



NOTICE OF PRIVACY PRACTICES

Effective Date: February 14, 2026

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.

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Supervisor Phone: (210) 899-5872

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. Please contact us to request 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.
- We may say “no” to your request, but we will tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, by phone or mail to a particular 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 could affect your care.



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- 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 have shared information

- You can ask for a list (accounting) of the times we have 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 will 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 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 above.
- 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>.
- 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

Substance Use Disorder Records

If we have your substance use disorder (SUD) patient records subject to 42 CFR Part 2, additional protections apply to those records. We will not use or share your SUD records without your written consent except as specifically permitted by law. 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.

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: We may consult with your psychiatrist or primary care physician to coordinate your care.

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.

Important protection for substance use disorder records: 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
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

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 are complying with federal privacy law.

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.

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

Psychotherapy Notes

We maintain psychotherapy notes separately from your medical record. These notes are given a higher level of protection under HIPAA. We will not use or disclose your psychotherapy notes without your written authorization, except in very limited circumstances permitted by law, such as:

- For our own use in treating you
- For training our staff



Davnet Health

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- To defend ourselves in a legal action brought by you
 - As required by the U.S. Department of Health and Human Services for compliance investigations
 - As required by law to prevent a serious threat to health or safety



Texas State Law Protections

Texas law provides additional protections for your mental health information. In general, we will not share your mental health treatment records without your written consent unless it is for treatment, as required by law, or in other limited circumstances. Texas law may be more restrictive than federal HIPAA requirements, and in those cases, we follow the stricter Texas standard.

Under Texas law, confidentiality of mental health records may be limited in the following situations:

- If we believe you pose a danger to yourself or others
- If we have knowledge of abuse or neglect of a child, elderly person, or disabled person
- In certain legal proceedings involving child custody where your emotional condition is at issue and a judge orders disclosure
- If a judge signs a court order compelling disclosure

Telehealth Services

If you receive services via telehealth (video or audio), please be aware that electronic communications carry inherent risks to privacy. While we use secure, HIPAA-compliant platforms for telehealth sessions, no technology is completely secure. We encourage you to participate in telehealth sessions from a private location. The same privacy protections described in this notice apply to information shared during telehealth sessions.

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

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 website.

Filing Complaints



Davnet Health

If you believe your privacy rights have been violated, you may file a complaint with our office or with the U.S. Department of Health and Human Services Office for Civil Rights.

Davnet Health: ajay.kapoor@davnethealth.com / (210) 899-5208

HHS Office for Civil Rights: 200 Independence Avenue, S.W., Washington, D.C. 20201 | 1-877-696-6775

Texas State Board of Examiners of Professional Counselors: 1801 Congress Ave., Ste 7.300, Austin, Texas 78701 | (512) 305-7700

You will not be retaliated against for filing a complaint.



Acknowledgment of Receipt

By signing below, I acknowledge that I have received a copy of the Davnet Health Notice of Privacy Practices. I understand that this acknowledgment does not constitute consent for use or disclosure of my health information beyond what is described in this notice.

Client / Legal Representative Signature

Date

Printed Name

Relationship to Client (if Legal Representative)

For Office Use Only:

If the client declined to sign this acknowledgment, document the reason below and the good faith effort made to obtain the acknowledgment.

Staff Signature

Date

Reason for Refusal / Notes