HOPE
COUNSELING
for Anxiety & Depression

Hope Counseling for Anxiety & Depression
Espinoza Professional Services, LLC
114 S. Elm St, Suite B, Hope, AR 71801 · 870-345-3214 · www.hcounseling.com

Notice of Privacy Practices

Effective date: November 23, 2026

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

If you have questions about this notice, or want to discuss it, please contact our Privacy Officer at 870-345-3214 or at 114 S. Elm St, Suite B, Hope, AR 71801.

This notice applies to Espinoza Professional Services, LLC, doing business as Hope Counseling for Anxiety & Depression ("we," "us," or "our practice"), and to all of our clinicians and staff. Our clinicians include licensed professional counselors and associate counselors who practice under clinical supervision. Our Clinical Director is Chris Espinoza, LPC-S.

1. Our pledge about your health information

We understand that information about you and your mental health care is personal, and we are committed to protecting it. We keep a record of the care and services you receive from our practice. We need this record to provide quality care and to meet legal requirements. This notice applies to all records of your care created or kept by our practice, whether your sessions are in person in Hope, Arkansas, or by telehealth.

The law requires us to:

- Keep your protected health information ("PHI") private and secure.
- Give you this notice of our legal duties and privacy practices.
- Follow the terms of the notice that is currently in effect.
- Tell you if a breach occurs that may have compromised the privacy or security of your PHI.

Confidentiality is also a core part of our professional ethics. Our counselors follow the American Counseling Association (ACA) Code of Ethics and the rules of the state licensing boards that oversee them. When state law or professional ethics protect your information

more strictly than federal law, we follow the stricter rule.

2. How we may use and share your health information

The categories below describe the ways we may use and share (disclose) your PHI. We give examples, but not every use or disclosure in a category is listed. When we share information, we share only what is needed for the purpose, except for treatment, where your providers may need fuller information to care for you.

Treatment. We use your PHI to provide and coordinate your counseling. *Example:* your counselor may consult with their clinical supervisor or another licensed provider about how best to help you, or, with your agreement, coordinate with your physician or refer you to another provider.

Payment. We use and share your PHI to bill and get paid by you, your health plan, or others. *Example:* we send your health plan the dates of service and diagnosis it needs to process a claim.

Health care operations. We use your PHI to run our practice, improve the quality of care, train and supervise clinicians, and meet licensing and accreditation standards. *Example:* a supervisor reviews a record to make sure documentation and care meet professional standards.

Business associates. Some services are provided for us by outside companies, such as our electronic health record and client portal (SimplePractice), billing, and secure communication tools. We share PHI with them only under written agreements (business associate agreements) that require them to protect it.

Appointment reminders and related services. We may contact you to remind you of an appointment, or to tell you about treatment options or other health-related services we offer. You can tell us how you prefer to be contacted (see Section 6).

Family members and others involved in your care. We may share relevant information with a family member, friend, or other person you identify as involved in your care or in paying for it, unless you object. If you are not present or cannot agree because of an emergency, we may share information if we believe it is in your best interest, and we will tell you afterward when we can.

3. Uses and disclosures that require your written authorization

Psychotherapy notes. Some clinicians keep “psychotherapy notes,” as defined in 45 CFR § 164.501. These are kept separate from the rest of your record. Using or sharing them requires your written authorization, except:

a. For your clinician’s use in treating you.
b. For use in training or supervising mental health practitioners in individual, family, or group counseling.

c. For our use in defending ourselves in a legal proceeding you bring.
d. For use by the Secretary of Health and Human Services to investigate our compliance with HIPAA.
e. When required by law, limited to what the law requires.
f. For health oversight activities required by law relating to the clinician who wrote the notes.
g. When required by a coroner or medical examiner performing duties authorized by law.
h. To help prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

Marketing. We do not use or share your PHI for marketing.

Sale of PHI. We do not sell your PHI.

Testimonials. We do not ask current clients, or others who may be vulnerable to undue influence, for testimonials, and we do not use your information or story in our advertising.

Fundraising. We do not use your PHI for fundraising.

All other uses. Any use or disclosure not described in this notice will be made only with your written authorization. You may revoke an authorization in writing at any time. Revoking it stops future uses and disclosures, but it does not undo anything we already did while relying on your authorization.

