



Grounded Counseling & Services, PLLC
(915) 412-0626
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NOTICE OF PRIVACY PRACTICES AND CLIENT RIGHTS

PRIVACY PRACTICES

Personal health information about you is obtained as a record of your contact or visits for therapy (counseling) services. This information includes your demographics (i.e., name, address, phone, email) that may identify you and relates to your past, present, or future mental health conditions. The Health Insurance Portability & Accountability Act of 1996 (“HIPAA”) is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by me in any form, whether electronically, on paper, or orally, are kept properly confidential. This Act gives you, the patient, significant rights to understand and control how your health information is used. “HIPAA” provides penalties for covered entities that misuse personal health information.

By law, we are required to follow specific rules on maintaining the confidentiality of your personal records, how we use your information, and how we disclose and share this information with other professionals involved in your care and treatment. I only release health information in accordance with state and federal laws and the ethics of the counseling profession. Use and disclosure of protected health information for the purposes of providing treatment services, collecting payment, and conducting healthcare operations are necessary activities for quality care. State and federal laws allow me to use and disclose your health information to accomplish these purposes:

Treatment is when I provide, coordinate, or manage your health care and other services by one or more health care providers related to your health care. For example, I may provide your information to your physician to ensure the physician has the necessary information to diagnose or treat you.

Payment includes obtaining, reimbursement of services, confirming coverage, billing or collection activities, and utilization review. This may involve the use of a third-party billing service or providing you with documentation of your care so that you may obtain reimbursement from your insurer.

Health Care Operations encompasses the business aspects of running my practice, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, and customer service. An example would be an internal quality assessment review.



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In certain situations, I may use and disclose information without your consent:

Child Abuse - If I have reasonable cause to believe a child may be abused or neglected, I must report this to the appropriate authorities.

Elder or Disabled Adult Abuse - If I have reason to believe that an individual such as an elderly or disabled person protected by state law has been abused, neglected, or financially exploited, I must report this to the proper authorities.

Health Oversight Activities - I may disclose your health information to a health oversight agency for oversight activities authorized by law, including licensure or disciplinary actions.

Judicial and Administrative Proceedings - If you are involved in a court proceeding and a request is made for information by any party about your treatment and the records thereof, such information is privileged under state law, and is not to be released without a court order.

Serious Threat to Health or Safety - If you communicate to me a specific threat of imminent harm against another individual or if I believe that there is a clear, imminent risk of injury being inflicted against another individual, I may make disclosures that I believe are necessary to protect that individual from harm. If I believe that you present an imminent, serious risk of injury or death to yourself, I may make disclosures I consider necessary to protect you from harm.

Worker's Compensation - I may disclose health information regarding you as authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs, established by law, that provide benefits for work related injuries or illness without regard to fault.

CLIENT RIGHTS

Clients have the right:

- to be treated with dignity and respect.
- to fair treatment regardless of race, religion, gender, ethnicity, age, disability, or source of payment.
- to have their treatment and other member information kept private. Only by law may records be released without the client's permission.
- to easily access care in a timely fashion.
- to know about their treatment choices.



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- to have information in a language they can understand.
- to have a clear explanation of their condition.
- to have a clear explanation of their treatment options.
- to access information about services of the insurance provider and the role of the insurance provider in their treatment process.
- to know about advocacy and community groups and prevention services.
- to know about the laws that relate to their rights and responsibilities.
- to know of their rights and responsibilities in the treatment process.
- to know the clinical guidelines used in providing and managing their care.
- to information about the provider's work history and training.
- to provide input on policies and services provided by insurance provider(s).
- to freely file a complaint, grievance, or appeal and to learn how to do so.

If you believe your client rights have been compromised or dishonored, first attempt to resolve your complaint with the counselor directly in accordance with the American Counseling Association's Ethical Guidelines. If this is not successful, you may place your concerns in writing, citing the [ACA ethical codes](#) you believe to have been broken, and submit along with a completed Complaint Form to the appropriate licensing Board:

Texas State Board of Examiners of Professional Counselors
<https://bhec.texas.gov/tbhec/discipline-and-complaints/>

North Carolina Board of Licensed Clinical Mental Health Counselors
<https://www.ncblecmhc.org/Complaints/>

Once the complaint has been received, the board will assign your complaint a number, notification is sent to the counselor against which the complaint was filed allowing him or her to respond to the alleged charges. If necessary, the Board will investigate the complaint and issue a ruling after gathering all necessary information.

This notice is effective as of April 17, 2026 and I am required to abide by the terms of the Notice of Privacy Practices currently in effect. I reserve the right to change the terms of the Notice of Privacy Practices and to make the new notice provisions effective for all protected health information that I maintain. I will post such notices and you may request a written copy of a revised Notice of Privacy Practices, along with any questions about this notice, by contacting the Privacy Officer (Kristin Trick) at (915) 412-0626 or ktrick@groundedcounselingservices.com