

NOTICE OF PRIVACY PRACTICES

Nura Mental Health, PLLC
5900 Balcones Drive #25099
Austin, TX 78731
682.710.1089
mayra@nuramentalhealth.com

Effective Date of This Notice: December 7, 2025

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

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 records of your care generated by this mental health care practice. This notice describes how I may use and disclose health information about you, your rights regarding the information I maintain about you, and my legal duties with respect to 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 your health information.
- Follow the terms of the notice currently in effect.

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 different ways that I use and disclose health information. Not every use or disclosure in a category will be listed, but all permitted uses and disclosures will fall within one of these categories.

For Treatment, Payment, or Health Care Operations

Federal privacy rules allow health care providers who have a direct treatment relationship with a client to use or disclose PHI without written authorization to carry out treatment, payment, or health care operations.

For example, I may consult with another licensed health care provider about your condition or disclose information necessary to bill for services.

Disclosures for treatment purposes are not limited to the minimum necessary standard because providers require full access to information to provide quality care.

Lawsuits and Disputes

If you are involved in a lawsuit or dispute, I may disclose PHI in response to a court or administrative order or subpoena, consistent with legal requirements.

III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION

1. Psychotherapy Notes

I do maintain psychotherapy notes as defined in 45 CFR §164.501. Use or disclosure of psychotherapy notes requires your written authorization except as permitted by law, including for treatment, supervision, legal defense, or as otherwise required.

2. Marketing Purposes

I do not use or disclose PHI for marketing purposes.

3. Sale of PHI

I do not sell PHI.

IV. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION

Subject to legal limitations, I may use or disclose PHI without authorization for:

- Compliance with state or federal law
 - Public health and safety activities (including abuse reporting)
 - Health oversight activities
 - Judicial and administrative proceedings
 - Law enforcement purposes
 - Coroners or medical examiners
 - Research purposes
 - Specialized government functions
 - Workers' compensation
 - Appointment reminders and treatment-related communications
-

V. USES AND DISCLOSURES WHERE YOU MAY OBJECT

I may disclose PHI to family members or others involved in your care or payment unless you object. Consent may be obtained retroactively in emergency situations.

VI. YOUR RIGHTS REGARDING YOUR PHI

You have the right to:

1. Request limits on uses and disclosures of your PHI (subject to approval).
 2. Request restrictions for services paid out-of-pocket in full.
 3. Request confidential communications.
 4. Inspect and obtain a paper or electronic copy of your PHI (excluding psychotherapy notes).
 5. Request an accounting of disclosures.
 6. Request corrections or amendments to your PHI.
 7. Obtain a paper or electronic copy of this Notice.
-

VII. CLIENT ACCESS TO RECORDS & COMPLAINTS (TEXAS LAW NOTICE)

Requesting Health Records

Clients may request a copy of their health records by submitting a written request through the client portal or by emailing mayra@nuramentalhealth.com. Requests are processed in accordance with Texas and federal law. Records are typically provided within 30 days of receiving the request. Reasonable, cost-based fees may apply as permitted by law.

Licensing and Regulation

This practice is licensed and regulated by the **Texas Behavioral Health Executive Council (BHEC)**.

The **Texas State Board of Examiners of Professional Counselors** operates within BHEC as the board specific to Licensed Professional Counselors.

Filing a Complaint

Consumers may file a complaint regarding this practice with the **Texas Behavioral Health Executive Council** by visiting www.bhec.texas.gov or by calling **(512) 305-7700**. Filing a complaint will not result in retaliation.

VIII. QUESTIONS OR COMPLAINTS

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

Mayra Chavez, MS, LPC
682.710.1089

You may also file a complaint with the Texas Behavioral Health Executive Council as described above. I will not retaliate against you for filing a complaint.

ACKNOWLEDGMENT OF RECEIPT

I acknowledge that I have received a copy of the Notice of Privacy Practices.

By signing below, I acknowledge that I have read, understood, and agree to the items contained in this document.