosure is otherwise required by law.

### **Services Paid in Full Out of Pocket**

If you pay for a health care service or item out of pocket in full, you may ask us not to disclose information about that service to your health plan for payment or health care operations purposes.

We will agree to that request unless disclosure is otherwise required by law.

## **5. The Right to an Accounting of Certain Disclosures**

You may ask for a list, called an **accounting of disclosures**, describing certain disclosures we have made of your health information during the six years before the date of your request.

The accounting generally does not include disclosures made for treatment, payment, or health care operations, disclosures you authorized, and certain other disclosures excluded by law.

We will provide one accounting during any 12-month period without charge. We may charge a reasonable, cost-based fee for additional requests during the same 12-month period after informing you of the cost and giving you an opportunity to withdraw or modify the request.

If this practice maintains substance use disorder treatment records electronically, your right to an accounting of disclosures includes disclosures made for treatment, payment, and healthcare operations (TPO) over the prior three (3) years.

## **6. The Right to Receive a Copy of This Notice**

You may request a paper copy of this Notice at any time, even if you previously agreed to receive the Notice electronically.

This Notice is also available electronically through our website.

## **7. The Right to Choose Someone to Act for You**

If another person has legal authority to act as your personal representative, such as through a valid medical power of attorney, guardianship, or other authority recognized by law, that person may exercise applicable privacy rights on your behalf.

We may require documentation establishing the person's authority before taking action on a request.

## **8. The Right to Receive Notice of a Breach**

We will notify you as required by law following a breach of unsecured protected health information.

## **9. The Right to File a Complaint**

If you believe your privacy rights have been violated, you may file a complaint with Present Tense Therapy or with the U.S. Department of Health and Human Services Office for Civil Rights.

**We will not retaliate against you for filing a complaint or exercising your privacy rights.**

Complaint information appears in Section X of this Notice.

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## II. YOUR CHOICES REGARDING CERTAIN DISCLOSURES

In certain situations, you may tell us your preferences regarding how we share information.

### Family Members, Friends, and Others Involved in Your Care

With your permission or when otherwise permitted by applicable law, we may disclose relevant health information to a family member, close friend, or other person involved in your care or payment for your care.

If you are unable to tell us your preference, such as during an emergency, we may disclose information when permitted by federal and Texas law and when we determine that doing so is in your best interest.

Because Texas law provides additional protections for mental health information, we will not make such disclosures merely because HIPAA would otherwise permit them when Texas law requires greater protection.

### Marketing

We will not use or disclose your PHI for marketing purposes when written authorization is required by HIPAA without first obtaining your authorization.

### Sale of PHI

We will not sell your PHI in the regular course of our business. We will obtain written authorization before any use or disclosure that would constitute a sale of PHI under applicable law.

### Fundraising

Present Tense Therapy does not currently use PHI for fundraising purposes.

If our practices change, we will comply with all applicable notice, authorization, consent, and opt-out requirements before using protected information for fundraising.

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## III. HOW WE TYPICALLY USE AND DISCLOSE YOUR INFORMATION

Federal privacy law permits health care providers to use and disclose PHI for treatment, payment, and health care operations without a separate HIPAA authorization in many circumstances. Texas law provides additional protections for mental health records and communications.

Accordingly, the uses and disclosures described below will occur **only to the extent permitted by all applicable federal and Texas law.**

### 1. Treatment

We may use your health information to provide, coordinate, or manage your care and may disclose information to another health care professional involved in your treatment when permitted by law.

**Example:** We may consult with another health care provider involved in your care or provide appropriate information when making a referral to another provider.

Disclosures for treatment are not ordinarily subject to HIPAA's minimum-necessary standard. However, other applicable confidentiality laws may impose additional limitations.

### 2. Payment

We may use and disclose health information as necessary to obtain payment for services when permitted by law.

**Example:** If you use health insurance, we may provide information required by your health plan to submit a claim, establish eligibility or benefits, obtain authorization when required, or receive payment for covered services.

### 3. Health Care Operations

We may use and disclose health information as necessary to operate our practice and provide quality services when permitted by law.

**Example:** We may use health information for activities such as quality assessment, compliance activities, credentialing, billing administration, audits, practice management, or reviewing and improving the services we provide.

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#### **IV. OTHER USES AND DISCLOSURES THAT MAY BE PERMITTED OR REQUIRED**

The circumstances below describe additional situations in which health information may be used or disclosed without your written authorization.