4. Uses and disclosures that do not require your authorization

Subject to limits in the law, we may use or share your PHI without your authorization in the following situations:

1. **When required by law.** When state or federal law requires it, limited to what that law requires.
2. **Abuse, neglect, and safety reporting.** Our clinicians are mandated reporters. We will report suspected abuse, neglect, or maltreatment of a child, an elder, or an adult who is unable to protect themselves, as required by the law of the state where the client is located.
3. **Serious threat to health or safety.** To prevent or lessen a serious and imminent threat to your health or safety, or to someone else’s, sharing information only with people able to help prevent the threat.
4. **Public health activities.** For example, reporting as required to public health authorities.
5. **Health oversight.** To agencies such as licensing boards and government auditors for audits, investigations, inspections, and licensure.
6. **Lawsuits and legal proceedings.** In response to a court or administrative order. We may also respond to a subpoena, discovery request, or other lawful process, but only if efforts have been made to tell you about the request or to obtain an order protecting the information. When possible, we prefer to get your authorization first, and we will assert any legal privilege that protects your information.

7. **Law enforcement.** For limited law enforcement purposes permitted by law, such as reporting a crime on our premises or responding to a valid court order or warrant.
8. **Coroners and medical examiners.** When they are performing duties authorized by law.
9. **Research.** For research only when approved under privacy safeguards required by law.
0. **Specialized government functions.** For example, certain military, national security, or protective services, or for the health and safety of people in correctional institutions, as permitted by law.
1. **Workers' compensation.** To the extent needed to comply with workers' compensation laws. When possible, we prefer to get your authorization first.

Substance use disorder records from other programs. If we receive substance use disorder treatment records from a federally assisted program covered by 42 CFR Part 2, those records, or testimony about their content, will not be used or shared in any civil, criminal, administrative, or legislative proceeding against you unless you give written consent or a court issues an order that meets Part 2's requirements.

5. Family counseling, minors, and telehealth

Family sessions. In family counseling, we explain at the start how information will be handled, including what may be shared among family members and what will be kept private. We respect each person's right to confidentiality, and we do not share what one person tells us privately with other family members without that person's agreement, except as this notice allows or the law requires.

Minors. When a client is a minor, a parent or legal guardian usually acts as the minor's personal representative and may have rights to the minor's information under state law. We encourage open communication, and at the start of counseling we explain to the minor and the parent or guardian what will generally be shared and what will be kept private, within the limits of the law.

Personal representatives. If someone has legal authority to make health care decisions for you, such as a guardian or a person with a health care power of attorney, that person can exercise your rights under this notice. We will confirm that authority before we act.

Telehealth. We provide telehealth only to clients who are physically located in a state where the clinician is licensed (currently Arkansas, Texas, and Louisiana). We use a secure video platform and take reasonable steps to protect your privacy. To help protect your privacy, please join sessions from a private place. We do not record sessions without your written consent, and we ask that you not record them without ours.

6. Your rights about your health information

You have the following rights. To use any of them, contact our Privacy Officer using the information in Section 9. Some requests must be made in writing.

1. **Get a copy of your records.** You may see or get a paper or electronic copy of your health records and other information we keep about you, other than psychotherapy notes. You may ask us to send an electronic copy to another person you choose. We will respond within 30 days of your request, as the law allows, and may charge a reasonable, cost-based fee. If we offer a summary instead, you may still ask for a copy of the record itself. In limited cases allowed by law, we may deny part of a request, and we will explain why in writing and tell you how to ask for a review.
2. **Ask us to correct your records.** If you believe information in your record is wrong or incomplete, you may ask us to correct or add to it. We may say no, but we will tell you why in writing within 60 days.
3. **Ask for confidential communications.** You may ask us to contact you in a certain way (for example, only on your cell phone) or at a different address. We will agree to all reasonable requests, and we will not ask you why.
4. **Ask us to limit what we use or share.** You may ask us not to use or share certain information for treatment, payment, or operations. We are not required to agree, and we may say no if it would affect your care.
5. **Limit what we share with your health plan when you pay in full.** If you pay for a service out of pocket in full, you may ask us not to share information about that service with your health plan for payment or operations. We will agree unless a law requires us to share it.
6. **Get a list of those with whom we've shared information.** You may ask for a list (accounting) of times we shared your PHI in the six years before your request, other than for treatment, payment, operations, and certain other disclosures (such as those you authorized). We will respond within 60 days. The first list in a 12-month period is free; we may charge a reasonable, cost-based fee for more.
7. **Get a copy of this notice.** You may ask for a paper copy at any time, even if you agreed to get it electronically. This notice is also available at our office and on our website.
8. **Choose someone to act for you.** If you have given someone medical power of attorney, or someone is your legal guardian, that person can exercise your rights and make choices about your health information.
9. **Be notified of a breach.** We will notify you if a breach affects your unsecured PHI.
0. **Discuss this notice.** You may ask to speak with our Privacy Officer about this notice and your rights.

