A STRAND OF HOPE COUNSELING

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https://www.astrandofhopecounseling.com

https://www.astrandofhopecounseling.com/contact-me

This document includes:

Notice to Consumers – Texas Mental Health

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Notice to Consumers – Texas Mental Health

In accordance with Texas law (House Bill 4224 and Section 181.105 of the Texas Health and Safety Code), the following information is provided to help consumers understand their rights and available resources.

Requesting Your Health Care Records

You have the right to request a copy of your mental health records. To request your records, please submit a written request to your treating clinician or to the practice directly. Requests may be made via email, secure client portal, or in writing. Records will be provided in accordance with Texas law and applicable privacy regulations.

If you have questions about accessing your records, please contact our office for assistance.

Contact the Texas Behavioral Health Executive Council (BHEC)

The Texas Behavioral Health Executive Council regulates licensed mental health professionals in Texas.

If you have questions about licensure or professional standards, you may contact BHEC directly:

Texas Behavioral Health Executive Council – https://bhec.texas.gov/contact-us/

Filing a Consumer Complaint

If you wish to file a consumer complaint regarding mental health services, you may do so with the Texas Office of the Attorney General:

Office of the Attorney General – https://www.texasattorneygeneral.gov/consumer-protection

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Notice of Privacy Practices

Effective Date of Most Recent Update: September 7th, 2026
This Notice supersedes all previous versions of this policy.

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Our Legal Duties

Jessica Elliott and A Strand of Hope Counseling, LLC are required by law to abide by the terms of this *Notice of Privacy Practices*:

- Maintain the privacy and confidentiality of your Protected Health Information (PHI)
- Provide you with this Notice of Privacy Practices
- Allow you to review this Notice prior to granting consent
- Notify you of any revisions or changes to this Notice

If you believe your privacy rights have been violated, you may submit a written complaint to Jessica Elliott, or the Secretary of Health and Human Services describing in detail the way you feel your privacy rights have been violated. Jessica Elliott will not retaliate against you in any way for filing a complaint against them, or with the Secretary.

Your Private Health Information (PHI)

Each time you have contact with a healthcare provider for delivery of healthcare, a record of your contact/visit is prepared. This record, maintained in written, oral, or electronic format, contains presenting signs/symptoms, results of examination and tests, diagnoses, treatment, and future care. Your healthcare record is the physical property of Jessica Elliott, but you have certain rights to restrict some of the uses or disclosures of the information contained in your healthcare record. Jessica Elliott, however, has the right to use and disclose the information contained in your healthcare record in the process of providing treatment, receiving payment, and performing other regular health operations such as:

- Documenting and describing the care you received for legal purposes.
- Communicating with other healthcare providers who may be involved in your case.
- Educating health care professionals.
- Evaluating and improving the care you receive, and the outcomes achieved.
- Billing and verification of services provided to you.

Protecting your privacy and maintaining the security of your health information is one of the most important responsibilities of A Strand of Hope Counseling LLC. A Strand of Hope Counseling LLC is required by law to maintain privacy and confidentiality of your health information, provide you with this Notice of Privacy Practices, notify you of your rights to restrict use of this information, notify you if A Strand of Hope Counseling LLC is unable to agree to a requested restriction, and allow you to review the Notice of Privacy Practices prior to granting consent and notifying you of changes/revisions to this Notice. Examples of disclosure of your PHI and your rights concerning PHI are continued below. If you have questions or would like additional information, contact Jessica Elliott at (817) 609-4219 or at jessica@astrandofhopecounseling.com.

Examples of Disclosure of your PHI

Healthcare delivery and treatment: Information obtained from you by Jessica Elliott is documented in your record and used for the assessment, evaluation, diagnosis, and treatment of your health conditions. This information is provided to other healthcare professionals, such as other physicians, specialists, hospital-based providers, and/or other healthcare providers following your treatment by Jessica Elliott. However, this information would only be provided to these individuals with your expressed consent.

How Your PHI May Be Used or Disclosed

Your PHI may be used or disclosed without additional authorization for the following purposes:

1. Treatment

Your PHI may be used to assess, diagnose, and treat your condition. It may also be shared, with your express written consent, with other healthcare professionals involved in your care.

2. Billing and Payment

Your PHI is utilized to justify the level of care delivered to you and the charge incurred for the services. This information generally accompanies the bill and is sent to our payers and may include billing documentation required by third-party payers or to substantiate out-of-pocket charges.

