



NOTICE OF PRIVACY PRACTICES

This notice describes how mental health and treatment information about you may be used and disclosed and how you can get access to this information. Caroline Sweatt-Eldredge, MA, LPC, (hereafter referred to as Memorial Heights Counseling) may use or disclose your protected health information (information that could identify you) in certain ways detailed in this notice. If you have any questions about this notice, please contact us at (713) 701.9794.

HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION

The following describes the ways we may use and disclose health information that identifies you, known as protected health information (PHI). Except for the purposes described below, we will use and disclose PHI only with your written permission. You may revoke such permission at any time by writing to our practice.

- For Treatment. We may use and disclose PHI for your treatment and to provide you with treatment-related health care services. For example, we may disclose PHI to doctors, nurses, technicians, or other medical personnel, including people outside our office, who are involved in your medical care and need the information to provide you with medical care.
- For Payment. If you are receiving any fee-based services, we may use and disclose PHI so that we or others may bill and receive payment from you, an insurance company, or a third party for the treatment you received. For example, we may give your health plan information about you so that they will pay for your treatment.
- For Health Care Operations. We may use and disclose PHI for health care operations purposes. These uses and disclosures are necessary to make sure that all of our patients receive quality care and to operate and manage our office. We may also share information with other entities that have a relationship with you (for example, your health plan) for their health care operation activities. Examples of health care operations include but are not limited to business-related matters such as audits and administrative services, case management, and care coordination.
- Appointment Reminders, Treatment Alternatives, and Health-Related Services. We may use or disclose PHI to contact you to remind you that you have an appointment with us. We also may use and disclose PHI to tell you about treatment alternatives or health-related benefits and services that may be of interest to you.
- Research. Under certain circumstances, we may use and disclose PHI for research. Before we disclose PHI for research, the project will go through a special approval process.

DISCLOSURES REQUIRING A SPECIFIC AUTHORIZATION

Memorial Heights Counseling may use or disclose your protected health information for purposes other than those listed in the previous section when your specific authorization is obtained. A *specific* authorization is written permission that permits only a specific disclosure. You have a

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(713) 701.9794

720 N Post Oak Road, Ste. 280

Houston, Texas 77024



right to revoke all such specific authorizations at any time, provided that the revocations are in writing and that these authorizations have not been relied upon for treatment. If you do give us an authorization, you may revoke it at any time by submitting a written revocation by mail to **Caroline Sweatt-Eldredge, 720 N Post Oak Road, Ste. 280, Houston, TX 77024.**

The following uses and disclosures of your PHI will be made only with your written authorization:

- Uses and disclosures of PHI for marketing purposes;
- Disclosures that constitute a sale of your PHI;
- Mental and behavioral health records; and
- Records of drug, alcohol, or substance abuse treatment.

DISCLOSURES NOT REQUIRING A SPECIFIC AUTHORIZATION

Memorial Heights Counseling may use or disclose your protected health information without a specific authorization in the following circumstances:

- As Required by Law: We will disclose PHI when required to do so by international, federal, state, or local law.
- Suspected Abuse of a Child, Elderly, or Disabled Person: If a Memorial Heights Counseling representative has cause to believe that a child, elderly person, or disabled person has been, or may be, abused, neglected, exploited, or sexually abused, that staff member is legally mandated to make a report within 48 hours to the appropriate state or local agency.
- State Licensure Oversight: If a complaint is filed against a licensed Memorial Heights Counseling representative with the state licensing board connected to their professional licensure, they have the authority to subpoena confidential mental health information from Memorial Heights Counseling relevant to that complaint.
- Judicial Proceedings: If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment and the records thereof, such information is privileged under state law. For more information regarding the release of confidential information in Lawsuits and Disputes, see Texas Health and Safety Code Section 611.006 and Texas Rules of Evidence 510 (509 for physician-patient privilege).
- Some Law Enforcement Requests: We can use or share health information about you for workers' compensation claims, law enforcement purposes, health oversight agencies authorized by law, and for special government functions such as presidential protective services.
- Serious Threat to Health or Safety: If a Memorial Heights Counseling representative determines that there is a probability of imminent physical injury by you to yourself or others, we may disclose relevant confidential mental health information to medical or law enforcement personnel.
- Business Associates: We may disclose PHI to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. All of our business associates are obligated to protect the privacy and

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security of your information and are not allowed to use or disclose any information other than as specified in our contract.

