



### **Notice of HIPAA and Privacy Practices**

**Red Deer Sleep and Health Psychology**

**103 Forrest Crossing Blvd, Suite 201B**

**Franklin, TN 37064**

#### **HIPAA Notice**

#### **Clinicians' Policies and Practices to Protect the Privacy of Your Health Information**

**THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL, MEDICAL, AND OTHER HEALTH-RELATED INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

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

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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

## **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
- Provide mental health care

## **Our Uses and Disclosures**

We may use and share your information as we:

- Treat you and coordinate your care with other providers
- Run our organization
- Bill for your services: We may use your information to bill you, your insurance, Employee Assistance Plan (EAP) or others, so we can be paid for the treatments we provide to you. We may contact your insurance company or EAP to find out exactly what your plan covers. We may have to tell them about your diagnoses, what treatments you have received, and the changes we expect in your conditions. We will need to tell them about when we met, your progress, and other similar things.
- 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

To the extent that we have your substance use disorder patient records, subject to 42 CFR part 2, we will not share that information for investigations or legal proceedings against you without (1) your written consent or (2) a court order and a subpoena.

## **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 copy 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, office, or cell 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,” for example, if it could affect your care. If we agree to your request, we may still share this information in the event that you need emergency treatment.
- 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 someone has authority to act as your personal representative, such as if someone has your 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 <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>.
- For TX clients: You may contact the Council as found on the Council's Contact Us webpage here: <https://bhec.texas.gov/contact-us/>. You can file a complaint here: <https://www.texasattorneygeneral.gov/consumer-protection>
- 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 or payment for your care
- Share information in a disaster relief situation  
*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

If we have your substance use disorder patient records, subject to 42 CFR part 2, we will give you clear and obvious notice in advance and a choice about whether to receive fundraising communications that use your Part 2 information.

- Market our services
- Disclosing PHI for purposes outside of treatment:

Your Red Deer Sleep and Health Psychology clinician (Drs. Dyani Saxby or Skyler Shollenbarger) may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. An *“authorization”* is written permission above and beyond the general consent that permits only specific disclosures. In instances when your clinician is asked for information for purposes outside of treatment, payment and health care operations, the clinician will obtain an authorization from you before releasing this information.

The clinician will also need to obtain an authorization before releasing your psychotherapy notes. *“Psychotherapy notes”* are notes the clinician has made about conversations with you during a private, group, joint, or family counseling session, which have been kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

You may revoke all such authorizations (of PHI or psychotherapy notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) the clinician has relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

### **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.*

### **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.

In all cases, including those listed below, if we have substance use disorder patient records about you, subject to 42 CFR part 2, we cannot use or share information in those records in civil, criminal, administrative, or legislative investigations or proceedings against you without (1) your consent or (2) a court order and a subpoena.

### **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

### **Do research**

We can use or share your information for health research.

## **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.

**Respond to organ and tissue donation requests**

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

**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.

**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

## **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.

## **Our Responsibilities**

- 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 in this notice 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.

**Other Instructions for Notice**

- Effective Date of this Notice: 2/16/2026
- Privacy official: Skyler Shollenbarger: Email [skyler.shollenbarger@reddeerpsych.com](mailto:skyler.shollenbarger@reddeerpsych.com)  
Phone: 931-219-9778 ext 1.
- Red Deer Sleep and Health Psychology never markets or sell personal information.
- We will not share your mental health treatment records without your written consent unless it is for treatment or another law requires us to share the information. Your Red Deer Sleep and Health Psychology clinician may use or disclose PHI without your consent or authorization in the following circumstances:
  - Child abuse: If the clinician has knowledge of any child who is suffering from or has sustained any wound, injury, or disability, or physical or mental condition of such a nature as to reasonably indicate that it has been caused by brutality, abuse, or neglect, the clinician is required by law to report such harm immediately to Tennessee Child Protective Services or to the judge having juvenile jurisdiction, or to the office of the sheriff or the chief law enforcement official of the municipality where the child resides. If the clinician has reasonable cause to suspect that a child has been sexually abused, the clinician must report such information, regardless of whether the child has sustained any injury. Also, if the clinician learns that a person under eighteen (18) years of age witnesses abuse of another child in the person's family or household, or domestic abuse, as defined in §36-3-601, of someone in the family or household.
  - Adult and domestic abuse: If the clinician has reasonable cause to suspect that an adult who is vulnerable physically, mentally, or emotionally has suffered abuse, neglect, or exploitation, the clinician is required by law to report such information to the Tennessee Department of Human Services.
  - Health oversight: If a complaint is filed against the clinician with the Tennessee Board of Examiners in Psychology (or other appropriate state Board of

Examiners), the Board has the authority to subpoena confidential mental health information from me relevant to that complaint.

- Judicial or administrative proceedings: If you are involved in a court proceeding and a request is made for information about the professional services that a Red Deer Sleep and Health Psychology clinician has provided you and/or the records thereof, such information is privileged under state law, and the clinician must not release this information without your written authorization or a court order. This privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. The Red Deer Sleep and Health Psychology clinician must inform you in advance if this is the case.
- Serious threat to health or safety: If you communicate to your clinician an actual threat of bodily harm against a clearly identified victim, and the clinician has determined or reasonably should have determined that you have the apparent ability to commit such an act and are likely to carry out the threat unless prevented from doing so, the clinician is required to take reasonable care to predict, warn of, or take precautions to protect the identified victim from your violent behavior.
- Client's threat to harm self: If a client is deemed to be an immediate threat of harm to self, the Red Deer Sleep and Health Psychology clinician may be obligated to seek hospitalization for him/her, or to contact family members or others (including law enforcement) who can help provide protection.
- Workers' compensation: If you file a worker's compensation claim, and the clinician is seeing you for treatment relevant to that claim, the clinician must, upon request, furnish to your employer or insurer, and to you, a complete report as to the claimed injury, the effect upon you, the prescribed treatment, and estimate of duration of treatment, if any, and a statement of charges.
- Red Deer Sleep and Health Psychology clinicians are authorized by PSYPACT (Psychology Interjurisdictional Compact), which allows licensed psychologists to provide therapy across state lines through secure telehealth platforms. The laws of the state the client is located in governs confidentiality and privilege. If there are differences in state laws (if you reside in a state other than Tennessee) we will go over those with you during your first appointment.
- Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information.