

## **Dr. Barbara Lee Corff, PLLC**

### **Contact Privacy Policy**

**Effective Date: March 25, 2025**

**Dr. Barbara Lee Corff, PLLC, respects your privacy and is committed to protecting your personal information. This Privacy Policy explains how Dr. Barbara Lee Corff, PLLC collects and uses information about you when you opt-in to receive SMS or email messages from us.**

#### **Information We Collect:**

**When you decide to contact Dr. Barbara Lee Corff using the contact form or by email, you agree to receive texts or emails from staff at Dr. Barbara Lee Corff. When you become an established client, you have the option to opt-in to receive SMS or email messages on the SimplePractice platform. To provide basic communication with our clients, we may collect the following information :**

- Your phone number**
- Consent to send SMS messages**
- Your email address**
- Your basic contact information**
- Your messaging history**

- **Basic personal information you decide to provide about your request for psychological services**

## **How We Collect Your Information**

**We may collect your information directly from you, such as when you complete a form or contact us; automatically, such as when you interact with our website; or from others, such as when we receive information about you from third parties, such as primary care physicians.**

## **How We Use Your Information**

**We use your information to:**

- **Send you the SMS messages you've opted in to receive**
- **Provide information about your appointments**

## **Disclosures of Your Information**

**We may disclose your information to our affiliated companies; to third-party service providers, business advisors, or consultants who**

**provide services to us. We do not share your personal information, phone number, or SMS consent opt-in data with third parties or affiliates for marketing or promotional purposes.**

## **Protection of Information**

**We take steps to protect your information against unauthorized use or disclosure.**

## **Updates**

**We may periodically update this privacy policy. If we make material changes that have a substantive and adverse impact on your privacy, we will provide notice on this website before the change becomes effective. We encourage you to periodically review this page for the latest information about our privacy practices.**

## **How to Contact Us**

**You can reach us by texting the word "HELP" for support to 512-768-7746]. Or you can text the word "STOP" to end all SMS messaging from Dr. Barbara Lee Corff. You may also contact us directly at [barbara@drcorff.com](mailto:barbara@drcorff.com) .**

1. The first part of the report is a general  
introduction to the subject of the study.  
It is divided into two main sections: a  
description of the problem and a statement of the  
purpose of the study.

2. The second part of the report is a  
description of the problem.

3. The third part of the report is a statement of the  
purpose of the study.

4. The fourth part of the report is a description of the  
methodology used in the study. This section is  
divided into two main sections: a description of the  
data collection methods and a description of the  
data analysis methods.

5. The fifth part of the report is a description of the  
results of the study. This section is divided into  
two main sections: a description of the data  
collection results and a description of the data  
analysis results.

**Your Information.  
Your Rights.  
Our Responsibilities.**

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.**

**Your  
Rights**

**You have the right to:**

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

➤ **See page 2** for more information on these rights and how to exercise them

**Your  
Choices**

**You have some choices in the way that we use and share information as we:**

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care
- Market our services and sell your information
- Raise funds

➤ **See page 3** for more information on these choices and how to exercise them

**Our  
Uses and  
Disclosures**

**We may use and share your information as we:**

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

➤ **See pages 3 and 4** for more information on these uses and disclosures



## Your Rights

### When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you.

#### Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

#### Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

#### Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

#### Ask us to limit what we use or share

- You can ask us **not** to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

#### Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

#### Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

#### Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

#### File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can 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/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

## Your Choices

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

### In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

### In these cases we *never* share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

### In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

## Our Uses and Disclosures

### How do we typically use or share your health information?

We typically use or share your health information in the following ways.

#### Treat you

- We can use your health information and share it with other professionals who are treating you.

**Example:** A doctor treating you for an injury asks another doctor about your overall health condition.

#### Run our organization

- We can use and share your health information to run our practice, improve your care, and contact you when necessary.

**Example:** We use health information about you to manage your treatment and services.

#### Bill for your services

- We can use and share your health information to bill and get payment from health plans or other entities.

**Example:** We give information about you to your health insurance plan so it will pay for your services.

*continued on next page*



**How else can we use or share your health information?** We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

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**Help with public health and safety issues**

- We can share health information about you for certain situations such as:
  - Preventing disease
  - Helping with product recalls
  - Reporting adverse reactions to medications
  - Reporting suspected abuse, neglect, or domestic violence
  - Preventing or reducing a serious threat to anyone's health or safety

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**Do research**

- We can use or share your information for health research.

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**Comply with the law**

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

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**Respond to organ and tissue donation requests**

- We can share health information about you with organ procurement organizations.

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**Work with a medical examiner or funeral director**

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

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**Address workers' compensation, law enforcement, and other government requests**

- We can use or share health information about you:
  - For workers' compensation claims
  - For law enforcement purposes or with a law enforcement official
  - With health oversight agencies for activities authorized by law
  - For special government functions such as military, national security, and presidential protective services

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**Respond to lawsuits and legal actions**

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.
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*Dr. Barbara Lee Corff, PLLC will follow procedures to protect the privacy of your Protected Health Information (PHI). Minimum PHI may be shared with business associates used to perform necessary company functions, such as billing and computer services. All business associates will follow procedures to protect your information.*

*In addition to the circumstances listed above, Dr. Barbara Lee Corff, PLLC will also share information for the following emergency situations:*

- 1. Client threatens to harm his or herself*
- 2. Client threatens to harm someone else*
- 3. Reasonable suspicion of abuse or neglect of child, elderly or disable person*

*You may request a release of information form to authorize sharing of your PHI information. On the form you may state what information I may share and you can request to stop the authorization at any time.*

*If you have any question about our procedures and the protection of your PHI please call 512-337-7194.*



## Our Responsibilities

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- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

## Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

*October 9, 2023*

**This Notice of Privacy Practices applies to the following organizations.**

*Dr. Barbara Lee Corff, PLLC*

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*Dr. Barbara Lee Corff, PLLC, 3016 Polar Lane  
Building 2, Suite 204  
Cedar Park, Texas 78613*

