

NOTICE OF PRIVACY PRACTICES

Updated January 6, 2025

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

Laura A. Burke, LPC-A has held an active license to practice as a Licensed Professional Counselor- Associate in the state of Texas since November 23, 2025, license #100846. This said license may be verified by visiting bhec.texas.gov and searching by name for a specified license type.

Laura A. Burke, as owner and director of **Sunny Days Family Therapy, LLC** uses health information about you for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care you receive. Your health information is contained in a treatment record that is the physical property of **Sunny Days Family Therapy, LLC**. **Sunny Days Family Therapy, LLC** may use your information for any of the following:

Disclosure of Your Health Information

For Treatment

Sunny Days Family Therapy, LLC may use your health information to provide you with treatment services. For example, information obtained by **Sunny Days Family Therapy, LLC** will be recorded in your record that is related to your treatment, which is necessary to determine what type of treatment you should receive. **Sunny Days Family Therapy, LLC**, will also record actions taken in the course of your treatment and note how you respond to those actions.

For Payment

Sunny Days Family Therapy, LLC, may use and disclose your health information to others for purposes of receiving payment for treatment and services that you receive. For example, a bill may be sent to you or a third-party payor, such as an insurance company or health plan. The information on the bill may contain information that identifies you, your diagnosis, and treatment.

For Health Care Operations

Sunny Days Family Therapy, LLC may use and disclose health information about you for operational purposes. For example, your health information may be disclosed to evaluate quality care and outcomes, to learn how to improve the services or facilities, and determine how to continually improve the quality and effectiveness of the health care provided.

Appointments

Sunny Days Family Therapy, LLC may use your information to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Required by Law

Sunny Days Family Therapy, LLC may use and disclose information about you as required by law. For example, we may disclose information for the following purposes:

- For judicial and administrative proceedings pursuant to legal authority;
- To report information related to victims of abuse, neglect or domestic violence; and
- To assist law enforcement officials in their law enforcement duties

Health and Safety

Your health information may be disclosed by **Sunny Days Family Therapy, LLC** to avert a serious threat or safety of you or any other person pursuant to applicable law. Texas State law requires that I report to the appropriate agencies any suspected child abuse, elderly abuse, or disabled persons abuse. As well, I will disclose the necessary information to those reasoned able to assist in cases of suicidal or homicidal plans in order to prevent or lessen a serious or imminent threat to any person or public.

Government Functions

Specialized government functions such as protection of public officials or reporting various branches of the armed services that may require use or disclosure of your health information.

Workers Compensation Your health information may be used or disclosed in order to comply with laws and regulations related to Workers Compensation.

Other Uses

Other uses and disclosures will be made only with your written authorization and you may revoke the authorization except to the extent **Sunny Days Family Therapy, LLC**, has taken action in reliance on such.

Your Health Information Rights

You have the right to:

- Obtain a paper copy of the notice of information practices upon request;
 - Inspect and obtain a copy of your health record;
 - Request that your health record be amended;
 - Request communications of your health information by alternative means or at alternative location; and
 - Receive an accounting of disclosures made of your health information;
- *Request a restriction on certain uses and disclosures of your information; however, **Laura A. Burke, LPC-A** is not required to agree to a requested restriction

As a client of counseling, you have the right to request to access your confidential record. In some cases, the request will be denied on an ethical basis. In such a case, I am required to provide you a signed notice of such. A reasonable fee will be charged for any copies provided or for a written summary of your record and treatment with some exceptions.

Additionally, you may request that information in your confidential record be altered. However, this request may be denied and again, I am required to provide you with a signed notification of such.

I am required to provide you access and/or copies of your record, as ethically deemed appropriate, within 15 days of your request, during regular business hours.

Per HIPPA updates, effective September 23, 2013, you:

- 1) Have the right to restrict certain disclosures of Protected Health Information (PHI) to a health plan if you pay out-of-pocket in full for the healthcare service.

a. This means that if you do not wish to inform your insurance of your treatment and/or diagnosis, you would elect private pay and not file a claim for reimbursement and therefore no superbill/medical invoice would be necessary or provided. (Insurance companies require a diagnosis on a claim).