3. Other Healthcare Operations

Jessica Elliott may disclose your PHI to other individuals and businesses for her to perform her day-to-day operations. These other individuals and businesses include business associates such as vendors and/or contractors used for billing and claims management. These individuals are held to the same standard of privacy and confidentiality as Jessica Elliott. Your PHI may be disclosed for internal business purposes such as:

- Quality assessment and improvement
- Staff training and supervision
- Compliance auditing
- Credentialing and licensing
- Administrative support and management

4. Business Associates & Contractors

In the course of business operations, your PHI may be disclosed to third-party Business Associates, including:

- Billing services
- Electronic health record vendors
- Information Technology (I.T.) contractors or service providers

These entities are contractually bound by Business Associate Agreements (BAAs) to maintain the same standard of privacy and confidentiality required by federal and Texas state law, including HIPAA. I.T. personnel may have limited, secure access to PHI when performing maintenance or support functions related to the systems that store or transmit your health data.

5. Appointment Reminders and Communication of Treatment

Jessica Elliott may contact you to provide you with information she feels is useful or helpful to you, based on your PHI. For example, they may contact you to schedule an appointment or as an appointment reminder, to suggest alternative treatments, or to provide you with information on treatments you are already receiving. You may be contacted via phone, voicemail, email, or other secure communication systems to:

- Confirm or reschedule appointments
- Offer reminders
- Share treatment updates or relevant information
- Recommend services or resources related to your care

6. Required or Permitted by Law

PHI may be disclosed without your written authorization in certain situations, including but not limited to:

- If you are in imminent danger to yourself or others
- Suspected child, elder, or dependent adult abuse
- Court orders or subpoenas
- Legal reporting requirements (e.g., communicable disease reporting)

Uses Requiring Your Written Authorization

Other uses and disclosures of PHI not permitted or required by law will be made only with your written authorization. You may revoke your authorization at any time provided that the revocation is in writing, except to the extent that Jessica Elliott has already taken action in reliance on your prior authorization. The only exceptions to this would be under circumstances that are life-threatening, in an emergency, such as an individual being acutely suicidal or in some other way in extreme danger, or for public health activities, including reporting suspected child, elder, dependent adult abuse, or when subpoenaed or as required by law. Not all information provided by you to Jessica Elliott will be recorded in a healthcare record, only that information considered by her to be critical to providing your care. Other information regarding personal matters in your private life and affairs will not be made part of a healthcare record document.

Your Rights Regarding PHI

Unless otherwise provided by law, you have the right to:

- Request a paper copy of this Notice of Privacy Practices if you have agreed to receive it electronically.
- Receive confidential communications of PHI if a request is submitted to A Strand of Hope Counseling LLC.
- Inspect and copy PHI or records about you in a designated record set if the PHI is maintained in the record set.
- Ask Jessica Elliott to amend PHI or records about you in a designated record set if the PHI or record is maintained in the record set (Jessica Elliott is not required to change the information if she deems it to be accurate).
- Receive an accounting of disclosures of your PHI made for purposes other than treatment, payment, or healthcare operations
  AND
- Request that Jessica Elliott restricts uses or disclosures of your PHI. Though Jessica Elliott is not required to agree to a restriction, to the extent that it does agree with your request, Jessica Elliott may not use or disclose the protected PHI in violation of the restriction unless the information is needed to provide emergency treatment or is otherwise permitted or required by law.

Acknowledgment of Receipt

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have specific rights regarding your protected health information.

By providing your electronic signature through the SimplePractice platform, you acknowledge that you have received, read, and understood the Notice of Privacy Practices for A Strand of Hope Counseling, LLC, and that you agree to the terms outlined in this document.

This electronic signature is legally binding and serves the same purpose as a handwritten signature in accordance with applicable state and federal laws.

BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD, AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

Client(s) Name: _____ Date: ___/___/_____

A STRAND OF HOPE COUNSELING LLC
JESSICA ELLIOTT, LMFT
(817) 609-4219

How to Request Your Consumer Health Records

Purpose

This page explains how current or former clients can request access to their consumer health records from A Strand of Hope Counseling LLC. This process follows HIPAA and applicable Texas state laws and is designed to protect your privacy while supporting your right to access your records.

Who Can Request Records

- Adult clients requesting their own records
- A legally authorized representative (such as a legal guardian or healthcare power of attorney)
- Couples clients, with special rules outlined below

What Are Consumer Health Records

Consumer health records include information related to your mental or physical health, treatment services, and clinical documentation created or maintained by the therapist.

