

NOTICE OF PRIVACY PRACTICES

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 SIGNATURE PROVIDES CONSENT FOR THESE USES AND DISCLOSURES.

Your health record contains personal information about you and your health. This information about you that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services is referred to as Protected Health Information ("PHI"). This Notice of Privacy Practices describes how we may use and disclose your PHI in accordance with applicable law, including the Health Insurance Portability and Accountability Act ("HIPAA"), regulations promulgated under HIPAA including the HIPAA Privacy and Security Rules, and the Texas State Board of Examiners of Professional Counselors. It also describes your rights regarding how you may gain access to and control your PHI.

We are required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI. We are required to abide by the terms of this Notice of Privacy Practices. We reserve the right to change the terms of our Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that we maintain at that time. We will provide you with a copy of the revised Notice of Privacy Practices by posting a copy on my website, sending a copy to you in the mail upon request or providing one to you at your next appointment.

A. Uses and Disclosures for Treatment, Payment and Health Care Operations

We may use or disclose your protected health information (PHI), for treatment, payment, and health care operations purposes with your consent.

B. Uses and Disclosures with Neither Consent nor Authorization

- **To avert a Serious Threat to Health or Safety** – If it is determined that you present a serious danger of violence to yourself or another, we may disclose information in order to provide protection against such danger for you or the intended victim.
- **Abuse of Child, Disabled Adult or Elder Person** – If we have reasonable cause to believe that a child, disabled adult or elder person has been abused, we must report that belief to the appropriate authority.
- **Health Oversight** – If we are the subject of an inquiry by the Texas Board of Licensed Professional Counselors, we may be required to disclose PHI regarding you in proceedings. Additionally, we may be required to disclose PHI if audited by Secretary of Health and Human Services to assess compliance with HIPAA regulations.
- **Judicial and Administrative Proceedings** – If you are involved in a judicial or administrative proceeding, we will not release information without your authorization or a court order.
- **Worker's Compensation** – We may disclose PHI regarding you as authorized to comply with laws relating to worker's compensation.

C. Uses and Disclosures Requiring Authorization

Uses or disclosures of PHI for other purposes above and beyond the general consent will be made only with your written authorization.

D. Client's Rights

- **Right to Request Restrictions** – You have the right to request restrictions on certain uses and disclosures of PHI.
- **Right to Receive Confidential Communications by Alternative Means or at Alternative Location** – You have the right to request to receive confidential communications of PHI by alternative means or at an alternative location. Submit requests in writing and specify how or where you wish to be contacted.
- **Right to Inspect and Copy Protected Health Information** – You have the right to inspect and obtain a copy of PHI and billing records for as long as the PHI is maintained in the record. We may provide a summary or an explanation of the PHI to which access has been provided in lieu of copy of records if deemed necessary.
- **Right to Amend Protected Health Information** – If you feel that PHI about you is incorrect or incomplete, you have the right to request an amendment of PHI. Submit your request in writing and provide a statement that supports your request. We may not be able to make the changes you request, however, your request and statement will be included in your file.
- **Right to an Accounting** – You have the right to request an accounting of certain of the disclosures that we make of your PHI. We may charge you a reasonable fee if you request more than one accounting in any 12-month period.
- **Right to a Paper Copy of This Notice** – You have the right to obtain a paper copy of this Notice upon request.
- **Breach Notification** – If there is a breach of unsecured PHI concerning you, we may be required to notify you of this breach, including what happened and what you can do to protect yourself.

E. Complaints

You may file a complaint to the Department of Health and Human Services, 200 Independence Avenues, S.W., Washington, D.C. 20201, calling 1-877-696-6775. You may assert your right without retaliation. Before filing a complaint, or for more information regarding your health information privacy, please contact us at 832-413-2410 or via mail at 2040 North Loop West Suite 300 Houston, TX 77018.

This notice is in effect as of January 1, 2015.

I acknowledge receipt of this notice.

Printed Name of Client

Client's Signature and Date

Printed Name of Legal Guardian (if client is under age 18)

Legal Guardian's Signature (if client is under age 18) and Date