



## Notice of Privacy Practices (2026)

(Effective Date: January 1, 2017)

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

**What is the purpose of the Notice of Privacy Practices?**

Kranz Psychological Services (KPS) maintains your **protected health information (PHI)** in a confidential manner as required by law. However, each provider at KPS must use and disclose your PHI to the extent necessary to provide you with quality care. To do this, KPS must share your PHI to the extent necessary to carry out **treatment, payment, or healthcare operations**.

**KPS is required by law to:**

- Make sure that PHI that identifies you is kept **private**.
- Provide this notice of KPS' legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect.

**Note:** KPS reserves the right to change the terms of this Notice, and such changes will apply to all information KPS has about you. The new Notice will be available upon request.

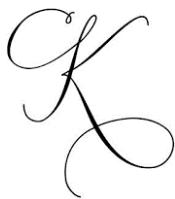
**What are treatment, payment, and healthcare operations?**

- **Treatment:** Includes sharing information among healthcare providers involved in your care. For example, your physician may share information about your condition with another physician to make a proper diagnosis. 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. *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.*
- **Payment:** KPS may use your PHI as required by your insurer to obtain payment for services rendered to you.
- **Healthcare Operations:** KPS may also use and disclose your PHI to improve the quality of care (i.e., review and training purposes).

**How will KPS use and disclose my PHI?**

In addition to uses and disclosures for treatment, payment, and certain healthcare operations, your PHI may be used or disclosed for the following purposes as applicable (unless you ask for restrictions on a specific use or disclosure):

- **For appointment reminders:** Unless you specify otherwise, KPS may send texts or leave voicemails for the client (or their legal guardian) to schedule appointments, reschedule appointments, or establish new services. These may reference a specific service (i.e., counseling, medication management, or evaluation).
- **For quality care, optimal outcome, or emergency coverage:** Unless you specify otherwise, the professional/support staff of KPS may consult with each other for these purposes.
- **To refer you to other professionals outside our office.**
- **To inform you of treatment alternatives or benefits or services related to your health** that may be of interest to you as required by law.
- **For public health activities.**
- **To notify appropriate authorities of suspected child, elder, or dependent adult abuse.**
- **To prevent/reduce a serious threat to anyone's health or safety.**
- **For health oversight activities**, including audits and investigations.
- **To participate in lawsuits, disputes, or other judicial/administrative proceedings:**
  - In response to a **court or administrative order**.
  - KPS may also disclose health information about your child 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.
- **For law enforcement purposes**, including reporting crimes occurring on KPS premises.
- **To coroners, medical examiners, and funeral directors.**
- **For research projects** approved by an institutional review board.
- **For national security purposes**, intelligence activities, protecting of the President of the United States or other dignitaries, or for conducting intelligence or counter-intelligence operations.



# Kranz Psychological Services, PLLC

## Evaluations – Counseling – ABA – Medication Management

- **For inmates**, medical information about inmates of a correctional institution may be released to the institution.
- **For workers' compensation purposes**.
- **To carry out healthcare treatment, payment, and health care operations functions through business associates** (i.e., to install a new computer system).
- **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.

### What uses and disclosures require your authorization?

Except as described above, KPS will not use or disclose your PHI unless you **authorize** such use or disclosure **in writing**. You may **revoke** your permission in writing, which is effective only after the date of your written revocation.

### What are your rights regarding your PHI?

- **Right to Request Restriction:** You may request limitations on your PHI KPS uses or discloses for health care treatment, payment, or operations. **However, KPS is not required to agree to your request.**
- **Right to Object to Disclosures to Family, Friends, or Others:** KPS 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.
- **Right to Confidential Communications:** You have the right to ask KPS to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and KPS will agree to all reasonable requests.
- **Right to Inspect and Copy:** Other than “psychotherapy notes,” you have the right to get an electronic or paper copy of your medical record and other information that KPS has about you. KPS will provide you with a copy or summary of your record within **30 days** of receiving your written request. KPS may charge a reasonable, cost-based fee for doing so.
- **Right to Request Amendment:** 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 KPS correct the existing information or add the missing information. **However, KPS is not required to agree to your request.**
- **Right to Accounting of Disclosures:** You may request a list of the disclosures of your PHI that have been made to persons or entities in the last **6 years**. Such a list will not include disclosures made to you, pursuant to an authorization, or for treatment, payment, or healthcare operations. After the first request, KPS may charge a reasonable, cost-based fee for each additional request.
- **Right to a Copy of This Notice:** You may request a paper copy of this notice at any time, even if you have been provided with an electronic copy.

### What if I have a complaint?

If you believe your privacy has been violated, you may file a complaint with **KPS** or with the **Secretary of the United States Dept. of Health and Human Services**. You will not be penalized or retaliated against in any way for making a complaint to a KPS provider.

Please call **(903)200-1433** if you have a privacy complaint, have any questions about this notice, wish to request restrictions on uses and disclosures for healthcare treatment, payment, or operations, or wish to obtain a form to exercise your individual rights as described above.

### Acknowledgement of Receipt and Understanding

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 signing below, you are acknowledging that you read, understood, received a copy, and accept the policies and procedures and conditions outlined in the Kranz Psychological Services “Privacy Practices.” If the client is a minor, the signature below indicates I am the parent/legal guardian of the child and have managing conservatorship. A copy of this agreement/policies will be given to you if desired, with the original placed in your file at Kranz Psychological Services, PLLC.

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Client Name

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Client Signature OR Parent/Guardian Signature (if client is a minor)

Date