

MSH Psychotherapy, PLLC

Notice of Privacy Practices

Practice: MSH Psychotherapy, PLLC

Treating Clinician: Maximino Salazar, PsyD (Provisionally Licensed Psychologist - Texas)

Clinical Supervisor: Krista Jordan, PhD, ABPP

Address: 2222 Western Trails Blvd Ste 107, Austin, TX 78745

Phone: (512) 522-4070 **Email:** dr.maximinosalazar@gmail.com

Supervisor Contact: (512) 202-7279 – kristajordan@gmail.com

EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on: January 19, 2026

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I. MY PLEDGE REGARDING HEALTH INFORMATION

Health information about you and the care you receive is personal. I am committed to protecting your health information. I create a record of the care and services you receive through my practice. I need this record to provide you with quality care and to comply with certain legal requirements.

This Notice applies to all records of your care generated by MSH Psychotherapy, PLLC (“the Practice”). This Notice describes:

- How I may use and disclose your protected health information (“PHI”)
- Your rights regarding the PHI I maintain about you
- My legal duties regarding privacy

I am required by law to:

- Make sure that PHI that identifies you is kept private

- Provide you with this Notice of my legal duties and privacy practices regarding your PHI
- Follow the terms of the Notice currently in effect
- Notify you following a breach of your unsecured PHI as required by law

I may change the terms of this Notice, and such changes will apply to all PHI I have about you. The new Notice will be available upon request, in my office, and (if applicable) on my website.

II. HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

The following categories describe different ways I may use and disclose PHI. Not every use or disclosure within each category is listed; however, all permitted uses and disclosures will fall within one or more of these categories.

A) For Treatment

I may use and disclose your PHI to provide, coordinate, or manage your psychological care and related services. For example, I may consult with another licensed health care provider about your condition, or coordinate care with another provider when appropriate and authorized.

Disclosures for treatment purposes are not limited to the minimum necessary standard, because health care providers may need access to full information to provide quality care.

B) For Payment

I may use and disclose your PHI for payment activities, such as billing and collecting fees for services. This may include disclosures to verify coverage (if applicable), obtain payment, and pursue payment/collections as permitted by law.

Important billing note (your practice setup): Although clinical services are provided by MSH Psychotherapy, PLLC, billing and payment processing for your services may be administered through Krista Jordan, PhD, ABPP / Dr. Krista Jordan & Associates (billing administrator). I may disclose the minimum necessary PHI needed for billing/payment operations (for example: your name, dates of service, type of service, and related billing information). The billing administrator may maintain privacy practices and/or notices applicable to their billing systems.

C) For Health Care Operations

I may use and disclose your PHI for practice operations, such as quality assessment, training, supervision, credentialing, audits, compliance, business management, and general administrative activities. For example:

- Clinical supervision/consultation to ensure quality of care
- Internal quality review of documentation and services
- Business associate services (e.g., EHR, secure telehealth platform, cloud storage, accounting)

Business Associates: The Practice uses vendors (such as an electronic health record and telehealth platform) that may have access to PHI to perform services on behalf of the Practice. When required, these vendors are obligated to safeguard PHI.

D) Appointment Reminders and Health-Related Services

I may use and disclose your PHI to contact you to remind you of appointments. I may also contact you to provide information about treatment alternatives or other health-related services that I offer.

E) Lawsuits and Disputes

If you are involved in a lawsuit or dispute, I may disclose PHI in response to a court or administrative order. I may also disclose PHI in response to a subpoena, discovery request, or other lawful process, but generally only after appropriate steps are taken to protect your privacy (for example, you are notified or an order is sought to protect the information requested), as required by law.

III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR WRITTEN AUTHORIZATION

Unless a specific exception applies, I will obtain your written authorization before using or disclosing your PHI for purposes not described in this Notice.

A) Psychotherapy Notes

I may create psychotherapy notes as defined under federal law (45 CFR § 164.501). Psychotherapy notes are kept separate from the designated medical record set.

