

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.

Lotus Patch Counseling / Justin Nixon LPC-MHSP

750 Old Hickory Blvd # 2-150

Brentwood, TN 37027

Phone: 615-200-0995

Effective Date: January 15, 2026

I. MY PLEDGE REGARDING HEALTH INFORMATION

I understand that health information about you and your health care is personal. 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 promptly if a breach occurs that may have compromised the privacy or security of your information.

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. HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

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, we would be permitted to use and disclose your personal health information, which is otherwise confidential, in order to assist the clinician 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.

Substance Use Disorder (SUD) Records (Part 2 Protected Information)

If you receive substance use disorder treatment services from this practice, or if I receive SUD records about you from another provider, special protections apply to those records under federal law (42 CFR Part 2).

SUD records are subject to more stringent confidentiality protections than other health information. These records cannot be disclosed without your specific written consent, except in limited circumstances permitted by law.

Important limitations on SUD records:

- SUD records subject to Part 2 may not be used or disclosed in any civil, criminal, administrative, or legislative proceedings against you without your specific written consent or a court order that meets special requirements under Part 2.
- If I disclose your SUD records to other healthcare providers or entities for treatment, payment, or healthcare operations, I will inform them that the records are protected by Part 2 and cannot be re-disclosed without your authorization, except as permitted by Part 2.
- You may provide a single consent that covers all future uses and disclosures of your SUD records for treatment, payment, and healthcare operations purposes. This consent may be revoked by you at any time.

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.

Note: SUD records subject to Part 2 have additional protections and generally cannot be disclosed in legal proceedings without your specific written consent or a court order that complies with Part 2 requirements.

III. CERTAIN USES AND DISCLOSURES REQUIRE 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.

Note: Psychotherapy notes do not include medication prescription and monitoring, counseling session start and stop times, modalities and frequencies of treatment, results of clinical tests, or summaries of diagnosis, functional status, treatment plan, symptoms, prognosis, and progress to date.

2. Marketing Purposes

As a psychotherapist, I will not use or disclose your PHI for marketing purposes without your written authorization.

3. Sale of PHI

As a psychotherapist, I will not sell your PHI in the regular course of my business.

4. Fundraising Communications

If I intend to use or disclose your PHI (including SUD records subject to Part 2) for fundraising communications for the benefit of this practice, you have the right to opt out of receiving such communications. You will be provided with a clear and conspicuous opportunity to choose not to receive these communications.

5. Most Other Uses and Disclosures

Most other uses and disclosures of your health information not described in this notice will be made only with your written authorization. You may revoke your authorization at any time by submitting a written notice to me, except to the extent that I have already taken action in reliance on your authorization.

IV. CERTAIN USES AND DISCLOSURES 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. **Note:** Additional restrictions apply to SUD records subject to Part 2.
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, subject to specific privacy protections.
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. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT

1. Disclosures to family, friends, or others

I may provide your PHI to a family member, friend, or other person that you indicate 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.

Regarding minors (under age 18): In Tennessee, when a minor is 16 years of age or older and receiving mental health services, the minor has the same rights as an adult with respect to confidential information, including the right to consent to disclosure.

VI. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI

1. The Right to Request Limits on Uses and Disclosures of Your PHI

You have the right to ask me not to use or disclose certain PHI for treatment, payment, or health care operations purposes. I am not required to agree to your request, and I may say "no" if I believe it would affect your health care.

2. The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full

You have the right to request restrictions on disclosures of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full. I must agree to such requests unless disclosure is required by law.

3. 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.

4. The Right to See and Get Copies of Your PHI

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. I will provide you with a copy of your record, or a summary of it if you agree to receive a summary, within 30 days of receiving your written request, and I may charge a reasonable, cost-based fee for doing so.

