Amora Counseling

Amora Counseling, PLLC

Notice of Privacy Practices

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

What Is Protected Health Information?

Protected Health Information (PHI) includes information created or received by this practice that relates to your physical or mental health, the services you receive, or payment for those services. PHI may include:

- Personal and family history
- Mental health assessments and diagnoses
- Treatment plans and progress records
- Information received from other healthcare providers
- Medication information
- Billing and insurance records
- Other information related to your care

Our Legal Duties

Federal and state law require us to:

- Maintain the privacy and security of your PHI
- Provide you with this Notice of Privacy Practices
- Follow the privacy practices described in this notice
- Notify you if a breach occurs that may compromise the privacy or security of your PHI

We reserve the right to revise this notice at any time. Any revised notice will apply to all PHI maintained by our practice and will be posted on our website.

PHONE
(214) 843-0381

EMAIL
info@amoracounseling.com

WEBSITE
www.amoracounseling.com

How We May Use and Disclose Your Information

Treatment

We may use and disclose your PHI to provide, coordinate, and manage your care. This may include communication with physicians, psychiatrists, healthcare providers, or other professionals involved in your treatment. If services are provided by an LPC Associate or another clinician under supervision, your information may be reviewed and discussed with the supervising clinician as part of treatment, professional consultation, and quality assurance activities. Such disclosures are permitted under HIPAA and Texas law.

Payment

We may use and disclose PHI to bill and collect payment for services. This may include submitting claims to insurance companies, collecting copayments, verifying benefits, or obtaining authorization for services.

Healthcare Operations

We may use PHI for administrative, quality improvement, training, compliance, auditing, and business management activities necessary to operate our practice. We may share PHI with business associates — such as billing services, electronic health record providers, telehealth platforms, or technology vendors — who are required by law and contract to protect your information.

Appointment Reminders and Service Information

We may contact you regarding appointments, scheduling, treatment alternatives, or services that may benefit your care.

Uses That Require Your Written Authorization

Certain uses and disclosures require your written authorization, including:

- Most disclosures of psychotherapy notes
- Marketing activities involving your PHI
- Any sale of your PHI
- Other uses not specifically described in this notice

You may revoke an authorization at any time in writing, except to the extent that action has already been taken in reliance on your authorization.

Uses and Disclosures Required or Permitted by Law

We may disclose PHI without your authorization when required or permitted by law, including:

- Reporting suspected child abuse or neglect
- Reporting suspected abuse, neglect, or exploitation of vulnerable adults
- Preventing a serious threat to your health or safety or the safety of another person • Responding to court orders, subpoenas, or lawful legal processes
- Public health activities
- Health oversight activities, audits, or investigations
- Law enforcement purposes as permitted by law
- Workers' compensation claims
- Coroners, medical examiners, or funeral directors
- Certain government functions, including military or national security activities
- Compliance investigations by the U.S. Department of Health and Human Services

Disclosures to Family Members and Others

With your permission, we may share relevant information with family members, friends, or others involved in your care or payment for your care. In emergency situations, we may disclose information when professional judgment indicates it is in your best interest.

Electronic Communications

Our practice may communicate with you through telephone, voicemail, email, text messaging, client portals, or telehealth platforms. While we take reasonable measures to protect electronic communications, no electronic transmission can be guaranteed completely secure. By choosing to communicate electronically, you acknowledge and accept these risks.

Your Rights Regarding Your PHI

You have the right to:

- Inspect and obtain paper or electronic copies of your PHI
- Request restrictions on certain uses and disclosures — however, we are not required to agree to all requested restrictions except where required by law
- Request an accounting of disclosures made during the previous six years, subject to limitations under applicable law
- Request that information regarding services paid entirely out-of-pocket not be disclosed to your health plan, as required by law
- Request confidential communications by alternative means or locations
- Request amendments to your records
- Obtain a paper or electronic copy of this notice at any time
- File a complaint if you believe your privacy rights have been violated — you will not be penalized or retaliated against for doing so

We will respond to requests within the timeframes required by applicable law.

Filing a Complaint

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

U.S. Dept. of Health & Human Services, Office for Civil Rights
Address: 200 Independence Avenue S.W., Washington, D.C. 20201
Phone: 1-800-368-1019

A complaint may also be filed electronically through the U.S. Department of Health and Human Services Office for Civil Rights.

Website: ocrportal.hhs.gov/ocr/portal/lobby.jsf

For full details on how to file a complaint — including information about the Texas Behavioral Health Executive Council — please refer to our separate Complaints and Requests notice.

Contact Information

If you have questions about this notice or wish to exercise any of your rights, please contact:

Phone: (214) 843-0381
Email: info@amoracounseling.com
Website: www.amoracounseling.com
Mailing Address: 14200 Midway Rd, Ste 116, Farmers Branch, TX 75244

Effective Date: June 19, 2026