7. Communicating with us

We use SimplePractice's client portal and its secure messaging for most communication. Regular email and standard text messages are not fully secure. **Please do not send health details by regular email or text.** If you choose to communicate by regular email or text after we discuss the risks, we will honor your choice and keep messages brief. Email and text are not monitored for emergencies. **If you are in crisis, call or text 988. In an emergency, call 911.**

8. Changes to this notice

We may change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available on request, in our office, and on our website, with its effective date.

9. Questions and complaints

If you have questions, want to use your rights, or believe your privacy rights have been violated, contact:

Privacy Officer
Hope Counseling for Anxiety & Depression (Espinoza Professional Services, LLC)
114 S. Elm St, Suite B, Hope, AR 71801
Phone: 870-345-3214

You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.

We will not retaliate against you in any way for filing a complaint.

Language assistance. Counseling is available in English and Spanish. Free language assistance and free auxiliary aids and services are available. Call 870-345-3214.
ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 870-345-3214.

Acknowledgment of receipt

By checking the box or signing below, I acknowledge that I have received a copy of the Notice of Privacy Practices of Hope Counseling for Anxiety & Depression (Espinoza Professional Services, LLC). Acknowledging receipt does not mean I agree to anything beyond receiving this notice, and receiving care does not depend on signing.

Client name: _____ Date: _____

Signature (client or personal representative): _____

Text Messaging and Website Privacy Policy

Effective date: November 23, 2026

This policy explains how Hope Counseling for Anxiety & Depression (Espinoza Professional Services, LLC) collects, uses, and protects personal information connected to text messages, email, and our website, consistent with CTIA messaging guidelines and applicable law. Health information is also protected as described in the Notice of Privacy Practices above.

1. Information we collect. Contact information (name, phone number, email address), demographic information, insurance and billing information, emergency contact details, records of your care, and messages you send us. Our website may collect basic technical information such as cookies, IP addresses, and pages visited.

2. How we use it. Only to provide counseling services, schedule appointments and send reminders, handle billing, communicate with you about your care or account, and meet legal requirements.

3. Text messages. If you agree to receive text messages, we send appointment reminders and scheduling or account messages. Message frequency varies. Message and data rates may apply. Reply **STOP** to opt out at any time, or **HELP** for help. Agreeing to receive texts is not a condition of receiving care. **We do not share your mobile number or text-messaging consent with third parties for their marketing.** Standard text messages are not encrypted, so please do not text health details.

4. Sharing. We do not sell or rent your information. We share it only with service providers who help us operate (such as our electronic health record, billing, and reminder services) under agreements that require them to protect it, and as described in our Notice of Privacy Practices, such as when required by law or to protect someone’s safety in an emergency.

5. Security. We protect information with measures such as a secure, password-protected electronic health record and client portal, access limited to authorized staff, and routine monitoring and compliance checks. No method of transmission is completely secure.

6. Your choices. You may ask to see or correct your information, ask how we use it, or change how we contact you. Health records must be kept for the time required by law and cannot always be deleted on request. See Section 6 of the Notice of Privacy Practices for your full rights.

7. Opting out. Reply STOP, UNSUBSCRIBE, or QUIT to any text, use the unsubscribe link in any email, or call us at 870-345-3214.

8. Retention. We keep information as long as needed to provide services, meet legal and licensing record-keeping requirements, and resolve disputes.

9. Changes. We may update this policy. Updates will be posted on our website with a new effective date.

10. Contact us. Privacy Officer, Hope Counseling for Anxiety & Depression, 114 S. Elm St, Suite B, Hope, AR 71801 · 870-345-3214 · www.hcounseling.com

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Revision history

Date	Change
9/6/2021	Original Notice of Privacy Practices (Chris Espinoza, LPC)
12/1/2024	Text messaging privacy policy added
11/23/2026	Updated to agency name; HIPAA notice elements completed; family, minors, and telehealth privacy added
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