5. The Right to Get a List of the Disclosures I Have Made

You have the right to request a list of instances in which I have disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided me with an Authorization. I will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list I will give you will include disclosures made in the last six years unless you request a shorter time. I will provide the list to you at no charge, but if you make more than one request in the same year, I will charge you a reasonable cost-based fee for each additional request.

6. The Right to Correct or Update Your PHI

If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that I correct the existing information or add the missing information. I may say "no" to your request, but I will tell you why in writing within 60 days of receiving your request.

7. The Right to Get a Paper or Electronic Copy of this Notice

You have the right 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 Be Notified of a Breach

You have the right to be notified promptly if a breach occurs that may have compromised the privacy or security of your health information.

9. The Right to File a Complaint

You have the right to file a complaint if you believe your privacy rights have been violated. You will not be retaliated against for filing a complaint.

VII. COMPLAINTS AND REPORTING VIOLATIONS

If you believe that your privacy rights have been violated, you have the right to file a complaint. You will NOT be retaliated against in any way for filing a complaint.

You may file a complaint with:

1. This Practice: Lotus Patch Counseling 750 Old Hickory Blvd # 2-150 Brentwood, TN 37027 Phone: 615-200-0995
Email: lotuspatchcounseling@gmail.com

2. Tennessee Department of Health - Professional Licensing Boards: If your complaint concerns professional conduct or licensing violations by a mental health professional in Tennessee, you may file a complaint at:

- Website: <https://www.tn.gov/health/health-program-areas/health-professional-boards/report-a-concern.html>
- Phone: (800) 778-4123 (Tennessee Health Related Boards)

3. U.S. Department of Health and Human Services, Office for Civil Rights:

You may file a complaint electronically via the **OCR Complaint Portal** at:
<https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>

Or by mail or email:

- **Mail:** Centralized Case Management Operations U.S. Department of Health and Human Services 200 Independence Avenue, S.W., Room 509F, HHH Building Washington, D.C. 20201
- **Email:** OCRComplaint@hhs.gov (Note: Unencrypted email may not be secure)
- **Phone:** (800) 368-1019 | TDD: (800) 537-7697

Complaint forms are available at: <https://www.hhs.gov/hipaa/filing-a-complaint>

Important Information About Filing Complaints:

- Complaints must be filed within 180 days of when you knew or should have known that the violation occurred.
- You must provide your name and contact information. OCR does not investigate anonymous complaints.
- If you want your identity kept confidential during the investigation, you may request that on the consent form.

VIII. USE OF ARTIFICIAL INTELLIGENCE (AI) IN THIS PRACTICE

This practice uses artificial intelligence (AI) tools to support administrative and clinical functions. These AI systems help improve the quality and efficiency of your care while maintaining the security and confidentiality of your protected health information.

AI Platforms We Use

This practice uses external AI-powered platforms including:

- **Upheal:** For automated session notes and administrative tools. Upheal is a HIPAA-compliant Business Associate that adheres to the HIPAA Security Rule and Privacy Rule, implementing appropriate administrative, physical, and technical safeguards to protect your electronic health information (ePHI). More information is available at www.upheal.io/privacy.
- **SimplePractice Note Taker:** For session transcription and draft progress note preparation. SimplePractice is HIPAA-compliant and HITRUST certified.

All AI vendors used by this practice have signed Business Associate Agreements (BAAs) ensuring the protection of your PHI.

How We Use AI

AI technology in this practice is used for the following purposes:

Administrative Support:

- Assisting in drafting and organizing session notes
- Transcribing therapy sessions to create accurate documentation
- Managing appointment scheduling and sending reminders
- Processing billing and insurance claims
- Administrative task management

Clinical Support:

- Analyzing data to identify therapy trends and track progress (always reviewed by your therapist)
- Reviewing treatment plans for completeness and adherence to clinical standards
- Helping to identify and organize external resources or referrals
- Supporting clinical decision-making processes (all final decisions remain with your licensed therapist)

Business Operations:

- Analyzing business information and generating reports or trends for practice management