Any use or disclosure of psychotherapy notes requires your written 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

c. For my use in defending myself in legal proceedings you initiate

d. For use by the Secretary of Health and Human Services to investigate or determine my compliance with HIPAA

e. Required by law and limited to the requirements of that law

f. Required for certain health oversight activities related to the originator of the psychotherapy notes

g. Required by a coroner or medical examiner performing duties authorized by law

h. Necessary to help avert a serious threat to the health or safety of any person or the public

B) Marketing Purposes

I will not use or disclose your PHI for marketing purposes without your written authorization. I do not receive payment for marketing communications.

C) Sale of PHI

I will not sell your PHI.

IV. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION

Subject to certain limitations, I may use and disclose your PHI without your authorization for the following reasons:

- When disclosure is required by federal or state law, and the disclosure complies with and is limited to the relevant requirements
- For public health activities and public health reporting
- To report suspected abuse or neglect as required by law (e.g., child abuse/neglect; abuse of elderly or dependent adults where applicable)
- For health oversight activities such as audits, inspections, investigations, and licensure/disciplinary actions
- For judicial and administrative proceedings, including responding to a court or administrative order (I generally prefer to obtain an authorization when possible)
- For law enforcement purposes, such as reporting a crime occurring on my premises or as otherwise required by law
- To coroners or medical examiners when authorized by law

- For certain research purposes, subject to legal requirements
 - For specialized government functions (e.g., military and national security activities) as permitted by law
 - For workers' compensation claims, as authorized by and to the extent necessary to comply with applicable laws
 - To prevent or lessen a serious and imminent threat to health or safety, consistent with applicable law and ethical standards
-

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

Disclosures to family, friends, or others involved in your care:

I may disclose relevant PHI to a family member, friend, or other person you identify as involved in your care or the payment for your care, unless you object in whole or in part. In emergency situations, I may disclose information if I determine it is in your best interest, and I will inform you of the disclosure when appropriate.

VI. YOUR RIGHTS REGARDING YOUR PHI

You have the following rights regarding your PHI:

A) Right to Request Limits on Uses and Disclosures

You may ask me not to use or disclose certain PHI for treatment, payment, or health care operations. I am not required to agree to your request, and I may decline if it would affect your care or my ability to operate the practice.

B) Right to Request Restrictions for Out-of-Pocket Services Paid in Full

If you pay out-of-pocket in full for a specific service, you may request that I not disclose PHI about that service to a health plan for payment or health care operations. I will comply with this request unless a law requires disclosure.

C) Right to Choose How I Communicate With You

You may request that I contact you in a specific way (for example, by phone only, or at a specific number) or send mail to a different address. I will accommodate reasonable requests.

D) Right to Inspect and Obtain a Copy of Your PHI

With limited exceptions (such as psychotherapy notes), you have the right to inspect and obtain an electronic or paper copy of your record and other PHI I maintain about you.

- I will respond to a written request within 30 days, with one permitted extension when allowed by law (and I will notify you if an extension is needed).
- I may charge a reasonable, cost-based fee for copies as permitted by law.

E) Right to Receive an Accounting of Disclosures

You may request a list (accounting) of certain disclosures of your PHI made in the last six years (or a shorter time you request), excluding disclosures for treatment, payment, and health care operations, and excluding disclosures you authorized.

I will respond within 60 days of your written request, with one permitted extension when allowed by law (and I will notify you if an extension is needed). One accounting per 12 months is provided at no charge; additional requests may incur a reasonable, cost-based fee.

F) Right to Request Correction/Amendment

If you believe there is a mistake in your PHI or that important information is missing, you may request that I amend your PHI. I may deny your request under certain circumstances, but I will provide a written explanation. I will respond within 60 days of your written request, with one permitted extension when allowed by law.

G) Right to Receive a Copy of This Notice

You have the right to receive a paper copy of this Notice at any time, even if you have agreed to receive it electronically. You may also request an electronic copy.

H) Right to Be Notified of a Breach

You have the right to be notified if a breach occurs that involves your unsecured PHI, as required by law.

VII. COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with:

Maximino Salazar, PsyD
MSH Psychotherapy, PLLC

2222 Western Trails Blvd Ste 107, Austin, TX 78745
(512) 522-4070 | dr.maximinosalazar@gmail.com

You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights (OCR). You will not be retaliated against for filing a complaint.

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

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. By signing below, you acknowledge that you have received a copy of this Notice of Privacy Practices.

Client Name: _____

Client Signature: _____ **Date:** _____