



## REQUIRED STATE NOTICES & NOTICE OF PRIVACY PRACTICES

### REQUIRED STATE NOTICES

- **Notice to Clients in Texas:**

#### NOTICE TO CLIENTS

The Texas Behavioral Health Executive Council investigates and prosecutes professional misconduct committed by marriage and family therapists, professional counselors, psychologists, psychological associates, social workers, and licensed specialists in school psychology. Although not every complaint against or dispute with a licensee involves professional misconduct, the Executive Council will provide you with information about how to file a complaint. Please call 1-800-821-3205 for more information.

Texas Behavioral Health Executive Council  
George H.W. Bush State Office Building  
1801 Congress Ave., Ste. 7.300  
Austin, Texas 78701  
Main Line (512) 305-7700

Investigations/Complaints 24-hour, toll-free system (800) 821-3205

- **Notice to Clients in Virginia:**

Clients have the right to report to the Department of Health Professions if (s)he believes the licensee, certificate holder, or registrant may have engaged in unethical, fraudulent, or unprofessional conduct. The Department of Health Professions receives complaints about Virginia healthcare practitioners who may have violated a regulation or law. Complaints for all the licensing and regulatory Boards are received and investigated by the agency's Enforcement Division.

You may also go to <https://dhp.virginiainteractive.org/Lookup/Index> for the purposes of accessing the licensee's, certificate holder's, or registrant's record.

**Seal of Hope Counseling, PLLC \* Lisa Loper, M. Ed., LPC \* 903-329-9722**

**457 S Hillcrest Drive \* Sulphur Springs, TX \* 75482**

**Version: v1.0 | Effective Date: 2026-02-18**



Please call 1-800-533-1560 for more information.

Virginia Department of Health Professions  
Enforcement Division  
Perimeter Center  
9960 Mayland Drive, Suite 300  
Henrico, VA 23233-1463  
1-800-533-1560

- **Notice to Clients in New Jersey:**

Professional counselors and associate counselors are licensed by the Board of Marriage and Family Therapy Examiners, Professional Counselor Examiners Committee, an agency of the Division of Consumer Affairs. Any member of the consuming public having a complaint relative to the practice conducted by a professional or associate counselor shall notify the Professional Counselor Examiners Committee, PO Box 45007, 124 Halsey Street, Newark, New Jersey 07101, [www.njconsumeraffairs.gov/pc](http://www.njconsumeraffairs.gov/pc), or the New Jersey Division of Consumer Affairs, PO Box 45027, 124 Halsey Street, Newark, New Jersey 07101, [www.njconsumeraffairs.gov](http://www.njconsumeraffairs.gov).

INFORMATION ON PROFESSIONAL FEES IS AVAILABLE TO YOU ON REQUEST.

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## **NOTICE OF PRIVACY PRACTICES**

*Effective Date: February 18, 2026*

This notice describes how medical information about you may be used and disclosed and how you can access this information. Please review it carefully.

### **YOUR PROTECTED HEALTH INFORMATION (PHI):**

This practice creates and maintains records containing protected health information (PHI) about you. PHI includes information that identifies you and relates to your past, present, or future physical or mental health condition and related services.

This Notice explains how your PHI may be used and disclosed and describes your rights regarding your information.

### **HOW YOUR INFORMATION MAY BE USED AND DISCLOSED:**

Your PHI may be used and disclosed for the following purposes:

1. **Treatment:** Your PHI may be used to provide, coordinate, or manage your care. This may include consultation with other healthcare providers when clinically appropriate.
2. **Payment:** Your PHI may be used to obtain payment for services, including submitting claims to insurance companies, verifying benefits, and responding to insurance inquiries.
3. **Healthcare Operations:** Your PHI may be used for practice management activities such as quality assessment, credentialing, auditing, training, compliance review, and business planning.

### **USES AND DISCLOSURES PERMITTED OR REQUIRED BY LAW:**

Your PHI may be disclosed without your authorization in the following circumstances:

- When there is suspected abuse or neglect of a child or vulnerable adult
- When there is a credible threat of serious bodily harm to you or others
- When required by court order, subpoena, or other lawful legal process
- For public health reporting
- For governmental oversight or regulatory activities
- For law enforcement purposes when required by law

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- To avert a serious threat to health or safety as permitted by law
- As otherwise permitted or required by federal or state law

#### **USES AND DISCLOSURES REQUIRING YOUR WRITTEN AUTHORIZATION:**

Other uses and disclosures of your PHI will be made only with your written authorization. You may revoke an authorization at any time in writing, except to the extent action has already been taken.

Authorization is also required for most uses and disclosures of psychotherapy notes, for marketing purposes, and for the sale of PHI.

#### **YOUR RIGHTS REGARDING YOUR PHI:**

You have the right to:

1. **Inspect and Obtain a Copy:** You may request to inspect or receive a copy of your records. Requests must be made in writing. Fees may apply as permitted by law.
2. **Request an Amendment:** If you believe information in your record is incorrect or incomplete, you may request an amendment in writing. The request may be denied under certain circumstances.
3. **Request Restrictions:** You may request restrictions on certain uses or disclosures of your PHI. The practice is not required to agree to requested restrictions except where required by law.
4. **Request Confidential Communications:** You may request that communications be made to you in a certain way or at a certain location.
5. **Receive an Accounting of Disclosures:** You may request a list of certain disclosures made of your PHI.
6. **Receive a Paper Copy of This Notice:** You may request a paper copy of this Notice at any time, even if you have agreed to receive it electronically.
7. **Be Notified of a Breach:** You have the right to be notified if a breach of unsecured PHI occurs.

#### **OUR DUTIES:**

This practice is required by law to:

- Maintain the privacy of your PHI
- Provide you with this Notice of Privacy Practices
- Abide by the terms of this Notice

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- Notify you if a breach of unsecured PHI occurs

When using or disclosing PHI, this practice will make reasonable efforts to limit information to the minimum necessary to accomplish the intended purpose, except where otherwise permitted by law.

This practice reserves the right to revise this Notice. Any revised Notice will apply to all PHI maintained by the practice and will be made available upon request.

### **COMPLAINTS:**

If you believe your privacy rights have been violated, you may file a complaint with:

1. The appropriate state licensing board in the state where services were provided; or
2. The U.S. Department of Health and Human Services (HHS), Office for Civil Rights.

You will not be retaliated against for filing a complaint.

To file a complaint with HHS:

Office for Civil Rights

U.S. Department of Health and Human Services

200 Independence Avenue, S.W.

Washington, D.C. 20201

Phone: 1-800-368-1019

Website: <https://www.hhs.gov/ocr/privacy/hipaa/complaints/>

### **CONTACT INFORMATION:**

If you have questions about this Notice or your privacy rights, contact:

Lisa Loper, M.Ed., LPC

Seal of Hope Counseling, PLLC

Phone: 903-329-9722

Email: [info@sealofhopecounseling.com](mailto:info@sealofhopecounseling.com)

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