

This notice describes how your health information may be used and disclosed, and how you can access this information. Please review carefully.

Waypoint Clinical & Forensic Psychology PLLC is committed to protecting the privacy of your health information. As required by law, we are providing you with this Notice to inform you of our legal duties and privacy practices with respect to your Protected Health Information (PHI). You have the right to request a paper copy of this Notice at any time.

We are required by law to:

- Maintain the privacy of your PHI
- Provide you with notice of our legal duties and privacy practices
- Follow the terms of the most current version of this Notice

We reserve the right to change the terms of this Notice at any time. Any revisions will apply to all PHI we maintain. An updated Notice will be made available upon request.

Contact for Privacy Concerns

Our designated Privacy Officer is Dr. Zackery A. Tedder, Psy.D.

If you have any questions, concerns, or complaints about our privacy practices, or if you wish to exercise any of your rights under this Notice, please contact:

Email: navigator@waypointpsychtx.com

Phone: (512) 200-2516

How We May Use and Disclose Your Health Information

For Treatment:

We may use or disclose your information to provide, coordinate, or manage your care. For example, we may share information with another treating provider to coordinate services or request a consultation.

For Payment:

We may use or disclose your PHI to obtain payment for services provided. This may include submitting diagnoses or clinical data to your insurance carrier, if applicable.

For Health Care Operations:

We may use your information for operational purposes, such as quality improvement, staff training, or case consultation (with de-identified data). We may also contact you about appointment reminders or treatment alternatives.

Your Rights Regarding Your Health Information

You have the right to:

- Request restrictions on the use or disclosure of your PHI (although we are not required to agree to them).
- Receive confidential communications (e.g., request bills be sent to a different address).
- Inspect and request a copy of your records (may be subject to fees and certain exceptions).
- Request an amendment to your health information if you believe it is inaccurate or incomplete (must be in writing with sufficient supporting information).
- Request an accounting of disclosures made without your authorization (within the limitations allowed by law).
- File a complaint with us or with the U.S. Department of Health and Human Services if you believe your privacy rights have been violated. You will not be retaliated against for doing so.

Authorizations and Revocations

Any use or disclosure of your health information not described in this Notice requires your written authorization. You may revoke your authorization at any time in writing. Revocation does not apply to actions already taken based on prior authorization.

Uses and Disclosures of Your Protected Health Information Without Your Authorization

In certain situations, Waypoint Clinical & Forensic Psychology is required or permitted by law to use or disclose your Protected Health Information (PHI) without your written authorization. These situations fall under two broad categories: required disclosures and permitted disclosures.

Disclosures We Are Required to Make

We are legally required to disclose your PHI in the following situations:

- To report suspected child abuse or neglect to appropriate state agencies.
- To the U.S. Department of Health and Human Services (HHS) if requested for an audit or compliance review under HIPAA.
- In response to a valid court order, subpoena, grand jury request, or administrative tribunal directive.
- To prevent or reduce a serious and imminent threat to the health or safety of you, another person, or the public.
- To report suspected abuse, neglect, or domestic violence involving adults, elderly individuals, or people with disabilities, as required by state law.

Disclosures We Are Allowed to Make Without Your Authorization

We may use or disclose your PHI under the following circumstances without your prior written permission, using professional judgment and consistent with applicable laws:

- Mental health and substance use information may be protected at a higher level. However, disclosures may still be made in emergencies, to prevent harm, or in mandated reporting situations.
- Public health reporting, including:
 - Reporting births or deaths
 - Notifying authorities about communicable diseases or adverse drug reactions
 - Reporting defective products or medical equipment
- To a medical examiner or coroner in the event of death
- To funeral directors to carry out post-mortem responsibilities
- To facilitate organ, eye, or tissue donation
- For health oversight activities, such as audits, investigations, licensure, or disciplinary actions
- For workers' compensation claims, as authorized by state law
- To law enforcement officials under specific conditions, such as:
 - Identifying or locating a suspect, fugitive, or missing person
 - Reporting a violent crime causing serious physical harm to a victim—except when disclosed during therapy or treatment
- For research purposes, provided the project meets legal and ethical requirements (e.g., IRB approval)
- For specialized government functions, including:
 - Military and veterans' affairs

- National security and intelligence
 - Protection of the President or other authorized persons
- To remind you of appointments, though you are ultimately responsible for remembering them
- To inform you of treatment alternatives or other health-related services that may be of benefit to you

Acknowledgment of Receipt of Privacy Notice

Under HIPAA, you have the right to receive a copy of this Notice and to understand how your health information may be used and disclosed. By signing the acknowledgment form provided separately, you confirm that you have received this Notice of Privacy Practices and understand your rights.

SMS Terms of Service

By opting into SMS from a web form or other medium, you are agreeing to receive SMS messages from Waypoint Psychology. This includes SMS messages for conversations (external). Message frequency varies. Message and data rates may apply. See privacy policy at <https://www.waypointpsychtx.com/privacy>. Message HELP for help. Reply STOP to any message to opt out.

SMS opt-in and phone numbers collected for SMS communication purposes will not be shared with any third party and affiliates for marketing purposes.

1- SMS Consent Communication:

The information (Phone Numbers) obtained as part of the SMS consent process will not be shared with third parties for marketing purposes.

2- Types of SMS Communications:

If you have consented to receive text messages from Waypoint Psychology, you may receive messages related to the following (provide specific examples):

- Upcoming appointments
- Reminders

Example: "Hello, this is a friendly reminder of your upcoming appointment with Dr. Tedder at Waypoint Psychology on [Date] at [Time]. You can reply STOP to opt out of SMS messaging from Waypoint Psychology at any time." For assistance text HELP. Message frequency may vary. Message and data rates may apply.

3- Message Frequency:

Message frequency may vary depending on the type of communication. For example, you may receive up to 5 SMS messages per week related to your appointments.

4- Potential Fees for SMS Messaging:

Please note that standard message and data rates may apply, depending on your carrier's pricing plan. These fees may vary if the message is sent domestically or internationally.

5- Opt-In Method:

You may opt-in to receive SMS messages from Waypoint Psychology in the following ways:

- By submitting an [online form](#)

6- Opt-Out Method:

You can opt out of receiving SMS messages at any time. To do so, simply reply "STOP" to any SMS message you receive. Alternatively, you can contact us directly to request removal from our messaging list.

7- Help:

If you are experiencing any issues, you can reply with the keyword HELP. Or, you can get help directly from us by calling us at 512-200-2516 x 101.

Additional Options:

If you do not wish to receive SMS messages, you can choose not to check the SMS consent box on our forms.

8- Standard Messaging Disclosures:

Message and data rates may apply.

You can opt-out at any time by texting "STOP."

For assistance, text "HELP" or visit our [Privacy Policy](#) and Terms and Conditions pages.

Message frequency may vary

CONSENT BOX

The provided link appears to be incomplete. Please utilize the designated template to ensure all necessary details are included. Additionally, kindly specify the nature of the message you intend to send to ensure accurate processing and routing.