How We DO NOT Use AI

To be clear, we do not use AI to:

- Make independent therapeutic decisions or diagnoses
- Communicate with you directly to provide therapeutic advice
- Generate treatment recommendations without the direct review, approval, and input of your licensed therapist

- Detect or interpret your emotions or mental state

Session Recording and Transcription

If you consent to session transcription, your therapist may use AI tools to transcribe sessions for the purpose of creating accurate progress notes. Important safeguards regarding transcription:

- **Audio recordings** are immediately deleted as soon as a transcript is created, generally within minutes of a session ending
- **Transcripts** are only retained for the shorter of 7 days or when the progress note is signed and locked by your therapist, after which they are permanently deleted
- During the brief retention period, transcripts remain confidential and secure, available only to your therapist for verifying the accuracy of the progress note
- Transcripts are not used for any other purpose

Note: Session transcription requires your separate written consent. You may decline transcription and still receive all therapy services.

Important Safeguards

- **Human Oversight:** All AI-generated content is reviewed, verified, and approved by your licensed mental health professional. AI does not make independent clinical decisions or interact directly with you in therapeutic communications.
- **HIPAA Compliance:** All AI vendors are HIPAA-compliant Business Associates with signed BAAs ensuring the protection of your PHI.
- **Data Security:** AI systems process your information using secure, encrypted methods designed to protect your privacy, with appropriate administrative, physical, and technical safeguards in place.
- **Professional Standards:** Your therapist maintains full professional responsibility for all aspects of your care, regardless of AI assistance.
- **Confidentiality:** All information processed by AI tools is treated as part of your confidential health record and is protected by the same privacy and security standards as all other aspects of your care.

Your Rights Regarding AI Use

You have the right to:

- Ask questions about how AI is used in your care
- Request information about the AI systems and vendors we use
- Understand that AI serves only as a tool to support your therapist's professional judgment
- Know that you are always receiving care from a licensed human professional
- Decline session transcription while still receiving full therapy services
- Withdraw your consent for AI use at any time by notifying your therapist in writing (revoking consent will not affect your ability to receive therapy services)

Separate Consent Required: You will be asked to provide separate written consent specifically for the use of AI tools, including session transcription, before these technologies are used in your care.

If you have concerns about the use of AI in your care or would like more information, please discuss this with your therapist or contact our practice.

IX. ADDITIONAL INFORMATION

Re-disclosure of Information

Please be aware that once your health information is disclosed to another person or entity pursuant to your authorization or as otherwise permitted by law, it may be re-disclosed by the recipient and may no longer be protected by federal privacy laws. However, SUD records subject to Part 2 remain protected even after disclosure and cannot be re-disclosed without your authorization, except as permitted by Part 2 regulations.

Tennessee-Specific Considerations

Tennessee state law may provide additional protections for your health information beyond those required by federal HIPAA regulations. In cases where Tennessee law is more protective of your privacy rights, Tennessee law will apply.

For minors age 16 and older receiving mental health services in Tennessee: You have the same rights as an adult with respect to your confidential mental health information, including the right to consent to disclosure of your information.

X. QUESTIONS AND MORE INFORMATION

If you have questions about this Notice or would like additional information, you may contact:

Justin Nixon LPC-MHSP, / Lotus Patch Counseling

750 Old Hickory Blvd # 2-150 Brentwood, TN 37027

Phone: 615-200-0995 Email: lotuspatchcounseling@gmail.com

ACKNOWLEDGMENT OF RECEIPT OF PRIVACY NOTICE

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 checking the box below, you are acknowledging that you have received a copy of this Notice of Privacy Practices.

BY SIGNING BELOW, I CONFIRM THAT I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

Client Name (Print): _____

Client Signature: _____ *Date:* _____

Parent/Guardian Signature (if client is under 18): _____ *Date:* _____

Therapist Signature: _____ *Date:* _____