How to Submit a Records Request

All requests must be in writing.

You may submit your request by:

- Using the secure client portal, if available
- Emailing jessica@astrandofhopecounseling.com or your written request through the contact page
- Mailing or delivering a written request to the practice

Your written request must include:

- Your full legal name (and any former names used during treatment)
- Date of birth
- Current contact information
- A clear description of the records requested (specific dates or entire record)
- Preferred format (paper or electronic)
- Your signature and date

We may request verification of identity before releasing records.

Fees for Records Requests

Fees must be paid **before records are released.**

Paper Records:

- $25 for the first 20 pages
- $0.50 per page for each additional page

Electronic Records:

- $25 for up to the first 500 pages
- $50 total for records exceeding 500 pages

You will be notified of any fees due before records are sent.

Timeline for Records Release

Records will be provided within 15 business days after:

- We receive your complete written request, and
- All applicable fees have been paid

Blacked-Out or Partial Records

In some cases, the therapist may provide partial records or black out certain information. This may occur if releasing specific content could reasonably cause harm to the client or another individual. This decision is made using professional judgment and in accordance with HIPAA and Texas law.

Denial of Records Requests

The therapist reserves the right to deny access to records, in whole or in part, if releasing the records would reasonably be expected to cause the client undue harm.

- Clients will not be charged for a full denial of records
- Instead, the client will receive a written letter explaining that access has been denied due to risk of harm.

If a request is denied in whole or in part:

- The therapist will sign and date a written statement within 15 business days of receiving the request
- The statement will explain the reason for denial
- The statement will include instructions on how to file a complaint with:
    - The U.S. Department of Health and Human Services (HHS)
    - The Texas Medical Board
- A copy of the denial statement will be placed in the client's clinical record

Couples Records Requests

For couples counseling, both partners are considered clients of the therapeutic system.

- Both partners must submit a written request for records to be released
- If one partner requests records without the other partner's written request, the request will be denied
- This denial is based on the potential for harm and disruption of the therapeutic system

Exception:

- If one partner is deceased, records may be released upon receipt of proof of death and verification of the requesting partner's identity

Questions or Help

If you have questions about requesting records or need help submitting a request, please visit our contact page: https://www.astrandofhopecounseling.com/contact-me

This information is provided for transparency and client education and does not replace rights provided under HIPAA or Texas state law.

BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD, AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

Client(s) Name: _____ Date: ___/___/_____

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(817) 609-4219

Good Faith Estimate and Notice of Out-of-Network Services
(*Issued in Compliance with the No Surprises Act*)

Provider and Practice Information
Provider: Jessica Elliott, LMFT
Practice Name: A Strand of Hope Counseling, LLC

National Provider Identifier (NPI): 1972369502
Taxpayer Identification Number (TIN): 99-2897573

Phone: (817) 609-4219
Email: jessica@astrandofhopecounseling.com

Practice Location:
City: Crowley
State: Texas
ZIP Code: 76036

Last Revision Date: January 31, 2025

Validity of This Good Faith Estimate

This Good Faith Estimate is provided pursuant to the No Surprises Act (OMB Control Number: 0938-1401) and reflects the costs of items and services that are reasonably expected to be provided.

Any agreed-upon fee increase or material change in services that is documented in writing will require the issuance of a new Good Faith Estimate, which shall supersede and replace all prior estimates.

This Good Faith Estimate is not a contract and does not obligate the client to receive services from the provider.

Standard Notice: Surprise Billing Protection

No Surprises Act Disclosure Purpose of This Notice
This document explains your federal and Texas state protections against unexpected medical bills for out-of-network services. It also informs you of your right to choose whether to receive care from an out-of-network provider, which may increase your financial responsibility.

IMPORTANT INFORMATION

- You are not required to sign this form.
- Do not sign this form if you did not have a choice of providers when seeking care.
- You may choose to receive services from an in-network provider, which may cost you less.

If you would like assistance completing this document, please ask your provider. You are encouraged to keep a copy or take photographs of this document for your records.

Why You Are Receiving This Notice

Jessica Elliott, LMFT, practicing under A Strand of Hope Counseling, LLC, is an out-of-network provider with your health insurance plan. This means your health plan does not have a contractual agreement with this provider.