- Public Health Risks: We may disclose PHI for public health activities. These activities generally include disclosures to prevent or control disease, injury, or disability. We will only make this disclosure if you agree or when required or authorized by law.
- Data Breach Notification Purposes: We may use or disclose your PHI to provide legally required notices of unauthorized access to or disclosure of your PHI.

YOUR RIGHTS AS A CLIENT:

- Right to Request Restrictions: You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, Memorial Heights Counseling is not required to agree to a restriction you request if it would affect your care.
- Right to Make Choices About What We Share: You have the right to tell me to share information with your family, close friends, or others involved in your care or in a disaster relief situation. If we are not able to communicate your preferred contact person, Memorial Heights Counseling may share your information if we believe it is in your best interest (e.g., if it is needed to lessen a serious and imminent threat to health or safety).
- Right to Receive Confidential Communications by Alternative Means and at Alternative Locations: You have the right to request and receive confidential communications of your protected health information by alternative means and at alternative locations. For example, you may not want a family member to know that you are receiving services from Memorial Heights Counseling. If necessary, Memorial Heights Counseling could send written communications to an alternative address upon your request.
- Right to Inspect and Copy: You have the right to inspect or obtain a paper or electronic copy (or both) of your protected health information in our mental health records for as long as your protected health information is maintained in the record. Access to such information may be denied under certain circumstances, but in some cases you may have this decision reviewed. On your request, Memorial Heights Counseling will discuss with you the details of the request and denial process. Some charges or fees may apply for copies of records made on your request.
- Right to Amend: You have the right to request an amendment or correction of your protected health information in the record. Memorial Heights Counseling has a right to deny your request. On your request, Memorial Heights Counseling will discuss with you the detail of the amendment process in writing within 60 days.
- Right to an Accounting: You generally have the right to receive an accounting of disclosures of your protected health information for which you have neither provided consent nor authorization for up to six years prior. We will include all disclosures except for those about treatment, payment, and certain other disclosures (such as any you asked us to make). On your request, a Memorial Heights Counseling representative will discuss with you the details of the accounting process. Upon multiple requests for an accounting, charges or fees may apply.

- Right to Power of Attorney: You have the right to choose someone to act for you. If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. Memorial Heights Counseling will make sure the person has this authority and can act for you before we take any action.
- Right to a Paper Copy: You have the right to obtain a paper copy of this notice from a Memorial Heights Counseling representative upon request.
- Right to Request Restrictions Concerning Out of Pocket Payments: If you are paying out of pocket (or in other words, request that we not bill your health plan) in full for a specific item or service, you have the right to ask that your PHI with respect to that item or service will not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.

OUR DUTIES AS A TREATMENT PROVIDER:

- Memorial Heights Counseling will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time by letting us know in writing.
- Memorial Heights Counseling is required by law to maintain the privacy of your protected health information and to provide you with a notice of our legal duties and privacy practices.
- Memorial Heights Counseling is required to let you know promptly if a breach occurs that may have compromised the security of your protected health information.
- Memorial Heights Counseling will never share most of your psychotherapy notes or your information for marketing or fundraising purposes without your written consent. Memorial Heights Counseling will never sell your protected health information.
- Memorial Heights Counseling reserves the right to make changes to the privacy policies and practices described in this notice. Unless a Memorial Heights Counseling representative notifies you of such changes, however, Memorial Heights Counseling is required by law to abide by the terms currently in effect.
- If Memorial Heights Counseling revises our policies and procedures, we will provide you with a Revised Notice of Privacy Practices form and post the revised notice on our website.

COMPLAINTS

If you are concerned that Memorial Heights Counseling has violated your privacy rights or you disagree with a decision made about access to your records, you may contact Caroline Sweatt-Eldredge. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services by sending a letter to 200 Independence Avenue, SW, Washington, DC 20201 or calling 1-877-696-6775. Hope for Families will not retaliate against you for filing a complaint.

Effective: August 2016

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