

# 3. Notice of Privacy Practices

---

**Practice Name:** Brain & Heart Healing, PLLC

**Clinician:** Stacy Reynolds, M.MFT, LMFT-Associate, LCDC-Intern

**Supervised by:** Dr. Lisa Powell, LMFT-S

**Address:** 500 Chestnut Street, Suite 500, Abilene, TX 79602

**Contact:** stacy@brainandhearthealing.com (325) 261-3663

**Effective Date:** March 8, 2026

## Notice of Privacy Practices

---

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

---

### I. MY PLEDGE REGARDING YOUR HEALTH INFORMATION

I am committed to protecting your health information. I create records of the care and services you receive to provide quality care and comply with specific legal and contractual requirements (including DFPS/2INGage and BIPP standards). I am required by law to maintain the privacy of your Protected Health Information (PHI) and provide you with this notice of my legal duties.

### II. SPECIAL PROTECTIONS FOR SUBSTANCE USE DISORDER (SUD) RECORDS

As an LCDC-Intern, certain records are protected under federal law (**42 CFR Part 2**, Updated Feb 2026) in addition to HIPAA:

- **Single TPO Consent:** By signing your intake, you provide a single consent for the use of SUD records for Treatment, Payment (billing insurance or 2INGage), and Health Care Operations.
- **Legal Proceeding Restrictions:** Per 2026 updates, SUD records **cannot** be used in criminal or civil proceedings against you without your specific written consent or a specialized "Part 2" court order.

### III. HOW I MAY USE AND DISCLOSE YOUR INFORMATION

I may use and share your PHI for:

- **Treatment:** Coordination of care with other providers, your 2INGage Permanency Manager, or BIPP coordinators.
- **Payment:** Billing insurance, DFPS/2INGage, or processing private payments for services rendered.
- **Law Enforcement/Safety:** Reporting suspected abuse of children, the elderly, or disabled persons, or preventing a serious threat to health or safety.
- **Contractual & Court Compliance:** Providing factual status reports to the Court, Attorneys, Probation, or 2INGage regarding your attendance and treatment/accountability goal progress.
- **BIPP Victim Safety:** Per BIPP standards, I reserve the right to contact victims/survivors to provide program information and safety resources.

### IV. COURT MANDATES & ATTENDANCE

- **Three-Strike Policy:** Consistency is mandatory for progress and reunification. After three (3) missed sessions (No-shows or Late Cancellations), you will be discharged for non-compliance.
- **Notification:** Your Case Manager, Probation Officer, or the Court will be notified of this discharge.

### V. YOUR INDIVIDUAL RIGHTS

- **Access to Records:** Under **Texas Health and Safety Code §611.0045**, you may request your records via stacy@brainandhearthealing.com. I will respond within 15 business days.
- **Electronic Disclosure:** For electronic disclosures, I utilize the **Texas HB 300 Authorization form:** [Texas HB 300 Form](#).
- **Right to Deny Access:** Access may be denied if it is determined that releasing the information would be harmful to your physical, mental, or emotional health, or the safety of a child or victim.
- **Right to Amend:** You may request a written amendment if you believe your PHI is incorrect.
- **Minors:** To maintain a therapeutic bond, I may limit specific details shared with guardians regarding a minor's private disclosures, unless there are safety concerns.

## VI. GRIEVANCES & COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint without fear of retaliation with:

1. **Texas Behavioral Health Executive Council (BHEC):** (512) 305-7700 [Online Complaint Link](#).
  2. **HHS Regulatory Services (LCDC Matters):** (512) 438-5446 [TULIP Portal](#).
  3. **HHS Office of the Ombudsman:** (800) 252-8154 [Ombudsman Online](#).
  4. **Office of the Attorney General:** (800) 621-0508 [Consumer Complaint Link](#).
- 

## ACKNOWLEDGMENT OF RECEIPT

By signing below, I acknowledge that I have received, read, and understood this Notice of Privacy Practices for Brain & Heart Healing, PLLC.