



ADDITIONAL PRIVACY RIGHTS

AMENDMENT: You have the right to request that we amend information that you believe is incorrect. Your request must be in writing and it must explain the reasons why you believe the information should be amended. You have the right to a copy of this Notice.

QUESTIONS OR COMPLAINTS

If you want more information about our privacy practices or have questions or concerns, please contact us. You have the right to file a complaint if you believe your privacy rights have been violated. You can file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with Houston Psychotherapists, Inc., please contact our Privacy Officer, Sammie Jones, MA, LPC at 832-237-COPE (2673).

We support your right to the privacy of your health information. You will not be penalized or retaliated against in any way for making a complaint to Houston Psychotherapists, Inc. or to the Department of Health and Human Services. We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by the applicable law. Before we make significant changes in our privacy practices, we will change this Notice and make the new Notice available upon request.



Seek Balance

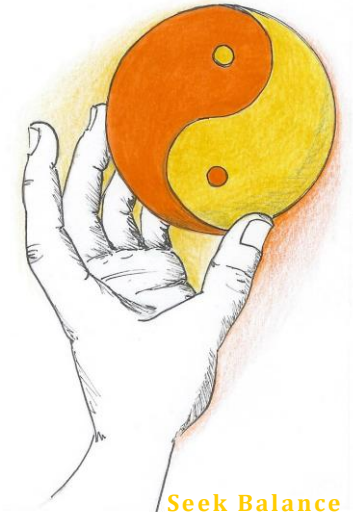
Houston Psychotherapists, Inc.

Phone: 832-237-COPE (2673)

Fax: 832-237-2676

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www.houstonpsychotherapists.com



Houston Psychotherapists, Inc.

NOTICE OF PRIVACY PRACTICES

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. THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

21216 Northwest Freeway, Ste. 450
Cypress, TX 77429
832-237-COPE (2673)
www.houstonpsychotherapists.com

Our practice is dedicated to maintaining the privacy of your personal health information as part of providing professional care. Houston Psychotherapists, Inc. is required by law to maintain the privacy of your Protected Health Information (PHI) and to provide you with this notice of Privacy Practices. This document is a shorter version of the full, legally required National Privacy Policy. A copy of the document will be provided to you when you begin services at Houston Psychotherapists, Inc and at any time upon your request.

YOUR PROTECTED HEALTH INFORMATION (PHI)

PHI is individually identifiable health information that we create or receive. This information includes demographics, such as age, address, phone number, and relates to your past, present or future physical or mental health condition and related health care services. PHI includes health information that is written or stored on a computer. When you receive services at our clinic, we will obtain health and personal information from you to create and maintain a record of care provided by us. This record will include information about your symptoms, diagnoses, treatment plan and progress. This PHI, referred to as a chart, is maintained at a tool for planning and reviewing your care and treatment. Your chart is a legal document describing the care you receive from your clinician and may be utilized by a third party (insurance company) to verify that services were actually rendered.

Houston Psychotherapists, Inc. considers the personal information you share with us as confidential and to be protected. We take a number of steps to protect and safeguard this privacy in how we record, file, store, and when we release information. We are required by law to do the following:

- 🕒 Keep your PHI private
- 🕒 Give you this notice of our legal duties and privacy practices related to the use and disclosure of your PHI
- 🕒 Follow the terms of the notice currently in effect
- 🕒 Communicate to you any changes we may make in this notice

USES AND DISCLOSURES OF YOUR PHI

Typical Uses and Disclosures

Houston Psychotherapists, Inc. maintains your health information in a confidential manner. However, we may use and disclose your PHI to the extent necessary to provide you with quality care. To do this, we may share your health information as necessary for treatment, payment and health care operations.

TREATMENT: We may share your PHI to provide, coordinate, or manage health care or related services. This includes providing treatment to you, consulting with another health care provider about you, and referring you to another health care provider. We will also disclose your PHI to medical personnel in the case of a medical emergency or crisis.

PAYMENT: We may use your PHI to obtain payment for your healthcare services. We may send a bill to you or to a third party payer, such as a health insurer. Information that identifies you, your diagnosis, treatment received and dates of service are included in the bills we submit to your insurance carrier. We may also provide this information to your insurance plan to receive approval for additional treatment.

HEALTH CARE OPERATIONS: We may use or disclose your PHI to support the daily activities related to providing quality health care services. These activities include, but are not limited to, process improvement activities, evaluating clinician performance, conducting training programs for students and interns, accreditation, certification, licensing or credentialing activities, and /or communications about a product or service. For example, we may disclose PHI to interns seeing individuals at our clinic. We may call you by name in the waiting room or we may contact you by telephone, voicemail, postcards, letters, or email to remind you of your next appointment or that an appointment has been missed. We may contact you to inform you of alternative treatment options or other services we believe may be of interest to you.

REQUIRED USES AND DISCLOSURES

By law, we must disclose your PHI unless it has been determined by a health care professional that it would be harmful to you. If this were to occur, we will release records to an appropriate mental health provider of your choice.

We may use or disclose your PHI if federal, state or local law or regulation requires the use of disclosure, such as:

- 🕒 Some lawsuits and legal or court proceedings
- 🕒 To report suspected child abuse or neglect
- 🕒 To address a serious threat to the health or safety of you or the public
- 🕒 For Workers Compensation and similar benefits

YOUR AUTHORIZATION: Except as described above, we will not use or disclose your PHI unless you authorize Houston Psychotherapists, Inc, in writing to disclose your PHI. You may revoke this authorization in writing at any time. The revocation will not affect any uses or disclosures permitted by your authorization while it was in effect.

YOUR PRIVACY RIGHTS

ACCESS: You can request to look at or get a copy of the health information we have about you. If we deny your request we will tell you why. If you choose to obtain a copy or a summary of your PHI, a fee of \$25.00 will be charged.

RESTRICTIONS: You may request, in writing, limitations on our use or disclosure of you PHI. The law does not require us to agree to your request, but if we do, we will put the agreement in writing and abide by our agreement.

ALTERNATIVE COMMUNICATIONS: You have the right to request that we communicate with you about your PHI in a particular way or at a certain place which is more private for you. The request must be in writing and specify how or where you wish to be contacted. All reasonable requests will be accommodated.