Because confidential mental health information is subject to additional protection under **Chapter 611 of the Texas Health and Safety Code**, a disclosure described in this section will be made only when permitted or required under applicable Texas and federal law.

##### **Required by Law**

We may use or disclose health information when a state or federal law requires us to do so, but the disclosure will be limited to what the law requires.

##### **Public Health and Safety**

We may disclose information for certain legally authorized public health or safety purposes, including when applicable:

- reporting suspected abuse or neglect when required by law;
- reporting certain information to public health authorities when required or permitted by law; or
- preventing or reducing a serious and imminent threat to the health or safety of a person or the public when disclosure is permitted by applicable law.

##### **Health Oversight**

We may disclose information to legally authorized health oversight agencies for activities such as audits, investigations, inspections, disciplinary proceedings, or other oversight activities when permitted or required by law.

##### **Judicial and Administrative Proceedings**

We may disclose health information in connection with a judicial or administrative proceeding **only when authorized or required under applicable federal and Texas law**.

A subpoena, discovery request, attorney request, or other demand for records does not necessarily authorize disclosure of confidential mental health information.

When appropriate, we may seek your authorization, require an appropriate court order, assert applicable privilege or confidentiality protections, or otherwise respond as required by law before releasing information.

##### **Law Enforcement**

We may disclose health information for law enforcement purposes only when the disclosure is specifically permitted or required under applicable federal and Texas law.

##### **Coroners, Medical Examiners, and Funeral Directors**

We may disclose health information to a coroner, medical examiner, or funeral director when authorized by law and as necessary for that person to perform legally authorized duties.

##### **Workers' Compensation**

We may disclose health information as authorized or required to comply with workers' compensation laws or similar programs that provide benefits for work-related injuries or illness.

##### **Specialized Government Functions**

When specifically permitted by applicable law, health information may be used or disclosed for certain government functions, which may include military or veterans' activities, national security and intelligence activities, protective services, or correctional or custodial settings.

##### **Research**

Present Tense Therapy does not use or disclose identifiable client information for research except with your authorization or when a use or disclosure is specifically permitted under applicable federal and Texas law and all required safeguards have been satisfied.

##### **Appointment Reminders and Information About Services**

We may use PHI to contact you regarding appointments.

We may also communicate with you about treatment alternatives, health-related services, or benefits that may be relevant to your care when permitted by law.

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## V. ADDITIONAL PROTECTIONS FOR MENTAL HEALTH INFORMATION UNDER TEXAS LAW

Texas law provides confidentiality protections for communications between a patient and a mental health professional and for records concerning the identity, diagnosis, evaluation, or treatment of a patient that are created or maintained by a mental health professional.

These protections may be more restrictive than HIPAA.

When Texas law provides greater confidentiality protection, **Texas law controls**. We will not disclose confidential mental health communications or records merely because HIPAA would permit a disclosure if Texas law prohibits or materially limits that disclosure.

Disclosures of confidential mental health information will therefore be limited to those authorized or required under applicable provisions of Texas law, including circumstances involving your written authorization, treatment and health care activities permitted by law, legally required reporting, certain emergencies or threats to safety, judicial proceedings meeting applicable legal requirements, and other specifically authorized circumstances.

Nothing in this Notice should be interpreted as expanding our authority to disclose confidential mental health information beyond what Texas law permits.

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## VI. USES AND DISCLOSURES REQUIRING YOUR WRITTEN AUTHORIZATION

Other uses and disclosures of PHI that are not described in this Notice and are not otherwise permitted or required by law will be made only with your written authorization.

You may revoke an authorization in writing at any time, except to the extent that we have already relied upon the authorization and taken action based upon it or as otherwise provided by law.

### Psychotherapy Notes

To the extent that we create or maintain **psychotherapy notes as that term is specifically defined by HIPAA**, most uses and disclosures of those notes require your written authorization.

Psychotherapy notes are not the same as ordinary progress notes or the clinical record. They are notes recorded by a mental health professional documenting or analyzing the contents of a counseling conversation that are maintained separately from the remainder of the medical record.

Authorization is generally not required for certain uses or disclosures specifically permitted by HIPAA, including:

- use by the originator of the notes for treatment;
- certain uses for training or supervision of mental health practitioners;
- use or disclosure when necessary for the provider to defend itself in a legal action or proceeding brought by the individual;
- use or disclosure to the U.S. Department of Health and Human Services when required to determine HIPAA compliance; and
- other limited circumstances specifically authorized or required by law.