Insurance Participation & Financial Responsibility Notice

The provider is in the process of becoming credentialed with select insurance plans. Insurance participation is not guaranteed and may change over time. If you elect to use insurance for services, you remain financially responsible for all fees not covered by your insurance plan, including but not limited to copayments, deductibles, coinsurance, and any denied or non-covered services. In the event that your insurance does not reimburse or only partially reimburses for a session, you agree to be responsible for the full session fee.

Receiving Services From This Provider May Cost You More

Federal law protects you from higher-than-expected medical bills in certain situations, including:

- Emergency services provided by out-of-network providers
- Out-of-network services provided at an in-network hospital or ambulatory surgical center without your knowledge or consent

You are encouraged to contact your health plan or provider to determine whether these protections apply to your specific circumstances.

Acknowledgment of Out-of-Network Services

If you choose to proceed with services from this provider, you acknowledge that:

- You may be responsible for paying the full billed amount for services.
- Amounts paid may not apply toward your deductible or out-of-pocket maximum.
- You are voluntarily choosing to receive services from an out-of-network provider.

Before signing any consent, you may contact your health plan to verify whether an in-network provider is available.

Ethical Right to Treatment Choice

You have the ethical right to determine your treatment goals and the duration of therapy unless you are participating in court-ordered or otherwise mandated treatment.

Please consider the following:

- Review the detailed estimate of services below
- Contact your health plan regarding reimbursement and coverage
- Your plan may require prior authorization for certain services
- Your plan determines its own limits for out-of-network coverage

Diagnosis & Anticipated Course of Treatment

Primary Diagnosis:

The client's diagnosis will be reviewed and updated by the 90th day of treatment in your treatment plan, as clinically indicated. Clients with this diagnosis typically attend approximately 13 sessions within the first 90 days. Many clients' diagnoses change during this period; however, sessions may continue at the same frequency and rate unless a fee increase is agreed upon in writing and reflected in a revised Good Faith Estimate.

This notice may not include all possible charges or fees.

Estimated Cost of Services

Session Fee: $180 per session
Estimated Frequency: Weekly sessions
Estimated Number of Sessions: 13 sessions over approximately 13 weeks
Estimated Total Cost for 90 Days: $2,340

Session frequency, clinical needs, or changes in treatment may impact the total cost.

Expected Service Codes

- **Psychiatric Diagnostic Evaluation (first session for individuals and couples):** 90791
- **Individual Therapy:** CPT 90837, 90834, or 90832
- **Couples Therapy:** CPT 90847, 90846, or 90837
- **Group Therapy:** CPT 90853, or 90849
- **Interactive Complexity:** CPT 90785 (*only used as an add on to another CPT above*)

Total Expected Charges per 90 Days: $2,340

The estimated costs listed are valid for 12 months from the date of this Good Faith Estimate, unless updated due to changes in treatment or fees.

Disclaimer

This Good Faith Estimate shows the costs of items and services that are reasonably expected based on information known at the time this estimate was created. It does not include unknown or unexpected costs that may arise during treatment.

Throughout treatment, the provider may recommend additional services not reflected in this estimate. Any such services would require your consent and may result in additional charges.

If your treatment needs change, a new or updated Good Faith Estimate will be provided.

Your Right to Dispute a Bill

If you are billed more than the amount listed in this Good Faith Estimate, you have the right to dispute the bill.

You may:

- Contact the provider to request a correction or negotiation
- Ask whether financial assistance is available
- Initiate a dispute resolution process with the U.S. Department of Health and Human Services (HHS)

To use the federal dispute process:

- You must initiate the dispute within 120 calendar days of the date on the original bill
- There is a $25 administrative fee
- If the reviewing agency agrees with you, you will only be required to pay the amount listed in this estimate
- If the agency agrees with the provider, you may be responsible for the higher billed amount

For more information or to begin the dispute process:

Website: www.cms.gov/nosurprises
Phone: (800) 985-3059

Questions About Your Rights?

Texas-Specific Contacts

Texas Department of Insurance (TDI)
Phone: 1-800-252-3439
Website: www.tdi.texas.gov

Texas Behavioral Health Executive Council (BHEC)
Phone: (512) 305-7700
Website: www.bhec.texas.gov

Federal No Surprises Act Assistance
Phone: (800) 985-3059
Website: www.cms.gov/nosurprises

Questions About This Estimate?

Contact: Jessica Elliott, LMFT
Phone: (817) 609-4219

Client Information and Acknowledgment

Client Name(s):_____

Date of Birth:_____

Address:_____

Phone Number:_____

Email Address:_____

Preferred Method of Contact:_____

Client Signature:_____