Caroline Taylor, LPC ✦
THERAPY
DALLAS, TEXAS

Caroline Taylor, LPC
Caroline Taylor Therapy PLLC
Independent Practitioner officing at Therapy Dallas
5440 Harvest Hill Rd, Suite 240
Dallas, TX 75230
Contact: 214-910-8990

NOTICE OF PRIVACY PRACTICES

This notice went into effect on October 1, 2026 and replaces all prior notices.

Health Insurance Portability and Accountability Act (HIPAA) - PRIVACY NOTICE

This notice describes how Protected Health Information about you may be used and disclosed and how you can get access to this information. Please review it carefully. You can ask for a paper copy of this Notice at any time, even if you have agreed to receive the Notice electronically. I will provide you with a paper copy promptly.

Protected Health Information ("PHI") refers to information in your health records that could individually identify you. PHI may include personal and demographic information within your record. Further, it may include information that relates (whether past, present, or future) to your physical or mental health, assessment information, issues or problems and the care provided to you. As used in this notice, "records" include both paper and electronic records. Health information includes any information that relates to:

1. your past, present, or future physical or mental health or condition;

2. providing health care to you; or

3. the past, present, or future payment for your health care.

I. MY LEGAL DUTIES REGARDING YOUR HEALTH INFORMATION. I understand that information about you and your health care is personal, and I am committed to protecting your health information. I create and maintain a record of the care and services you receive from me in order to provide quality care and comply with applicable legal requirements. This Notice applies to records of your care generated by Caroline Taylor Therapy PLLC and describes how I may use and disclose your PHI, your rights regarding your health information, and my legal obligations regarding its use and disclosure.

I am required by law to:

- Maintain the privacy and security of your PHI;
- Provide you with this Notice describing my legal duties and privacy practices with respect to your health records;
- Follow the terms of the Notice currently in effect; and

- Notify you if a breach occurs that may have compromised the privacy or security of your PHI as required by applicable law.

I may 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 ways that I may use and disclose your PHI. Not every possible use or disclosure is specifically listed. However, all of the ways I am permitted to use and disclose information will fall within one of the categories. Uses and disclosures will be made only as permitted or required by applicable law.

For Treatment Payment, or Health Care Operations: Federal privacy rules (regulations) allow health care providers who have direct treatment relationship with the patient to use or disclose the patient'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, I 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.

Business Associates and Practice Support Services. Certain aspects and components of my services are performed through contracts with outside persons or organizations, such as administrative, scheduling, billing, technology, practice management, auditing, accreditation, outcomes data collection, legal services, etc. At times it may be necessary for me to provide your protected health information to one or more of these outside persons or organizations who assist me with my health care operations. In all cases, I require these associates to appropriately safeguard the privacy of your information. For example, my office may contract with a billing agency or attorneys to attend to business aspects on an as-needed basis. In this case, there will be a written contract in place with the agency, requiring that it maintain the security of your information in compliance with the rules of HIPAA. Additionally, certain third parties, including software applications, technology services, websites, or other platforms (e.g., SimplePractice, Zoom, etc.) may be used in connection with my treatment of you. These services often have their own terms and conditions that describe how the information shared via those third-party services is stored, used or disclosed. This may include written, audio, and video content that's uploaded, submitted, or streamed on those platforms or through those applications. When these third parties

are business associates of the practice, I require the appropriate business associate agreement governing their use of the PHI that may be disclosed to them or used in connection with their services. However, when you agree to use one or more of those third-party services in connection with my treatment of you, whether they are a business associate or not, you consent to the terms and conditions of those services or applications (e.g., when you create an account on SimplePractice, you agree to their terms and conditions). By agreeing to use these services in connection with my treatment of you, you also consent to my use of such services in accordance with their terms and conditions, which may include uses or disclosures of the content shared on those services or applications beyond those described in this Notice. While I recognize that these third-party services are useful and convenient tools for treatment, you should review these third-party terms and conditions carefully before deciding to utilize such services, as I am not able to control, modify, or alter the third-party's terms and conditions.

III. ADDITIONAL PROTECTIONS UNDER TEXAS LAW. Mental health records and communications may be subject to additional confidentiality protections under Texas law, including Texas Health and Safety Code Chapter 611. When applicable Texas law provides greater privacy protection than HIPAA, I will comply with the more protective requirement.

IV. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION

1. Psychotherapy Notes. HIPAA provides special protections for "psychotherapy notes," as that term is defined by 45 CFR §164.501. Psychotherapy notes are notes documenting or analyzing the contents of counseling conversations that are maintained separately from the rest of the health record. If I create or maintain psychotherapy notes as defined by HIPAA, I generally will obtain your written authorization before using or disclosing those notes, except as otherwise permitted or required by law.
2. Marketing Purposes. As a psychotherapist, I will not use or disclose your PHI for marketing purposes.
3. Sale of PHI. As a psychotherapist, I will not sell your PHI in the regular course of my business.

V. 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. Abuse, Neglect, or Exploitation and Other Public Health Activities. I may use or disclose PHI when required or permitted by law for public health or safety purposes. This includes making reports required by Texas law concerning suspected abuse or neglect of a child and suspected abuse, neglect, or exploitation of an elderly person or a person with a disability, or for preventing or reducing a serious threat to anyone's health or safety.
3. For health oversight activities, including audits and investigations.

4. Judicial and Administrative Proceedings. I may disclose PHI in connection with a judicial or administrative proceeding when the disclosure is authorized or required by applicable law. Because mental health records and communications may receive additional protection under Texas law, including Texas Health and Safety Code Chapter 611, disclosures in response to subpoenas, court orders, discovery requests, or other legal proceedings will be made only as permitted or required by applicable law.
5. To coroners or medical examiners, when such individuals are performing duties authorized by law.
6. 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.
7. Specialized government functions, including, ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counter-intelligence operations.
8. 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.
9. 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.

VI. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE AN OPPORTUNITY TO AGREE OR OBJECT

1. Disclosures to family, friends, or others. I may disclose PHI that is directly relevant to a family member, friend, or other person's involvement in your care or payment for your care if you agree, do not object when given the opportunity to do so, or if I can reasonably infer from the circumstances that you do not object. If you are not present or are unable to agree or object because of incapacity or an emergency, I may disclose relevant PHI when, in my professional judgment, the disclosure is in your best interest and is permitted by applicable law.

VII. YOUR RIGHTS REGARDING 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.

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 health 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. And, 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. If a person has legal authority to act on your behalf, such as a legal guardian or a person authorized under an applicable power of attorney, that person may exercise your rights and make choices regarding your health information to the extent permitted by law. I will verify the person's authority before taking action.
9. You have the right to file a complaint if you believe your privacy rights have been violated. You may file a complaint directly with me or with the U.S. Department of Health and Human Services, Office for Civil Rights. See Section VIII for additional information.

VIII. QUESTIONS OR COMPLAINTS

If you have questions about this Notice or my privacy practices, or if you believe your privacy rights have been violated, you may contact:

Caroline Taylor, LPC
Caroline Taylor Therapy PLLC
Privacy Contact
5440 Harvest Hill Rd., Suite 240

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THERAPY
DALLAS, TEXAS

Dallas, TX 75230
Phone: 214-910-8990

You may also file a complaint with the **U.S. Department of Health and Human Services Office for Civil Rights.** Complaints may be submitted through the HHS Office for Civil Rights according to the complaint procedures provided by HHS.

Filing a complaint will not affect your care, and I will not retaliate against you 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 checking the box below, you are acknowledging that you have received a copy of HIPAA Notice of Privacy Practices.