Texas law may impose additional confidentiality requirements even when HIPAA would otherwise permit a use or disclosure.

### Marketing and Sale of PHI

We will obtain written authorization before using or disclosing PHI for marketing or sale when authorization is required by law.

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## VII. ELECTRONIC HEALTH INFORMATION

Protected health information may be **created, received, maintained, transmitted, or disclosed through electronic means** as part of practice operations.

This statement does not mean that all records maintained by Present Tense Therapy exist in electronic form.

When health information is disclosed electronically, Present Tense Therapy will comply with applicable federal and Texas privacy laws, including authorization requirements and exceptions applicable to electronic disclosures.

Texas law generally requires specific authorization for certain electronic disclosures of protected health information unless an exception established by law applies. Exceptions may include certain electronic disclosures for treatment, payment, health care operations, or other purposes permitted or required by law.

When you request access to health information, the availability and form of a paper or electronic copy will depend upon the form in which the requested information is maintained, the capabilities of the systems involved, your requested format, and applicable federal and Texas law.

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## **VIII. SUBSTANCE USE DISORDER INFORMATION PROTECTED BY 42 C.F.R. PART 2**

Some substance use disorder information receives additional protection under federal law.

**42 C.F.R. Part 2 does not apply to all information concerning substance use or substance use disorder treatment.**

The additional protections in this section apply only to records that are actually subject to Part 2.

To the extent that Present Tense Therapy creates, receives, or maintains records protected by 42 C.F.R. Part 2, we will use and disclose those records only as permitted by Part 2 and other applicable law.

Part 2 records generally may not be used or disclosed in civil, criminal, administrative, or legislative investigations or proceedings against you unless you provide the required written consent or the use or disclosure is authorized by an appropriate Part 2 court order together with any additional legal process required by law.

When Part 2 information is disclosed pursuant to a consent that permits disclosure for treatment, payment, or health care operations to a HIPAA-regulated recipient, the recipient may in some circumstances redisclose the information as permitted by HIPAA. However, Part 2's restrictions on using the information in legal proceedings against you continue to apply unless the requirements of Part 2 are satisfied.

### **SUD Counseling Notes**

To the extent that we create or maintain **SUD counseling notes as that term is defined by 42 C.F.R. Part 2**, those notes receive additional protection.

When applicable, uses and disclosures of SUD counseling notes require the consent or other legal authority required by Part 2.

Nothing in this section means that Present Tense Therapy operates as a federally assisted substance use disorder treatment program or that every record containing information about substance use is a Part 2 record.

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## **IX. OUR RESPONSIBILITIES**

Present Tense Therapy is required by law to:

- maintain the privacy and security of your protected health information;
- provide you with notice of our legal duties and privacy practices regarding your health information;
- follow the duties and privacy practices described in the Notice currently in effect;
- notify you as required by law if a breach of unsecured PHI occurs;
- comply with applicable federal and Texas confidentiality requirements; and
- comply with additional legal requirements when we create, receive, or maintain records protected by 42 C.F.R. Part 2.

We will not use or disclose your health information other than as described in this Notice unless you authorize us to do so in writing or another use or disclosure is permitted or required by law.

If you authorize a use or disclosure, you may revoke that authorization in writing as provided by law.

### **Changes to This Notice**

We reserve the right to change the terms of this Notice and our privacy practices.

Changes may apply to health information we already maintain as well as information we receive or create in the future.

If we materially revise this Notice, the revised Notice will be available upon request, at our office, and on our website.

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## **X. QUESTIONS AND COMPLAINTS**

If you have questions about this Notice, would like additional information about our privacy practices, wish to exercise a privacy right, or believe your privacy rights have been violated, please contact:

**Privacy Officer** Casie Weihe, Present Tense Therapy, PLLC Address: 1411 Turtle Creek Drive, Suite B Lufkin, Texas 75901  
Phone: (936) 337-2215, Email: [casie@presenttensetherapy.com](mailto:casie@presenttensetherapy.com)

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

**U.S. Department of Health and Human Services**

Office for Civil Rights - Region VI  
1301 Young Street, Suite 1169  
Dallas, TX 75202  
Phone: (800) 368-1019 | Fax: (214) 767-0432

Complaints may also be submitted through the Office for Civil Rights complaint process available on the U.S. Department of Health and Human Services website.

**Present Tense Therapy will not retaliate against you for filing a complaint or exercising any right described in this Notice.**

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## **ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

I acknowledge that I have received or been given access to the Notice of Privacy Practices of Present Tense Therapy, PLLC.