2) Have the right to be notified if there is a breach of your unsecured PHI.

a. I will notify you in writing, either via regular mail or e-mail (if you have endorsed permission on your client information packet) within 60 days if such a breach has occurred and will inform you of the following:

i. A brief description of the breach, including dates

ii. A description of types of unsecured PHI involved

iii. The steps you should take to protect against potential harm

iv. A brief description of the steps I have taken to investigate the incident, mitigate harm, and protect against further breaches

v. My contact information

3) Must sign an authorization before your PHI will be released for any uses and disclosures not stated on page 1 of this notice.

Complaints – Notice to Clients:

You may complain to **Laura A. Burke, LPC-A**, and the Department of Health and Human Services if you believe your privacy rights have been violated. You will not be retaliated against for filing a complaint.

The Texas Behavioral Health Executive Council (address: 333 Guadalupe St. Tower 3, Room 900, Austin, TX 78701) investigates and prosecutes professional misconduct committed by marriage and family therapists, professional counselors, psychologists, psychological associates, social workers, and licensed specialists in school psychology. Although not every complaint against or dispute with a licensee involves professional misconduct, the Executive Council will provide you with information about how to file a complaint. Please call 1-800-821-3205 for more information.

Obligations of Laura A. Burke, LPC-A and/or Sunny Days Family Therapy, LLC

Laura A. Burke, LPC-A, is required to:

- Maintain the privacy of protected health information;
- Provide you with this notice of its legal duties and privacy practices with respect to your health information;
- Abide by the terms of this notice;
- Notify you if we are unable to agree to a requested restriction on how your information is used or disclosed;
- Accommodate reasonable requests you may make to communicate health information by alternative means or at alternative location

Laura A. Burke, LPC-A/ Sunny Days Family Therapy, LLC, reserves the right to change information practices and to make the new provisions effective for all protected health information it maintains. Revised notices will be made available to you upon your request or at your next visit to the office.

NOTICE OF PRIVACY PRACTICES

Acknowledgment/Consent to the Use and Disclosure of Health Information For Treatment, Payment or Healthcare Operations:

I understand that as part of my healthcare, **Sunny Days Family Therapy, LLC**, originates and maintains health records which describe my health history, symptoms, test results, diagnoses, treatment, and any plans for future care or treatment. I understand that this information serves as:

- *A basis for planning my care and treatment*
- *A means of communication among the many health professionals who contribute to my care*
- *A source of information for applying my diagnosis and information about my bill*
- *A means by which a third-party payor can verify that services billed were actually provided*
- *And a tool for routine healthcare operations such as assessing quality and office management*

I understand and have been provided with a *Notice of Privacy Practices* that provides a more complete description of information uses and disclosures. I understand that I have the right to review the notice prior to signing this consent. I understand that **Sunny Days Family Therapy, LLC**, reserves the right to change the notice and practices and prior to implementation will mail a copy of any revised notice to the address I have provided. I understand that I have the right to object to the use of my health information in any public directory of **Sunny Days Family Therapy, LLC**. I understand that I have the right to request restrictions as to how my health information may be used or disclosed to carry out treatment, payment, or healthcare operations and that **Sunny Days Family Therapy, LLC**, is not required to agree to the restrictions requested. I understand that I may revoke this consent in writing, except to the extent that **Laura A. Burke, LPC-A/ Sunny Days Family Therapy, LLC**, has already taken action in reliance thereon.

Sunny Days Family Therapy, LLC, records may contain information created by an entity other than **Laura A. Burke, LPC-A**. **Laura A. Burke, LPC-A** is not responsible for the information contained therein (including the accuracy, completeness, relevance, legibility or lack thereof such incorporated records). Client expressly requests release of all records maintained by **Sunny Days Family Therapy, LLC**, concerning client, including incorporated records. Client acknowledges that **Sunny Days Family Therapy, LLC**, has no and assumes no duty to client regarding the content of or omissions from such incorporated records.

Acknowledgement and Agreement to the above privacy practices:

Signature of Client or Legal Representative/ Date